ANGLIA RUSKIN UNIVERSITY

FACULTY OF HEALTH, EDUCATION, MEDICINE AND SOCIAL CARE

LECTURERS' EXPERIENCE OF SERVICE USER INVOLVEMENT IN NURSE EDUCATION.

GAIL ALISON SINFIELD

A thesis in partial fulfilment of the requirements of Anglia Ruskin University for the degree of Professional Doctorate of Health and Social Care

Submitted: March 2021

<u>Acknowledgements</u>

In completing this thesis, I would like to thank many people for their on-going support, help and advice.

Firstly, Dr Ceri Wilson for her continual help, guidance and sensible approaches which have kept me motivated throughout this process, helping me reflect and guiding me at each stage. I would like to thank Dr Sharon Andrew, Dr Leslie Gelling, Dr Sally Goldspink and Professor McVicar for their involvement and support. Also, my colleagues who encouraged me at various times. Thank you also to the participants who took part and contributed with their time and involvement.

I would not have been able to complete this study without the love, support, and belief of my family. Thank you to Paul for your continual support, care, and encouragement to finish. You have been a big part of this process and your ongoing kindness and patience has kept me going. To Ben and Abbie for your understanding and encouragement during the many times when I was on the computer! To my parents who encouraged me to continue to study and told me 'You'll do it!'

Abstract

This thesis explores adult nursing lecturers' experiences of service user involvement in pre-registration nurse education. Until now, the lecturer voice has been largely missing in service user involvement literature, which is concerning considering the pivotal role lecturers play in facilitating involvement. In this research, nine adult nursing lecturers from two universities took part in semi-structured interviews, exploring their experiences of involving service users in nurse education. This study employed descriptive phenomenology undertaking Colaizzi's data analysis.

Descriptive phenomenology enabled an in-depth description of lecturers' lived experiences. Three key themes are presented: 'Filling the gaps', 'Muddling along' and 'Challenges and facilitators.' New insights revealed adult nurse lecturers in this study felt service user input was an ideal companion to their teaching, but they also described their isolated and unsupported roles. The challenges faced by lecturers in promoting, sustaining, and developing service user involvement in nurse education, illustrates important implications for future practice.

The findings of this study demonstrate an academic hesitancy, and a new understanding into lecturers' experiences of service user involvement. Participants felt service user involvement enriched nurse education and academic teaching, yet the challenges of inclusion and lack of organisational support for service user activity meant lecturers had many hidden roles. Lecturers appeared crucial to unlocking service user potential in nurse education, requiring a firm infrastructure to fulfil this achievement. Findings from this study illustrate missed opportunities, fragmented processes, and minimal support, despite enthusiasm and commitment from the participants.

This study highlights the quietened voice of the lecturer and provides important recommendations to support education, professional and organisational needs. The essential role of lecturers and their 'grass root' approaches is often unrecognised and undervalued. Lecturers need firmly positioning within organisations, to identify, promote and evaluate the service user and academic journey, encouraging lecturers' voices to become more than a whisper.

Keywords: service user involvement, nurse lecturers, educational practice; descriptive phenomenology; nurse education. (299 words).

Table of Contents

List of Diagrams

List of Tables

Glossary

Ableism - discrimination in favour of non-disabled people (Scope, 2021).

Adult field of nursing - The adult field of nursing covers general nursing covering all aspects of physical and mental health needs including nursing areas (medical and surgical), social and basic sciences.

Carer - Someone who provides care for others on an unpaid basis or uses care services.

CHRE – Council for Health Regulatory Excellence.

Clinical skills - acquiring and practising specific skills including communication to equip students for future nursing roles, usually carried out in university skills or hospital training laboratories.

Collaboration - individuals and groups join together to work together sharing ideas to improve knowledge and understanding (Social Care Institute for Excellence).

Co-production - where people who use services, and those that support them, work with professionals in an equal partnership towards shared goals (Social Care Institute for Excellence).

CQC – Care Quality Commission.

EBE - Experts by experience.

GMC - General Medical Council – Public body which works maintains entry to the official register of medical practitioners within the UK. Aims to protect, promote and maintain health and safety of the public. Sets standards for medical schools within the UK.

HEI – Higher Education Institution.

Holistic - considers the physical, social, psychological and spiritual components of a person when managing care and preventing disease.

HPC - Health and Care professions council which sets standards for 15 professionals for education and training with standards for these professions. Maintains a register of professional registrants who meet HPC standards, take action if standards are not met.

MDT – Multi-Disciplinary Team comprised of healthcare professionals to support patient care and journey and work in partnership.

Mentor/ coach – a registered nurse who facilitates student nurse learning in clinical practice environments.

NMC - Nursing and Midwifery Council- professional regulator for nursing, midwifery and nursing associates. With a vision to provide safe, effective nursing and midwifery care for everyone. Provides approval for educational institutions prior to delivery of educational programmes.

Nurse academic or nurse lecturer - qualified nurse who has undergone additional training to qualify as a nurse teacher and has both recordable qualifications with the NMC. Nurse lecturers are usually based within faculties of health care in universities and teach and support student nurses both in pre and post registration courses.

Person-centred care - putting the person at the centre of care and planning, developing and monitoring this to make sure the care fulfils what a person needs.

PPI - Patient and Public Involvement (PPI) in healthcare.

Service user- can have multiple definitions depending upon the context of how this term is being applied. Service users are generally someone who uses or has used healthcare and social care services.

Simulation-based nursing education – allows student nurses to practice their critical and analytical skills, clinical and decision making skills in simulated learning environments.

Student nurse - a person who is undertaking training to become a registered nurse, (BSc Hons degree) this can be in several fields adult, child, learning disability or mental health, often referred to as pre-registration student.

Supervisor/ assessor - a registered nurse who acts as a practice assessor for student nurses in clinical practice environments.

Tokenism - asking for involvement but not being fully inclusive or undertaking serious involvement of service user.

User/ Consumer academic - A consumer academic is a person with lived experience of mental illness and a mental health service user who is employed by a university.

CHAPTER ONE INTRODUCTION

1.1 Statement of the problem

A service user is defined as:

> "Those who use health or social care services whilst carers are those who provide care for others on an unpaid basis" (Fallon et al, 2012).

Whilst different terms exist for service user such as Expert by Experience (EBE), patient or client, for the purposes of this study I have chosen to adopt the term service user.

Service user involvement in healthcare can be defined as a partnership between the service user and healthcare workers who work together to form a relationship, shared power, decision making and patient autonomy (Hook, 2006). This study will examine service user involvement in pre-registration nurse education which relates to healthcare, but is a specific division of service user involvement, linked to the education of nurses.

Service user involvement in nurse education has been a professional body and course requirement for many years General Medical Council (GMC) (1993); Nursing and Midwifery Council (NMC) (2010); Council for Healthcare Regulatory Excellence (CHRE) (2010). This has followed government body directives and policies (DH, 2000; 2009a; 2010; NHS 2013) and has been influenced by the service user voice campaigning for more partnership and autonomy in healthcare and healthcare education. Paternalistic undertones previously associated with nursing are now decreasing with service users being asked to be involved in their care and offered options (Haycock-Stuart et al, 2016). This does not mean that healthcare professionals refuse to be a guiding light in a patient journey, which can be effectively dimmed or illuminated, with service users central to these decisions; however, nurses need to adopt new ways of partnership working with service users to adapt and promote a new way of thinking.

These differences in approaches to nursing have not been changed overnight nor been comfortably accepted by all. Some patients, healthcare workers and carers might prefer the traditional system and hierarchical dependency of 'doctor or nurse knows best'; but some members of the population want choice, empowerment and value to be part of their care (Gutteridge and Dobbins, 2010; Patterson et al, 2014; Tobbell et al, 2016).

Service user involvement aims to give service users a voice in healthcare education and dependent upon approach can be included within recruiting healthcare workers, storytelling, discussions, assessing students, working with students in clinical practical scenarios or undertaking PPI (Patient and Public Involvement (PPI) in healthcare) to

enhance practice (Terry, 2013; Tremayne et al., 2014; Scammell et .al., 2015; Atwan et al., 2018; Kuti and Houghton, 2019; NICE, 2013). These areas of inclusion may appear simplistic and easy to incorporate within service user strategies, yet the underpinning structures to involve service users in nurse education can be challenging and significant (Felton et al, 2004; Speed et al, 2012; Happell et al., 2015)

Many disparities in approaches to service user involvement exist across higher educational institutions (HEI's) internationally and within the UK (Heaslip et al., 2018; Scammell et al., 2015; Happell et al., 2015; McCann, Moxham, Usher, Crookes and Farrell, 2009), with arguments made for universities to adopt a formula for organisation, payment and training for service users, in order to achieve effective inclusion (Terry, 2013). Some areas of work in the field have effectively contributed and raised the bar of service user involvement, such as mental health nurse education, where service users are now employed in some areas as consumer academics (Happell et al., 2014). There remains a vast continuum of inclusion and involvement which is often considered using a service user or student lens to qualify position, understanding and sustain this interaction. However, some of the smaller details such as everyday support for finances, involvement and support remain variable. Terry (2013) established from a travel scholarship report around the United Kingdom and Ireland that many universities have grown in their activities and have formed a supportive culture of service user involvement. This includes innovative ways of working with service users and a widening of involvement and events to include service user representation at various levels both within university and strategically (Terry, 2013; Tremayne et al., 2014; Scammell et al., 2015; Atwan et al., 2018; Kuti and Houghton, 2019). This represents a positive engagement within organisations and reflects good practice, with defined outcomes and organisational structures to support and sustain service user growth.

Many universities still appear to struggle with service user involvement with imbalances of what service user involvement means and how this is included. Some researchers have argued that service user involvement in nurse education has followed a tick box approach which means that service users are included in a tokenistic way, with little inclusion in content, planning or future innovation (Felton and Stickley, 2004; Tritter et al, 2006; Gutteridge and Dobbins, 2009; Higgins et al., 2011). Others question the outcomes of self-management ideals suggesting further research is necessary (Boger et al, 2015). The importance of meaningful engagement (Felton & Cook, 2018; Rooney et al., 2020) has been recently emphasised, leading to newer and more creative inclusion of service users, yet disparities remain which gives an inequality of inclusion and potentially limits nurse education. For instance, in mental health nursing, students' exposure to service users has been greater than in other disciplines and has facilitated more developed relationships with service users in terms of 'buddy schemes' which facilitate regular service user

involvement and allow the therapeutic relationship to flourish; compared with adult nursing or midwifery education where less sustained initiatives or 'one off' visits are more widely recognised (McKeown et al., 2010; Happell, et al., 2015), which ultimately might lessen the impact of service user involvement upon nurse education. Whilst there is a growing body of research exploring the perspectives of service users and students in relation to service user involvement in nursing education, the academic voice has been largely missed. Some studies (Felton and Stickley, 2004; Happell et al., 2014; Happell et al., 2016) have included academic voices, but not as a central research focus, which is the aim of the current study. This is a cause for concern, as academics have a crucial role to play in facilitating service user involvement in nurse education. Although service users and students provide important perspectives, research in this field needs to represent educational experiences. Adult nursing lecturers' lived experiences are explored in this study, adding this essential understanding, to help plan future directives of service user involvement. By adding the academic voice, and contributing to these conversations, there would be a three- pronged approach to separate, divide and discuss opinions in a more holistic manner. This would emphasise academic opinions, providing an in-depth, focused approach of these perspectives and strengthening current knowledge, compared with a more diluted version if service users and students had also been included within this study. This study therefore concentrates on adult nursing lecturer experience and consolidates this essential part of knowledge. For many areas academic experiences have remained hidden and obscured, yet it is a vital link, maintaining and facilitating the status quo and inclusion of service users.

A more collaborative approach of service user involvement between academics, service users and students appear necessary and has been discussed in the literature previously (Tew, 2004; McCutcheon and Gormley, 2014; Happell et al., 2015). The literature portrays many service user initiatives which are often dependent upon academic need or course requirements, such as working with service users in practice, portraying a lived experience to students or working in clinical skills environments or in some instances becoming Consumer academics (Jones & Black, 2008; Townend et al., 2008; Terry, 2012; Tremayne et al., 2014; Happell et al., 2015; Haycock-Stuart et al., 2016). Consumer academics are defined as individuals who have lived experience of mental illness and are a mental health service user, who is employed by a university (Happell et al., 2015). There are some excellent examples of service user involvement in nurse education where service users are deemed to be increasingly involved in curricular activities of planning and delivery, therefore contributing to more academic profiles and collaborative approaches (Bennet and Baikie, 2003; Terry, 2012; McCutcheon and Gormley, 2014; Happell, Platania-Phung et al., 2015). This change in direction of service user involvement co-facilitates a more inclusive team-working approach, providing service users and

academics with opportunities to work closely together; focusing their motivation to enhance learning of students and facilitate newer teaching methods. However, in some areas tokenistic inclusion still prevails, whereby service users appear limited in their involvement and a more marginalised inclusion dominates involvement (Felton and Stickley, 2004; Higgins et al., 2011; Happell et al., 2015). This appears consistent with a more traditional didactic involvement found in healthcare (Bee et al., 2015; Ocloo and Matthews, 2016) and is an on-going problem with service user involvement and the limited constraints which are often applied.

The current study aimed to explore adult nursing lecturers' experiences of working with service users in nurse education and highlight the challenges faced, the positive experiences, and recommendations for practice.

1.2 Significance of the research

This study explores in-depth the lived experiences of nine adult nursing lecturers in two universities who work with service users in pre-registration nursing educational practice. The focus on lecturer perspectives offers additional knowledge to the field of service user research, in that it provides an insight into lecturers' experiences of working alongside service users and students. Lecturers are faced with the complexities of including service users in an ever-changing academic field and negotiating the challenges this can bring. This study details the lived experience of adult nursing lecturers, capturing how they felt working with service users and how this affected many aspects of their academic roles. This study discusses how adult nursing lecturers have conceptualised their experience, translating their work into meaningful engagement or contextualising new questions from these experiences. The methodology for this study is descriptive phenomenology which enables the researcher to identify rich data and explicates meaning from this lived experience, from the lifeworld of the individual.

This study will reveal how frontline academics feel service user involvement impacts upon their roles, identities, and careers. This will demonstrate contemporary practice and might identify new ways forward for nurse education. This study will inform educational perspectives, organisational approaches and individual educators which might influence current practice and highlight the academic voice to a more elevated position within service user involvement. However, it is noted that limitations of the current study design and method only represent a small population of adult nursing lecturers.

There is a need within academia to identify and re-examine issues which might change future practice or sustain processes within organisations and this study aims to represent the views of adult nursing lecturers to add to this gap in knowledge which exists in nurse education. Evaluation of current practice is needed to consolidate past experience and

facilitate new innovative ways to engage and involve service users within the nursing curriculum, which might cascade into professional practice and care delivery. Academics are ideally situated, at grass root level to describe their experiences and how this can be augmented or transferred to wider settings. Establishing positive working practice and identifying the barriers faced by 'real life' situations and programmes of involvement, will add to the knowledge in this field, to equip academics with food for thought and organisations with a wider overview of processes to facilitate such inclusion. This study is not set to test a hypothesis or demonstrate a new strategy, its contribution is to represent adult nursing lecturers, describing their experiences.

It is hoped that this study will identify adult nursing lecturers' perceptions and represent an in-depth view of their experience. Organisational approaches, lecturer views and individual perceptions of how service user involvement can add or detract in nurse education may be elucidated. It is hoped that this knowledge will contribute more widely to action specific areas of nursing knowledge and enhance key concepts of service user involvement. Service user involvement in nurse education is a requirement and is a vital addition of authenticity to learning, is not going away, and it continues to be constantly upcycled, in different ways. This study aims to provide a knowledge base which academics can relate to, concur, or refute, hopefully prompting a response which will question and consolidate service user involvement at the present and ultimately in the future.

1.3 Research aims and objectives:

1.3.1 Aim and Objectives

The aim of the study was to explore adult nursing lecturers' experiences of working with service users in two higher educational institution (HEI) settings.

The objective was to explore how adult nursing lecturers involve service users in the education setting, and to identify their experiences of partnership-working with service users.

1.3.2 Research Question

What are nurse lecturers' experiences of working with service users in nurse education in the HEI setting?

1.4 Researcher role

Having undertaken this research from its inception to final chapter, it is important that I have been reflexive about my role within the research. Reflexivity within research is an important area to consider. Reflexivity is the 'position' the researcher takes in their writing, place and power in the research process (Bolton and Delderfield, 2018). This needs to be

explicit including past experiences/ formulating /interpreting research findings to demonstrate self-awareness, contextual issues and role in study (Finlay, 2002; Bolton and Delderfield, 2018). Finlay (2002) concurs that reflexivity involves a continual reflection upon the researcher and phenomenon under study to evaluate positionality actively and critically between the subject and researcher. In this study I have reflexively included my own position, reflections and interpretations of my previous knowledge and linked this to the data to illustrate how my own cultural and historical perspectives (Finlay, 2008), have influenced my findings and outcomes of this research process.

This topic was chosen because of my interest and experience of working with students, staff, and service users in a HEI setting. My previous experience with service users as a nurse, encompassed differing roles and age groups I have worked in various areas such as Accident and Emergency Departments, in Learning Disability services, in the Community, in the charity sector and as a School Nurse. I eventually entered academia approximately 10 years ago. This has reflected a diverse collection of experiences and healthcare situations which I have valued, and feel have become part of my 'mixed bag' nursing tool kit, which is essential in nursing, education and to my role.

All of these roles helped me develop a keen interest in service user involvement and the engagement of service users was reflected in my MSc dissertation, which focused on support groups for service users. My experience as a university lecturer gave me one viewpoint of service user involvement in HEI and how this influenced nurse education. My other experiences of working with service users, providing care and support, enabled me to clearly critique care given, think in a more professionalised manner and consider the nurse's role and patient's voice; reflexively disclosing important aspects of care to patients and nurses, and acknowledging these contributions, to enhance my own professionalism and highlight the importance of the patient's voice in healthcare.

Finally, the transition to working with students unveiled another environment, whereby students and service users worked together, and questions emerged in my mind, such as what does this mean to nurse education? The final part of this 'jigsaw'-like representation was provided by my role as an adult nursing lecturer, working with colleagues and their responses to working with service users; and my own experience of working with service users in an academic environment. I was interested in examining how adult nursing lecturers felt about working with service users. What were their experiences? How could this involvement be translated to inform practice and lead to engagement where more knowledge might be found? I became aware of the dichotomy that existed between some lecturers' experiences and the opposition to service user involvement; compared with others who undertook this involvement and actively engaged facilitating joint work with

service users. These relationships developed into my main area of interest and after a focused discussion, became the topic for my Professional Doctorate.

I was curious about adult nursing lecturers' views regarding service users and their role in nurse education. This study does not displace student or service user perspectives, and in fact these elements are essential for continued sustainability of service user involvement. However, it is the adult nurse lecturers' experiences which were examined within the current study, to vitally provide a different contribution to the existing literature. As a lecturer, nurse, previous nursing student and service user, my personal experiences allowed me to view the research from diverse positions, contemplating the pros and cons of service user involvement. However, due to current professional curiosity, professional body requirements and governmental policy, I wanted to examine adult nursing lecturers' experience more intensely. I believed my position as an adult nursing lecturer would help facilitate an insider -researcher relationship with participants during the research process, to seek and understand knowledge from lecturers, helping to give an academic voice within the current climate of service user involvement and educational requirements of nursing. I work as an adult nursing lecturer at one of the HEI settings where this study was conducted, and as an insider-researcher, whereby the researcher is known to participants and works within the organisation, there are pros and cons. For my position within this role and the consequences for this research, such as being a colleague to some of the participants, my insider-researcher status was declared and correspondingly my positionality and self-awareness of this position was noted and included within the methodology section (p.91).

To further address potential insider researcher challenges, I undertook bracketing which is outlined within my methodology chapter (p.100) and have outlined further issues facing insider researcher processes, such as working with colleagues within an institution, which I felt I managed well and reflexively continued to acknowledge.

This research outlines adult nursing lecturer perspectives of service user involvement in nurse education and focuses on educational programmes within two university settings, which also includes some aspects of practice setting experiences and how the interlinking of theory and practice were described by participants.

This thesis contains within its body three previously undertaken papers which were completed as part of the professional doctorate (ARU, 2019). These papers are outlined in in Appendix I (p.304) with a summary of each paper positioning their key themes within the thesis text.

1.5 Thesis organisation

This thesis is divided into the seven chapters:

Chapter one provides a background and statement of the problem. A definition for service user and service user involvement and the aims and objectives of the research question. This also illustrates how service user involvement in nurse education is discussed, as well as from the healthcare context.

Chapter two provides a historical perspective and overview of the literature and illustrates the lack of literature representing academic opinions about service user involvement and the gaps in the literature which inform the research question.

Chapter three outlines the philosophical framework which supports descriptive phenomenology as a methodology and explains the philosophy and how this was applied within the current study.

Chapter four explains the methods undertaken including data collection via semi-structured interviews and data analysis utilising Colaizzi's (1978) method.

Chapter five explicates the findings from this research study and highlights adult nursing lecturer experiences of working with service users in university settings.

Chapter six undertakes a discussion based upon the experiences of adult nursing lecturers and contextualises these findings against current practice and the existing evidence base.

Chapter seven concludes this research, revisiting the research question and the aims and objectives of this study. The limitations of this study and recommendations for future practice, and a reflective account of the research process is finally included.

1.6 Summary

Service user involvement in nurse education is a crucial component of teaching and learning, which seems to be valued by nurse lecturers, students, service users and healthcare organisations. Service user involvement enables the real world of service users to be presented in the classroom or practice setting, which includes an authenticity which would be missing if service users were not included within these educational experiences. This study identifies adult nursing lecturers' experiences of service user involvement within two university settings, focusing in on service user involvement within the HEI setting. This study hopes to highlight the academic voice and situate the roles which adult nursing lecturers undertake to support and sustain service user involvement in their daily work, as well as identifying the crucial lived experience which is explored in this context.

This thesis will describe current practice in the two universities studied, raise awareness of adult nurse lecturers' experiences, and provide context in this developing area of service user involvement.

By undertaking Descriptive Phenomenology, the current study seeks to contribute to the wider literature by capturing the voices of adult nursing lecturers working in adult pre-registration nurse education, and facilitate an appreciation of their thoughts, feelings and experiences working in the university environment with students and service users. This study will be a useful dialogue in the present climate and provide a response to educational initiatives, which include service users, and could promote further discussion amongst those interested in this field. This research study will be useful for anyone interested in service user involvement, including policy makers, other stakeholder groups such as national voices, Higher Education organisations and particularly students and lecturers in adult nursing.

CHAPTER TWO LITERATURE REVIEW AND BACKGROUND

2.1 Context of the literature review

The purpose of this literature review is to give the reader an overview of the historical, topical, contemporary, and present discussions of service user inclusion in nurse education.

The literature review is a tool widely used in research to inform about specific studies and data collection in areas which may translate into a future study design and critically analyse past study methodologies. There are many types of literature reviews which can be undertaken according to need. Literature reviews are carried out to inform, synthesise, analyse, and summarise the body of evidence about a particular subject (The Royal Literary Fund, 2021). This provides an overview of the past and current literature to contextualise information, demonstrate credibility and illustrate how previous research might inform further work.

Qualitative and quantitative research studies are reliant upon literature reviews to inform, evidence base and contextualise meaning and act as foundational knowledge to position the research study. However, it is noted that there are different ways of undertaking literature reviews. Quantitative literature reviews seek to establish systematic or critical reviews with established findings demarcating clearly defined inclusion and exclusion criteria (Aveyard & Sharp, 2009/2011). This is compared with qualitative reviews which facilitate a more fluid focus where, particularly in descriptive phenomenology, researchers are trying to hone-in and learn from the lived experience of an individual or group due to their specific lived experience.

Considering the different types of review, it is suggested that the literature review in descriptive phenomenology is undertaken as a more conceptual review, instead of the more traditionally based systematic or critical review (Fry et al., 2017). Following on from this, the conceptual review of literature was deemed more appropriate and undertaken for this study.

When to undertake a literature review is a complex question and has been debated in much of the literature (Fry et al., 2017). Most literature reviews are undertaken before the research process begins. However, with descriptive phenomenology there is a possibility that the researcher may be influenced by the literature or 'contaminated' by prior knowledge (Fry et al., 2017). Therefore, a form of applying a bracketing of the researcher's preconceptions is necessary (Morse, 2012), to ensure no bias influences the research process, or themselves as a researcher. The literature review for the current

study was undertaken briefly prior to the study to identify the gap within the literature and was revisited after data analysis.

Whilst needing contextual information to position my study, identify a gap in the research and situate my professional research interests; yet not bias my views, I undertook a brief overview of the literature to firmly anchor my study, followed up after data analysis. This provided a framework of concepts which I was able to apply, which allowed conceptual elements to be included, yet not a full engagement with the literature, which was an important aspect to consider whilst undertaking descriptive phenomenology. I, like many other researchers, struggled with the complexities of balancing the need to including enough research literature for ethical approval, whilst not undertaking a full dialogue with these studies, in order to support my descriptive phenomenological framework. Morse (2012) recognised the inherent difficulties with rationalising or avoiding previous studies; the replication possibilities, use of time, institutional funds, and resources. I realised early on in my research journey the challenges of careful negotiation between dipping my toe in the research waters and fully immersing myself, at a later stage. The balancing act which was required is difficult for novice researchers which is articulated by Fry et al (2017), who suggest a three-step phase of engaging with processes of delineation, to embed oneself centrally to the research, recognising the gap of knowledge, and designing the study to justify this space (Wertz, 2005). According to Fry et al (2017), the first step is orientation to the phenomenon signposting the researcher's professional interest, to think about the meaning aligned to the lived experience.

In my case, this meant thinking about how I view service user involvement as a nurse, educationalist and how this influences my knowledge. I needed to attach significance to my roles and interest of the topic, to comply with my ethical boundaries (Fry et al, 2017). I undertook a mind map to demonstrate my position within the chosen topic- see Appendix A.

The second step is to delineate the phenomenon or position it within academic learning and the researcher's personal and professional curiosity (Fry et al., 2017). This aligns to Husserl's concepts of embedding oneself and "…participating in experiential life" (Todres & Holloway, 2004. p. 83). In order to delineate and position my central research idea, I rationalised my own feelings of why I wanted to study this area, contextualising this alongside the academic need for my study. This was supported with the perceived lack of lecturers' voices in the literature so far, my existing interest in service users as a group of individuals; and my own professional curiosities derived from working with service users and lecturers. I wanted to know what these issues meant to lecturers and how lecturers identified, felt, and worked alongside service users, and what this means to nurse education. This facilitated an understanding of the phenomenon or the "whatness", which

needs to identify the limitations of the phenomenon, common areas and differences existing between this, and the other research, focusing on how this fits into the lifeworld (Wertz, 2005).

Step 3 of this process describes delineating the phenomenon through academic and professional interests. This was undertaken by a more defined review of the literature to inform current theories, gaps in literature and knowledge of the subject (Aveyard, 2010). Fry et al, discussed this in terms of:

> "Guiding the novice researcher through the muddied waters of undertaking a literature review in a phenomenological study and enabling researchers in general to "swim downstream" to ethically justify their own studies with methodological rigour" (Fry et al, 2017).

As a novice researcher, the process of bracketing (Morse, 2012), applying the measures above and undertaking a literature review felt challenging, yet Fry et al, provided an essential understanding to support and enhance descriptive phenomenological studies and literature reviews. The qualitative approach was discussed and Fry et al, gave a supplementary procedure for literature reviews, to support novice researchers in their abilities and confidence in sourcing literature, not being afraid to challenge traditional methods of literature reviews and to adopt a more fluid approach, to their inclusion. This helped me to develop my researcher role and usefully examine this journey to adopt a more emergent researcher profile.

This literature review will focus upon research related to service user involvement in nurse education, (for definitions of terms included within this thesis please see Glossary page x - xii). By reading and interpreting the body of knowledge gleaned from others work, I was able to actively search and authenticate a greater comprehension of the available literature. This approach allowed for the literature to be organised in such a way that thematic analysis took place, and a potential 'gap' was identified due to the minimal amount of relevant literature in a specific area.

2.2 Search strategy

The following databases were searched CINAHL (2000-present, 2021), MEDLINE (2000-present date, 2021), EMBASE (2000-present date,2021) to reflect databases which are relevant to nursing and to my key search terms. Key terms, limiters for the search and databases were discussed with subject librarians. Key words subsequently included were consumer* or service user* or patient* or expert by experience* or carer* AND involvement* or participation* AND nurse* education and lecturers, academics or tutors.

Initially the search undertaken gave a large number of hits, for instance CINAHL gave 1,218 records searching for consumer or service user or patient involvement or expert by experience or Carer AND nurse education and lecturers, tutors, or academics. This was further narrowed down due to selecting many topic areas/ disciplines and research which contained any of the key words. Selection of key words was carefully applied after several searches retrieved vast amounts of data which although interesting, were not specific. Therefore, with the help of subject librarians to focus on limiters and key words, further searches narrowed down the number of hits to indicative records specifically focusing on the key words identified.

This search was followed by hand searches and citation searches from reference lists. The date of searching period was from 2000-2021, this demonstrated currency of relevant literature and captured the most up- to- date areas pertinent to this study. English language was a parameter of this search and full text and peer reviewed articles were included. Exclusion criteria included non-peer reviewed, non-English language and publication pre-2000. Some areas of grey literature such as key government or charity/support information such as advisory groups were also searched to ensure a contemporary view was included from the literature.

This search included qualitative, quantitative, and mixed methods literature. The PRISMA diagram below is used to outline the steps taken in my literature searching. Although PRISMA diagrams are typically used in systematic reviews I have not conducted a full systematic review process, rather the PRISMA diagram is included to illustrate my search. PRISMA diagrams are now being used more frequently in non-systematic literature reviews such as scoping reviews (e.g., Tricco et al., 2018).

Records identified through database searching Cinahl, Pubmed (Combined search n=188) and Embase (n=78) (n= 266)	Additional records identified through other sources (n = 33)

Records after duplicates removed (n=178)

Records excluded (n =101)

- Study based in different setting ie community or social work setting/ out patients department.
- Study related to different disciplines
- Study related to CPD information/ specific interest
- Study identified different pedagogical methods / curriculum.

Records screened (n=178)

Full-text articles assessed for eligibility (n =77)

Full-text articles excluded, (n= 43)

- Cannot access full text
- Dated before 2000
- Applied to clinical settings.
- Generic information/ non specialist to area.

Studies included in qualitative synthesis (n=34)

Many articles provided essential information to this study, but five key articles contributed to support this thesis in terms of context, situations and experiences found by other researchers. Felton et al (2004) explored mental health nurse educators' views of service user involvement and conceptualised the role of power and complexities of user involvement. Similarly, Speed et al (2012) provided a discussion of the views of service users, carers and teaching staff suggesting positive contributions, but also the challenges faced. Terry (2013) undertook a travel scholarship and evaluated planning, delivery, teaching and evaluation of pre-registration service user involvement which concurred with many areas of the current study. Happell et al (2015) explored Australian nurse academics views of service user programmes they were involved in, depicting an informal

approach in many areas, with similarities to Terry and previous literature findings. Finally, Scammell et al (2016) undertook a systematic review of general pre-registration nurse education revealing similar opinions to many studies, about the value of service user involvement for nurse education, yet discussing areas not so coherently addressed, such as: larger student numbers in the adult field, the need for further research in areas such as recruitment of students and person-centred practice, alongside impact on learning and translation to clinical situations. Despite these studies having a multi-disciplinary approach, they have all provided useful context, contributing to my on-going interest and provoking my curiosity. This supported the significant field of lecturer experiences working with service users in nurse education and provided a foundational basis to apply to the current study.

The following sections present the findings from the literature search and identify service user involvement in nurse education from its inclusion in key policy development to establishing the perceptions of service users, student nurses and lecturers. This overview of the literature sets the scene to reveal previous service user involvement and what might be expected for the future. The final part of the chapter pursues the experience of lecturers and how they perceive the on-going journey of service user inclusion within their work roles and academic life.

2.3 Service user inclusion

2.3.1 The historical perspective

Service users have a long and complex history in trying to gain partnership in their care. Different types of service user involvement exist, for example those included within healthcare and partnership-working in healthcare settings and service user involvement in nurse education, such as in university settings or clinical placements. This literature review will give an overview of service user involvement in healthcare initially then focus upon healthcare and educational settings. There is also a section which outlines the international context and public and patient involvement in related fields and other professional programs. This illustrates good practice in many areas which actively involve service users. The medical model of care historically undertook a paternalistic approach with a 'Doctor or Nurse knows best' attitude to care needs and service users anxious to question, let alone challenge, or try to work with health care providers. This was discussed by Reed (2011) and Haycock-Stuart et al (2016) and further exemplifies the differences found in patient care and nurse education where medical models and paternalism were the norm, compared with the partnership model of the current time.

Service users were part of a hierarchal system with limited influence or partnership in their care for many decades. The service user movement gained momentum in the 1970's and

has evolved to help facilitate autonomy and partnership working, which is steadily growing, with levels of paternalism declining (McCutcheon & Gormley, 2014). More recently, knowledge and mutual respect has become a much-needed part of the patient journey emphasised in patient-centred care (Atwal et al., 2018). From the 1980's the promotion of consumerism was implemented in many countries and a more consumerist approach to healthcare in the UK was adopted, whereby fiscal values and market processes were prioritised as essential tools to promote choice of products or services (Morrow et al., 2011). This was in opposition to empowerment models and reflected a 'top down' consumerist approach. The other model adopted suggested a democratic approach and the inclusion of individuals as citizens collaborating and becoming involved in a community outlook of service provision (Morrow et al., 2011). This led to the roles of 'expert patients' who appeared more proactive and engaged in their health and expanded their involvement within nurse education.

In the United Kingdom the influences of a consumerist or democratic approach have overarched service user implementation, leading to different schools of thought and often tokenistic application (Green, 2016). This portrays a danger that service user involvement has not developed adequately and remains a contentious issue. This is depicted in many other countries with European and International counterparts experiencing similar issues with inclusion and service user involvement (Happell et al., 2014; Brown and Macintosh 2006, Higgins et al 2011, Davis and McIntosh, 2005). These difficulties continue to evolve and trying to compartmentalise service user involvement neatly, into areas of healthcare and education, which are constantly changing, and receptive to political and social needs, illustrate a challenge. However, the UK appears to be ahead of many countries, but it is noted that there is an on-going, lengthy process to integrate service user involvement adequately in healthcare research and education (Terry, 2012; Happell et al., 2014; Heaslip et al., 2018).

The consumerist approach facilitates the service user as a key player, an important voice and one which is consulted, providing feedback, yet is removed from the intricacies of inclusion, prompting 'improvements of the product' (Beresford, 2002; Green, 2016). This model demarcates a boundary of consumers becoming customers with expectations, needs and assertive power to choose their healthcare requirements. Government policies and reports such as The Patient's charter (1991); The White Paper 'Trust, assurance and safety – The Regulation of Healthcare Professionals in the 21st century" (DOH, 2007); The Berwick report; 'Improving safety of patients in England' (Berwick, 2013), all importantly suggested service user involvement is essential in healthcare. Other professional body requirements (NMC 2018; GMC, 2015; HPC, 2012,) and educational provider directives (HEE, 2015; 2019), combined with NICE guidelines (2013), place the service user at the centre of healthcare models to ensure service user voices were heard.

The democratic model which followed in the 1990's, with plans such as the "NHS plan, Liberating the NHS –No decision about me, without me" (2012) and numerous other strategies, have embarked upon providing the National Health Service (NHS) and Clinical Commissioning Groups (CCG) with more scope for self-care, health planning and involved patients. These developments have meant service user involvement in education gathered pace and healthcare professionals and government bodies were tasked with listening and acting upon the service user voice and opinions, embedding these needs into all aspects of healthcare policy (Reed, 2011; Ocloo and Matthews, 2018). This change in tactic meant service users were given more power, to promote their inclusion, autonomy, and participative measures in their care, and in nurse education, including shared powers of groups and collective engagement, to support and fulfil the service user role (Beresford, 2005; Green 2016).

This strengthened the service user position in healthcare and education and service user involvement was viewed through a different lens for many professionals, healthcare workers, educationalists, and policy makers. However, it is argued that the NHS bears a 'democratic deficit', and the challenge of service user involvement remains evident (Clarke et al., 1997). These challenges are translated into healthcare education in various professional courses, with the combination of partnership-working and appropriate inclusion, remaining questionable, and an on-going challenge for NHS trusts, HEI's and organisations.

Service user inclusion in healthcare education is reliant upon a continuous professional engagement requiring support, facilitation, and innovation from academics. This leads to difficulties in standardisation, constraints of time to embed processes and in some areas a more diluted involvement. This inclusion will not diminish, with the ever-increasing pressures from the public voice and reviews into poor care (The Francis report, 2013), a more informed society requires specific action; key to this is education and healthcare provision. Furthermore, the inequalities of socioeconomic positions, gender, and ethnicity (The Acheson report 1998; Public Health England, 2017) also reflect the need for improved accessibility and inclusion for service users to ensure their voice is appropriately heard.

These agendas have stimulated and provided new ways of suitable inclusion for some service users, but for other areas there is still a trail of tokenistic approaches, which warrant further examination and improvements. The challenges of providing choice, power and autonomy for service users remains a reality in healthcare, with dominating professional attitudes and managerial undertones overshadowing the service users voice in some areas. For example, within some cultures of healthcare and education, service users are included minimally, this may be due to staff not fully understanding service user

significance, alongside the changes of service user roles (Felton and Stickley, 2004). This suggests tokenistic inclusion and questions a need for fuller engagement (Omeni et al., 2018). Involvement as a theory can mean different things dependent upon context and situation, Omeni et al (2014) define involvement as:

> "An activity that is done 'with' or 'by patients or members of the public rather than 'to' or 'for' them" (INVOLVE, 2012).

For the purposes of this literature review the definition of involvement links to participation of service users (Morrow et al., 2010). Healthcare models suggest patient participation and involvement will improve clinical outcomes, enhance services and lead to developments for partnership working, leading to a more democratic concept for service user involvement (Rhodes, 2013). Towle, Bainbridge, Goldolphin, Katz, Kline, Madularu, Solomon & Thistlewaite (2010) suggest the need for a dialogue about definitions of involvement and regular inclusion of service users, instead of their described 'one-off' events which are atypical with many areas of service user inclusion.

Batalden et al (2015) suggest in their discussion about health care models, a paradigm shift that requires an overview of healthcare services, relationships between professionals and service users, and subsequent changes in behaviours, from both parties. This would facilitate a partnership approach as the norm and embed a sense of equality between service users and health care professionals in healthcare and educational settings, increasing diversity of service user inclusion, acceptance and involvement of patients in both healthcare and educational roles. Batalden et al (2015) examined models for service user involvement within healthcare and in the UK, with the parallels they presented providing intriguing concepts. Co-production in healthcare and higher education enables service users to develop a different relationship with healthcare workers, students or academics, one that encourages coaching styles which effectively highlights partnership engagement. This has been discussed in the nursing literature by Felton and Cook, (2018), Omeni et al (2014), Tobell et al (2018) and Atwal et al (2018) and is now the focus of an appealing stimulus to position service users and strengthen student interactions, providing a deeper reflection and experience for service users, students, and academics. The use of co-production in Batalden et al's (2015) study illustrated differing relationships, ways of working together, and providing health care for service users and healthcare workers in three separate case studies. For example, a 'Shared medical appointments' group was facilitated in the USA to enable service users to meet in groups, instead of individual patient appointments. This was suggested to collectively voice service users health needs, work collaboratively with health care professionals and empower service users. This worked well for service users and healthcare professionals and co-created effective management for patients (Batalden et al., 2015).

Activism in service user involvement can be defined as shaping agendas and improving health outcomes for service users and care (Lewis, 2014). Similar experiences undertaken in healthcare within the UK illustrate a strong service user movement (Bee et al., 2015; Beresford 2013), leading to strengthened collective voices and actively led roles. This continues to gather momentum and is an interesting concept for UK healthcare and education. Batalden et al (2015) further described a network support for patients with Inflammatory Bowel Disease in the UK where remission rates were increased from 60-79%, a positive factor of this strategy was suggested from the power of peer support and web-based designs, promoting ease of accessibility and united support. Finally, Batalden et al described an educational initiative co-production by service users and professionals facilitating self-management in the NHS. Although these examples of co-creation are discussed in healthcare situations and require technology and innovative structures; the fundamental elements could be applied in nurse education contexts, with more discussion and acknowledgement of these pioneering methods, as well as observation and enhancement of the current contributions (Felton and Cook, 2018). Atwal et al (2018) described collaborative co-production amongst interprofessional courses of approximately 300 student nurses, 11 service users (co-collaborators) and academics. This study reflected similar challenges from previous studies including organisational, infrastructure and cultural changes to service user involvement, however concurring with Batalden et al (2015) found the coaching element beneficial and motivating for all involved. These collaborative approaches represent ways of contextualising involvement, focusing with the service user in developing educational initiatives and helping to prepare future nurses to focus upon practising person-centred care.

Service user involvement remains at a tipping point with new technology and innovative design and needs further research to push the boundaries of inclusion and negotiate newer models of facilitation, enhancing current application. These examples illustrate the importance of partnership working in healthcare and educational settings, so there is a duality of inclusive practice, both in the clinical and academic environment. There are excellent examples of practice which are being undertaken. For example, Bournemouth university PIER project annual report (2020) outlines several ways of working innovatively and collaboratively with service users. Many universities in the UK are also part of the DUCIE (Developing User and care involvement network) and other universities represent service users via user led groups (University of Nottingham and University of Central Lancashire). Similarly, the varied inclusion of service users in healthcare training of different disciplines demonstrates mainly positive findings (Towle et al., 2010; Thomson and Hilton (2013). These initiatives illustrate that there is some excellent work in service user involvement for nurse education, which many organisations strive to achieve.

Similarly, in the wider context, service user involvement in other programmes such as social work and other related professional programs in the UK, have become commonplace in professional education. In social work, service user involvement has undergone similar challenges and negotiations as nursing courses, in identifying appropriate inclusion (Gossen and Austin, 2017). With social work adopting increased involvement since the 1970's and requirements becoming mandatory, this closely aligns to other Health and Care Professionals Council professional body requirements (HCPC, 2014). In a project by Driessens and De Clerck (2014), educational innovation focusing on service users in poverty was undertaken by the social work and socio-educational care work programmes in Antwerp. The social work project identified modules by lecturers and service users together including a web-based questionnaire for data analysis. The socio-educational project identified academic researchers working with service users in poverty. Both projects reported authenticity and differences to academic teaching and student knowledge, suggesting 'tandem teaching' and including service users was relevant and beneficial. In 2013, Franchimont and Haarsma undertook a study collaboratively linking student social workers and homeless young, people. They interviewed male former residents of the homeless shelter, with academics facilitating ground rules and outcomes. Time, fragility of these experiences and practicalities of such involvement for service users was emphasised, importantly consolidating collaboration but also how to effectively include service users within this co-researcher role. These two projects highlighted the insight into lived experiences, communication, respect, stereotyping and positive attitudes, all of which support social work training, and link service users to education of students. (Dreissens et al., 2016). Again, demonstrating valid points of service user involvement which nursing courses can learn from.

Social work education has included service users in their curricular development, teaching and shared governance to support initiatives that identify with the "worker/client" relationship, as well as underpinning sound inclusion and involvement (Angelin, 2015). This is not without the need for a dialogue about roles and responsibilities, which is also reflected in nurse education (Speed et al, 2012). Service user involvement in social work examines and contributes many parallels with nurse education, facing similar challenges, including power issues, financial payments, and guidelines (Gossen and Austin, 2017).

Guidelines for service user involvement in nursing, rely upon professional body directives, which it could be argued are not specific enough to be usefully applied in all areas (NMC, 2010; 2018). This is discussed further (p.34) and leads to individual organisations adopting their own versions of guidelines and further fragmentation, or acceptance of different practices occurring at different sites. Similar findings are reflected in other healthcare courses (HPC, 2014) where there seems to be an emphasis of tokenistic application and 'ad-hoc' inclusion. This can be compared with structured guidance, such

as that recently produced by the Commune project in mental health settings (Happell et al, 2014; 2020). Or other organisations, such as CLINKS which offer service user involvement to individuals and families in the criminal justice system and have established frameworks (CLINKS, 2021). Although adapting ideas linked to other areas of excellent inclusion of service user involvement, is beneficial, the complexities of such involvement due to institutional and cultural differences needs contemplation (McKeown et al, 2012). The findings from Omeni et al (2014) of 'avoiding a one size fits all' approach to policy inclusion for service user work is vital, reflecting the unique characteristics of each organisation, in terms of what service user involvement means and how this is included and positioned within each philosophy. Implementation of guidelines is necessary to support and position service user work, yet interpretation and useful application is a much-needed conversation, in some individual organisations; to promote and accept the wider organisational culture and reflect upon what this means, to support service users, students, practitioners and academics.

Other healthcare practitioner courses such as: psychology (Schreur et al., 2015), speech and language therapy (Higgins et al., 2011); radiology (Harvey-Lloyd and Strudwick, 2018); physiotherapy (Thomson and Hilton, 2013); occupational therapy (Cleminson and Moesby, 2013) and pharmacist courses (Hache et al., 2020), have all relied upon some form of service user involvement to contribute to the overall diversity of the courses, and reflect the service user's voice. This further reflects advice from HPC that 'the level and type of service user and carer involvement will vary between professions, and different programmes will meet the standard in different ways". (HCPC, 2021). This further identifies the bridge between guideline application and pragmatic inclusion. The application of guidelines remains an interpretive process for each organisation, it seems many professional courses are left to some degree to decide upon their own application of service user inclusion, which potentially fragments and dilutes this inclusion.

The different approaches of, and opportunities to involve service users in professional courses remains a challenge for many environments. However, inclusion is no longer an option (NMC 2018; GMC, 2015; HPC, 2012,), it is a requirement which will take time to input, monitor and fulfil. Some healthcare and educational institutions need to acknowledge the need for an on-going commitment and reflect upon guideline inclusion to sustain and develop their portfolio of service user work.

2.4 Policy development and service user involvement – nurse education

Many UK policies, and UK governmental papers (DH, 2000;2009a; 2010;2012; NHS 2013; NMC 2010; GMC, 2011) have influenced service user involvement in the UK, recommending more visible contributions and receptive approaches to service user inclusion in recent years. Although patient care has always been idealised as being

'patient-centric' the approach now seems to be structured and written implicitly to develop a more engaged partnership for patient and health care workers (McCutcheon & Gormley, 2014). The demoralising truth of the current climate is that sometimes service user involvement, appears stuck at a more consultative level instead of more fully collaborated approaches (Atwan et al., 2018). Policy development and service user involvement according to Green (2007) are two distinct concepts which do not combine easily. This is reflected in the literature demonstrating lack of defined processes in some areas with more piecemeal, tokenistic application in some areas (Repper and Breeze 2007; McKeown et al., 2010).

Government plans (DOH, 2010a; 2010b; 2012; McKeown et al., 2012; National Advisory Group on the Safety of Patients in England, 2013) appear to be heard in healthcare and educational settings but not fully adhered to, in some areas. This may be due to the complexities of workload, lack of training, evaluation, and resource management in the real world for healthcare professionals and educationalists, compared with policy-makers ideals of inclusion. This is a continual frustration for service users and organisations, trying to implement fuller agendas, yet recognising existing and potential limitations (Atwan et al., 2018).

From a healthcare perspective, some practitioners found service user partnership a difficult concept to embrace, due to the cultural change and establishing a different relationship with service users, compared to the traditional paternalistic culture (Reed, 2011). This was reflected in nurse education where academics felt inferior at times (Happell et al., 2003). Crawford et al (2003) suggest the barriers in some areas such as in mental health, where there might be professional opposition of service user involvement. At the current time service user involvement is reflected more consistently in mental health education compared with general nurse education, therefore continued disparities of inclusion, acceptance and change in service user provision and acceptance of this inclusion dominates the landscape. Facilitating change within staff groups and competing against the organisational boundaries, creates a difficult environment for practitioners, who may be struggling with professional issues, risk aversion and lack of training for implementing change (Bee et al., 2015). Most academic institutions depict educational inclusion of service users as a singular phenomenon, compared with more regular inclusion, thereby limiting influence and acceptability (Towle et al., 2010). This could lead to decreased engagement for staff who may feel disheartened and less involved, feeling compelled to accept and acknowledge service user involvement, instead of embracing this phenomenon with a more welcoming attitude (McCormack et al., 2011). This suggests a mismatch of service user involvement despite encouragement from government and professional bodies to pursue partnership working and adhere to professional body requirements (NMC, 2018).

Some practitioners identify service user engagement as a progressive move and negotiate a way to revolutionise patient care, incorporating changes at patient level and reorganising services (Platt & Staniszewska, 2011). Conversely, Storm et al (2013) suggest service user involvement does not always enhance services or care satisfaction levels, but service user involvement has been identified as a necessary requirement, and one that will not diminish. A negotiated response to policy implementation is therefore required, with adequate support mechanisms to implement such protocols safely and transparently and improve service user involvement at all levels.

Service user involvement is pertinent to everyone involved with healthcare, including professional bodies, students, lecturers, HEIs, Trusts and service users. Involvement needs to be integrated into the modern agenda for healthcare and treating service users and carers, in a more participative manner establishing service user roles as major stakeholders needs attention (Bee et al., 2015). This links into Patient and Public Involvement (PPI) which replaced the Community Health Councils from the 1970's. These were the first patient organisation groups and led to a growth in the patient led movements. Many healthcare Trusts now have departments aligned to PPI, ensuring this inclusion becomes entrenched in the organisational philosophy and develops participative healthcare and research (Platt & Staniszewska, 2011). Although the current study is not examining service user involvement in research, it is useful to position service user involvement within this context as a current and future role, which is being established and is part of many governments and professional body policies.

In other disciplines such as social work, service user involvement has undergone similar challenges to nursing and negotiations in identifying appropriate inclusion. However, the emphasis of many social work practitioners and the context for their interest and motivation identifies partnership-working as a valid and essential part of this process (Molyneaux and Irvine 2004; Staniszewska et al 2018). This joint working needs to reflect and collaborate established reciprocal values, in working together and ensuring appropriate representation is included, something which nurse education could facilitate more effectively.

Policy application can be difficult due to organisational approaches as indicated or a 'tick box' exercise, allowing inclusion, which is misunderstood or not implemented appropriately. Despite numerous innovations and ongoing progressive policies, gaps still appear to reflect the challenging realities of service user inclusion (Beresford, 2019; Staniszewska et al., 2018). Therefore, each organisation requires a commitment to engage, monitor and evaluate service user involvement and facilitate a more accredited involvement. This is a huge task for everyone involved and one that is likely to continue in a splintered manner, until a more unified approach is undertaken.

Different disciplines within healthcare vary in approaches to service user inclusion. For example, mental health service user inclusion has been undertaken for many years, with more formalised processes and acceptance amongst staff (Horgan et al., 2021). This is compared with more diverse areas who struggle to typify the service user voice. Townend et al (2008) examined the difference in service user involvement in social work and mental health compared with other disciplines, concluding that these professions have included service users for a longer period, which establishes and 'galvanises' this inclusion more readily. Scammell et al (2015) concurs mental health and learning disabilities disciplines have been the forerunners of these service user initiatives, and that general nursing courses lack the same momentum. This is not an excuse to limit service user inclusion but may explain why there are some professional and academic hesitations regarding fuller involvement outside of mental health and social work.

Many organisations appear limited in their knowledge about policy inclusion of service users or role requirements, which leads to limited contributions. This is in comparison with some areas which execute a more refined approach and employ academic service users as part of their team such as mental health, role- modelling good practice (Happell et al., 2015) or projects which commit to engagement and collaboration (The King's Fund, 2018).

The emphasis of service user involvement remains on a continuum, which appears to vary by discipline and commitment, and it seems some educational and healthcare institutions are still playing catch up. Service users 'voices' are supposed to be embedded according to policy development (Darzi, 2008; DOH 1999a, 2000, 2001, 2004, 2005a, 2005b, 2006a). However, in reality only a proportion of groups of patients are represented and these tend to be service users who can articulate themselves clearly, leaving more marginalised groups under-represented (Omeni et al., 2014). Policies aimed at inclusivity should be implemented, yet organisations struggle to meet these needs, and findings by Omeni et al (2014) who surveyed 302 mental health service users and 143 healthcare frontline mental health staff found that individual service user involvement was being achieved, yet the larger scale inclusion for organisational levels was low. An interesting finding from Omeni et al's study suggested the significance of location and uptake of service user involvement, being less accomplished in rural areas, which may contribute to accessibility issues and fuller implementation. However, the continued inclusion of these marginalised voices is important to demonstrate diversity and the realities of practice in the healthcare world.

Effective training and sustainability are seen as facilitators in service user involvement (Bee et al., 2015; Speed et al., 2012), but further organisational and academic input are needed to shape this provision for the future. Legislative issues have demanded both

educational and practice settings demonstrate their transformative and inclusive practices of service users, to a much wider inclusion, which currently validates professional body and government initiatives to reveal good practice and successful inclusion. (Rhodes, 2011). However, the literature challenges methods and modes of inclusive practice and depicts an uneven terrain, which this literature review highlights establishing the issues facing real world inclusion. This illustrates multiple challenges which are faced by academics, who are trying to negotiate a complex path and the significant issues related to service user involvement which are often unheard.

Each area clearly articulates the need for service user inclusion, yet the delays in progression to achieve this goal reflect an uncertain climate. Reports such as The Francis Report (2013) instil a need for representation of the service user voice and person-centred care, and advocates legitimacy, in the realities of practice. This inclusion however appears piecemeal (Repper and Breeze 2007; McKeown et al., 2010) and somewhat stunted when identifying academic perceptions of service user involvement; and facilitates the on-going turbulence of service user involvement in the professional world of healthcare education. A review of current policy with rapid engagement of service users, policy makers, academics and students seem a way forward to encompass the multiple views about this complex subject. However, the invisible barriers which seem to block inclusion continue to manifest themselves and need careful removal to ensure a more inclusive approach from everyone working in this area.

This section has summarised the key areas of service user involvement identifying policy implementation and previous working practices. This analysis of the literature has illustrated the emergence of service user involvement in healthcare reflected in policy implementations which are ever changing. Time for professionals to catch their breath and reflect on how to include service users within their organisations, appears as an increasing pressure. In some areas policy implementations have created a culture shock and in others a more stabilising effect, conversely some areas seem to have continued with a more static inclusion. It appears that policies need to clearly articulate with knowledge and understanding what is needed, how this can be resourced and implemented, before suggesting this is embedded into the current culture. Changes of how to work with service users, implementation of key policies and a more standardised approach seem foundational to service user inclusion for academics, service users and organisational hierarchies.

The next section identifies the inclusion of service users in nurse education, identifying specific inclusive approaches.

2.5 Service users and nurse education

Organisations have innumerable methods of including service users in their nurse education programmes and vary in their approach to engagement (Terry 2013; Scammell, 2015). Some establishments rely on service users for interviews of prospective students (Rhodes & Nyawata, 2011; Heaslip et al., 2018), others include service users in skills sessions, classroom activities (Terry, 2013; Simpson et al., 2014; Scammell et al., 2015) and research (Involve, 2012; Pollock et al., 2015;). Whilst opportunities for involvement in clinical situations may be more assessment-related, such as feedback to mentors/supervisors on student performance when the student is undertaking placement (Turnbull & Weeley, 2013; NMC, 2018). This diverse remit encourages a continuum of inclusion from minimal involvement to service users involved as User Academics or Consumer Academic roles in mental health fields (Happell & Roper, 2003, Simons et al., 2007). Therefore, the overall picture of service user involvement is one of busy innovations, yet non-standardised approaches. However, professional body guidelines, and actual practice, in different organisations can vary in amounts of time, implementation, emphasis and involvement (Terry, 2012). This is concerning as unwieldy inclusion can cause tension for academics, service users and students, due to individual organisations structures, courses and adherence to policies and guidelines.

The permanency of service user involvement is necessary in today's nurse education system (Terry, 2012) and needs to be accepted by all. The diversity of roles for students, service users and academics means that without clear guidance and a more standardised approach, then service user involvement might continue to be 'ad hoc' and uncertain (Happell et al., 2014). This could negatively affect the future of service user work, especially if service users work with different academics and are included in a variety of ways, leading to intra- and inter-organisational approaches. This could lead to difficulties and ethical implications (Ward & Benbow, 2016) with service users precariously adopting different positions, becoming confused and questioning organisational approaches and expectations.

Traditional inclusion of service users in education covers areas such as admission procedures (Matka et al., 2010), inclusion of assessment (Haycock-Stuart et al., 2016) and curriculum development (Felton & Cook, 2018). All these areas require different skills from academics to facilitate and strengthen service user roles, as well as flexibility of service users who are aware of expectations from academics and service user remit. There is also a need for organisational acceptance and adequate buy-in to ensure time, resources, preparation, and support are sufficiently provided for staff to implement such activities and sustain involvement sufficiently (Terry, 2013; Brooks et al., 2019). However, there are significant barriers to service user inclusion such as organisational issues and

challenges of partnership-working, which require navigation to ensure a good outcome for service users and organisations (Speed et al., 2012). This causes significant impact upon service users and academics who strive to work together, but are faced with less viable achievements, due to these on-going circumstances.

Nurse education has consistently moved from a didactic approach, to one that facilitates experiential learning, simulation experiences, and involvement from service users. This is made more relevant with advances in technology and wider learning methods (Beresford, 2013), encompassing distance learning and the ability to gain from broader perspectives and specialities, including more diverse experiences of service users. This means the educational perceptions of service user involvement continue to change and demonstrates the challenge of standardising involvement.

Traditionally, mental health and social work have provided examples of including service users in education and in many cases, this extends to multi-disciplinary teams (Omeni et al., 2014). However, this is not without the inequalities and differences which are noted in the literature, such as limitations in scope, practice, and duration (Terry, 2013; Happell et al., 2015). Service user involvement has now evolved to become a mandatory requirement (Happell et al., 2015; Towle, 2010) and will continue to necessitate inclusion in all nursing and multi-disciplinary healthcare courses. This expectation is an important narrative and inclusion of service users within courses needs to be articulated to demonstrate engagement and support of these values.

Service user involvement can have profound effects on students such as understanding about compassion and empathy (Morgan & Jones, 2009; Unwin et al., 2018). Undertaking skills with improved confidence and communication, that can be translated into the clinical environment has been found by Rush, (2008); Chalmers et al (2012); Strudwick & Lloyd, (2013). These areas need sensitive cultivation to ensure service users are included appropriately to strengthen academic learning and professionalism.

Service user involvement in nurse education has progressed to inform policy development (Francis, 2013), include person-centred care (Happell et al., 2015, Rhodes and Nywata, 2011) and to include the service user voice in both educational practice and student experiences (Scammell et al, 2015) Although this would appear to be a straightforward accomplishment in educational and healthcare practice, many critics of service user involvement obstruct or question its' fuller inclusion as a collaborative method, to enhance education and develop inclusive practice (Happell et al., 2013; Bee et al., 2015). However, many service users, academics and students advocate its inclusion to highlight service user perspectives and isolate these key contributions to enhance teaching, learning and research both in HEIs and clinical settings (Potter 2015). Planned inclusion needs a sustained approach to achieve involvement and consideration of service user experience,

contribution and how to position this involvement more formally continues to be a challenge. With professional body directives to include service users in healthcare education, the spotlight has moved from specific disciplines to all areas, implementing and demonstrating how service users are included, within the educational frameworks (GMC 2018; NMC 2015; CHRE 2014). Therefore, the importance of clarity of inclusion is highlighted, and mapping to professional body standards, which previously and at the time of this study, seems in need of development and significant highlighting, to include service users in a more uniformed manner across all the sectors.

There is a dearth of literature examining the service user's role in healthcare and educational practice (Green, 2007; Duygulu and Abaan, 2013; Scammell et al., 2015); undertaking partnership working (Speed et al., 2012; Ocloo et al., 2016) and being engaged specifically in healthcare education (Costello & Horne, 2001; Bollard et al., 2012; Scammell et al., 2015). This represents service users, healthcare professionals and student views on the interactions, challenges, and successes of including service users in various elements of care and education.

On refining the literature further and crucially identifying nurse lecturer or academic experiences of service user involvement in educational settings, there is minimal literature to explore. This literature review will explore amongst others, the relevant papers such as Towle et al (2010); Terry, (2013); Happell et al (2015; 2019); Atwal et al (2018) to contextualise and present the available literature. This adds to the rationale for undertaking the current study about lecturer perspectives, to try to unleash the academic's voice and position academics more firmly within this area, to ascertain an academic stance. This would inform current gaps in practice and highlight further academic insight and contributions, to accomplish a more integral role for nurse lecturers in service user involvement.

The following sections outline how service users are included in nurse education and discuss some of the current issues faced by academics trying to facilitate this inclusion.

2.5.1 Models to integrate service user inclusion

Various models have been suggested to integrate service user inclusion in nurse education. These models are discussed by Chambers and Hickey (2010) who described an 'integration continuum,' which spans involvement of service users from all areas of inclusion such as design, curriculum planning, evaluation and penultimately 'classroom assessors'. This is compared with a less strategic inclusion and reflects 'one off' visits and classroom inclusion offering a more 'piecemeal' inclusion (McKeown et al., 2010). The 'Engagement continuum' (Chambers and Hickey, 2012) reveals a more fluid role for service user involvement, with passive and active roles for service users which relate to

their inclusion, and demonstrates differences of inclusion, such as passive recipients of healthcare and engaged active recipients in classroom assessment scenarios. This illustrates one of the complexities of such roles and shows how a defined concept is difficult to achieve, Chambers and Hickey (2012) suggest there is a 'blurring of boundaries' within service user engagement and a 'participation continuum' more accurately reflects this idea. Many models (Arnstein, (1969), Hickey and Kipping (1998), Tew et al (2004) cited in McKeown e t al (2010), have been designed to reflect a ladder of participation or suggested participatory levels. A common model is The Ladder of Involvement as described by Tew et al (2004) and Breeze and Repper (2007):

Table 1: Adapted version of Levels of participation in Mental health professional education (Repper and Breeze, 2007 p. 80;NCMH 2003 p. 34) based upon Goss and Miller 'Ladder of participation' (2005).

Level one	"No involvement"
Level two	"Passive involvement" – discussion with users via a "third party".
Level three	"Token involvement" – discussion with "users through non-decision making forums".
Level four	"Collaboration (users views form decisions)".
Level five	"Partnership (educationalists and users work together systematically, strategically…" and jointly "at all stages of planning, delivery and management processes".

This ladder of participation consists of five areas which illustrate involvement levels. This model was created to guide involvement of mental health service users and to assess and gage service user inclusion in educational settings (McCutcheon & Gormley, 2014). Limitations of this model include how to define each level of involvement and what constitutes partnership (Tew et al., 2004; McDaid, 2009; Higgins et al., 2011). Few studies have justified consumer academic positions which warrant level 5 status, and McCutcheon and Gormley (2014) explain service user levels of achievement are not a common consideration in all curricular activities. Furthermore, service user inclusion seems confined to certain aspects, sometimes it appears inadvertently limited by academics, such as teaching about the lived experience or storytelling. Without the inclusion of service user involvement in all areas of the curriculum, tokenism continues to be evident (Gutteridge & Dobbins, 2010). Felton and Stickley (2004) examined these areas reflecting on the inclusion of consumer academics as innovative practice, compared with formalised academic members who earn their place through qualification and roles

(McCutcheon & Gormley 2014). However, this inclusion will not suit every academic environment and appropriate inclusion needs to be encouraged. Consumer academic models unless applied very considerately, could raise potential areas of trust and power differentials and lead to academics feeling disempowered and lacking, despite their professional qualifications and academic positions (Towle et al., 2010). Conversely, service users may feel restrained and confined to only specific areas of nurse education, whilst their enthusiasm, skills and abilities appear curtailed, by lack of acknowledgement of their roles and fear of their involvement. Models may epitomise perceived practices, but the evaluation and use of such models can be complex. The realities of inclusion of service users demonstrates differences of inclusion and the humanising effect of individuals working together, which may alter perspectives of engagement. Another dichotomy within this modelled approach is that academics may not think about the levels of involvement that service users undertake, and therefore do not consider or review particular levels of where service users are positioned, ultimately keeping the service user at the same level, and not changing any involvement or reviewing this need.

To facilitate working at level five would be a consequence of 'shifting of the power' from professional to service user (Repper and Perkins, 2003) and in reality, this can be difficult to achieve, because service users generally look to healthcare professionals for direction in terms of their care needs or in education settings, roles, or dialogue. Service users do not always feel adequately prepared or qualified to undertake such decision-making (Towle et al., 2010). Part of this service user behaviour is embedded in the paternalistic culture and the shift in power can cause confusion and service user anxieties. This has been criticised in mental health by Morgan and Jones (2009) who suggested the balance of power was a difficult area to attain, and Felton and Stickley (2004) described similar issues in nurse education. Tritter and MacCallum (2006) suggest different rungs of the participatory ladder to enable the disparate knowledge and expertise of health and social care staff and suggest patient interactions should be more adequately represented. Power differentials and the challenges of involving service users need to be noted, not just in perceptions of power, but also encompassing the different types of knowledge and expertise which should be reflected within such models (Morrow et al., 2011). This would identify the different types of knowledge and levels of involvement which can represent different context and purpose (Morrow et al., 2011). A concept analysis undertaken by Rhodes (2013) suggests these levels of involvement are illustrated as no involvement to partnership inclusion, from levels one to five; where infrastructure is supportive, service users are employed and training, resources and engagement facilitates the leap from passive recipient to engaged participant (Rhodes, 2012). Scammell et al (2015) concur with this useful overview of involvement but highlight contributory barriers such as nature of inclusion; value of involvement and the scale of student numbers in general nursing

fields, compared with other branches. This may represent logistical issues, slower implementation of service user processes and increased organisational demands to facilitate involvement (Scammell et al., 2015). These are important topics to understand and consideration when implementing any model and foundational work appears necessary to embed an appropriate inclusion within HEI's.

Complexities of terminology, application and awareness of these models contribute to a diverse understanding in educational inclusion and could be stratified, more simply. It would be interesting to suggest service users too, have input and define this model, using examples and terminology to reflect policy status of inclusion and involvement, in more lay terms to embed the service user voice more firmly. Utilising the models in all service user work would also gain familiarity and a more permanent approach for healthcare, education, and service user settings.

Models of service user participation appear to be used in a limited way and provision of more simplified inclusion, such as reference to these models in pictorial or descriptors might capture some useful contributions and context. Higher education and healthcare settings could include this to contextualise service user involvement and evaluate stages of involvement more efficiently for audit, evaluation, and target measures. Conversely, care would be needed to ensure a rigid approach did not situate service user involvement on one rung for each participatory activity which was accepted as appropriate. This could represent increasing paternalism, conversely a newer model to position the fluctuating levels which service user involvement measures could be proposed and may be key for future developments. Perhaps a better option would be both service users, academics and healthcare providers providing their own interpretations and working together to negotiate climbing up the ladder or moving from one area and improving partnership-working to reduce further disjuncture.

There are many ways that service users and academics can be adequately equipped to manage this process and become involved in partnership-working, however this can take time, interest, and flexibility for both (Breeze et al., 2005; Repper and Breeze, 2007; McKeown et al., 2010; Rhodes, 2012). Use of models appears interesting, but a necessary foundational understanding and focused approach with regular discussion is vital to improve their application and legitimise this inclusion. The literature depicts models as a way forward but ultimately a more measured application of an appropriate model, fit for purpose and easily understandable for all to use, seems to be paramount.

Academics need to understand how to apply the models in practice and baseline the level of inclusion and measure against this for the future. This would facilitate a form of evaluation from the lecturers, service users and organisational perceptions. This might enhance best practice and enable levels of involvement with a more targeted approach.

2.5.2 Inclusion of service users

Historically, mental health nursing, social work, and medicine, have been key areas to implement service user work and rapidly expand their remit. Other disciplines such as adult nursing, child nursing, clinical psychology, physiotherapy, and occupational therapy now all include service users as part of the government policy on inclusion, and in fuller response to various reports and agendas (The Francis report, 2013; NHS constitution, 2012). However, tokenistic inclusion remains an ongoing, established challenge in many areas, with any inclusion deemed better than none.

Many government policies have promoted service user inclusion leading to different phases of involvement (DH 2000; 2001; 2004; 2006a; 2008; 2010). This has led to a nationwide acceptance and inclusion at local, national, and strategic levels demonstrating that service user involvement has developed. However, criticisms by several authors (Gutteridge & Dobbins, 2010; Mackay et al., 2012; Terry, 2013; Bee et al., 2020) suggest the service user voice was tokenistically applied and to a degree restricted involvement. Securing engagement and collaboration of service users in education is a vital part of the service user process (Speed et al., 2012). Service users need to be aware of their key responsibilities and remit to undertake their roles fully and appropriately, therefore prior planning is essential (Gutteridge and Dobbins, 2010; Speed et al., 2012; Terry, 2012; Felton and Cook, 2018). This appears to be a missing concept for some areas, which highlights an ill-structured level of involvement and leads to fragmented processes, which is both frustrating and resource-laden for service users and academics (Bee et al, 2015).

Planning how to include service users is a crucial necessity, yet there is often limited consideration by academics and HEIs, who revert to a tokenistic 'tick box' culture (Gutteridge and Dobbins, 2010). Speed et al (2012) suggest the need for adequate preparation of service users and contextualisation of situations and requirements to fulfil roles adequately. The over-riding need for inclusion appears to swamp the concept of strategic planning for service user involvement, which can lead to feelings of unpreparedness for some academics (McGarry & Thom, 2004) or rejection from preparation and planning processes at a more organisational level (Speed et al., 2012).

Service user involvement is imperative to nurse education and requires change within organisational cultures, as described by McCutcheon & Gormley (2014). There is however a reticence to inclusion and change which continues to exist, despite the literature highlighting this phenomenon. McCutcheon & Gormley (2014) acknowledge the need for training, finances and time for service users and educators to undertake involvement, with many areas requiring planning as a key driver. Sometimes organisations quicken the pace of involvement, but dilute the quality of involvement, leading to more symbolic inclusion, which undermines a developed and planned effort. This leads to failed systems and poor

engagement, for service user inclusion (Higgins et al., 2011). This has been suggested in many studies (Lathlean et al., 2006; Stickley et al, 2010; Higgins et al., 2011; Stickley et al., 2011; Rhodes and Nyawata, 2011), and strategic planning appears as an afterthought, pointing towards this necessary need and future development. The approach to inclusion remains a challenge with professional bodies stipulating their demands, yet organisations lacking support and infrastructure to facilitate and plan ahead for such ideals.

The literature suggests service users need to feel they belong and are a valuable commodity to nurse education. McGarry and Thom (2004) advocate for meticulous inclusion and meaningful engagement at every step, with combined efforts to utilise professional proficiency and service user acumen. However, in reality these values can be difficult to decipher, organisational, academic, and service user needs can be difficult to understand, and the complexities of service user inclusion is affected by restricted resources and the fluidity of service user roles in some areas. The nursing curriculum needs to embed service users throughout its delivery (NMC, 2010), with consistent inclusion, support, and evaluation to implement service users more accurately and planned approaches of involvement to support these principles.

An ever increasing need to standardise practice, for academics, healthcare and service users seems to be a prerequisite which is discussed in the literature, yet not acted upon in HEIs. This 'jig-saw' approach of service user involvement requires national modification, as well as local outcomes to strategically plan and implement a way forward. Studies of service user involvement have been undertaken on a larger scale (Terry, 2013, Scammell et al., 2015) which point to further research and improvements, negotiating these issues and the ever-changing face of service users in nurse education. Terry (2013) who undertook a travel scholarship across the UK and Ireland found an evolving landscape of service user involvement with evaluative measures to portray its success. However, further involvement with service users was identified as a core component of nurse education and the values of positive relationships supported these partnerships. Scammell (2015) identified the continued need for service user inclusion in nurse education and discussed the changing need of recording feedback from service users in practice to provide a formal record for students. Alongside this, the ethical implications of service user involvement in practice were included. Scammell et al (2015) who undertook a systematic review of pre-registration service user involvement (excluding mental health courses) found that although stakeholders valued the involvement of service users, greater requirements for support and preparation was needed for all involved, including logistical needs and impacts on learning and clinical environments. These studies emphasised the continuous need for evaluation, change and support to enhance service user involvement and facilitate its inclusion more efficiently, yet without cultural change in attitude and time, and this appears an ongoing issue.

Planned inclusion is reliant upon an interested and interactive community who wish to take part in service user involvement. Generational differences such as the elderly who may still consider paternalism as helpful, or younger more critical consumers of healthcare who appear to thrive in collaborative healthcare circles add to this debate (Busari, 2013). The support necessary to develop the implementation of user involvement, and perhaps higher education requirements appears lacking in some areas and these differences need appreciating to secure a more consistent approach. Conversely, as described by Terry (2013), there are some excellent examples of practice related to service user involvement, and it seems HEI's, and academics could learn from each other more readily and effectively.

There appear two camps of thought within healthcare and education. Firstly, the facilitators or 'galvanising forces' of some professionals, as described by Townend et al., (2008) which have helped to embed service users firmly within nurse education. Conversely, the unaccepting attitude of other professionals who feel disempowered by service user expertise or professionally inadequate (Wilson, 2006; Towle, 2010); who require support and reflection to unravel these feelings and to promote professional tolerance instead of hostility (Happell et al., 2003). These two opposing messages for service user involvement need evaluating to ensure positive outcomes for service user involvement and a successful partnership which values all parties' contributions.

A more consultative approach between service users, professional bodies, governmental departments, and support groups, to establish the service user context is vital (Rhodes, 2011). Service user inclusion contributes to a significant development for many practitioners and healthcare staff (Cochrane et al., 2015), as well as for service users, who are now more acutely aware of their rights and representations in the healthcare system (Lipsky, 2010). This shift in power and participation has meant a wider inclusion of service users, but it could be argued that this has happened at the cost of minimal preparation or guidance, for example Happell et al (2019) discuss the importance of a "shared vision" of service users and academics yet realises the consequences befalling organisations and staff.

The NMC (2012) and GMC (2015) have championed service user inclusion and all healthcare professionals and education providers are required to adhere to their professional directives, to ensure appropriate inclusion of service users in delivery of care and partnership-working exists (NMC 2018; GMC, 2015; HPC, 2012). However, the question remains what is appropriate planned inclusion?

Debates continue about appropriate service user involvement and the changing shift of paternalistic power and service user requirements which have caused a see-saw effect in many organisations, with reaching a balance being the ultimate goal. Tee (2012)

highlights the need for wider discussion within organisations and cultures to not only recognise the significance of service user involvement, but to place service users in a central role and facilitate their contribution more eloquently. Clearer outcome measures and a 'shared decisional power' as described by Tee, are still necessary to change cultural perspectives and organisational attitudes and to recognise the unique position of service users, academics and organisations and their roles to support and endorse collaboration in nurse education. The literature describes the multi-faceted approaches to inclusion and difficulties academics face in terms of service user autonomy and barriers to inclusion such as organisational, professional, and logistical limitations (Felton and Stickley, 2004; Speed et al., 2012; Tee, 2012; Terry, 2013; Scammell et al., 2015). This can lead to tokenistic application, often due to circumstances instead of academic wishes, and contributes to the continual limitations which academics cannot curtail despite their best efforts (Happell et al., 2019).

The advent of Experts-By-Experience (EBE) illustrates another way that service users can be identified within a specific context. This can be defined as:

> "Being an Expert by Experience acknowledges that lived experience is as valuable as clinical/professional expertise" (Holmes, 2017).

These service users are recognised as having a lived experience which is a valuable commodity to impart specific knowledge and information from a service user perspective. This may be derived from attending specific EBE programmes such as The Expert Patients Programme which utilises EBE day-to-day knowledge and understanding, alongside professional responsibilities, such as diagnosis, monitoring and management of conditions which helps to substantiate the course outcomes (Bee et al., 2015). EBE may also provide improved self-esteem and communication techniques when communicating with healthcare professionals (Rogers 2009). The expert patients differ from other service users who may not have these skills and may not articulate their experiences in the same way, however all service users or EBE provide important characteristics to support service user involvement and can help advise, discuss, or support student learning.

This joint voice empowers service users or symbolises service user inclusion and has been a key development in recent years. EBE can adopt various roles, in nurse education alongside other areas such as within organisations, for example charities, commissioning input, CQC inspections and national and professional requirements, which now advocate service user inclusion in a much more identifiable way. In some areas planned inclusion might be part of this role. However, a conflicting view suggests that EBE does not represent the authenticity of service users, but rather provides a scripted response, which acknowledges organisational level voices and limits service user expression further (Felton and Stickley, 2004).

Service users therefore remain an interesting addition to nurse education whether service users undertake specific courses to support their own healthcare and coping, such as Expert patient courses; or if service users are involved in teaching students and can reflect some of their individual ways of coping with their lived experiences, which are highlighted to students, alongside professional views. This might influence practitioners of the future to see care more holistically and encourage patient-centric care. The inclusion of service users seems to be an evolving process with variations of whom is included, and how this involvement takes place. The literature suggests it is time to embed a more structured approach, join up with stakeholders, academics, and service users to formulate a curriculum which represents everyone's needs and forms some allegiance of working in partnership more effectively (Terry, 2012; Tee, 2012; Atwal et al., 2018). The underpinning message is one which suggests Service user involvement is a requirement and necessity and therefore needs embedding into the current work of academics and university structures.

2.5.3 Recruiting service users to work with academics

In order for service users to become involved within nurse training, there needs to be a point of contact for willing service users to be identified, engaged and for service user work to take place (Unwin and Rooney, 2020). Recruitment of service users has been a struggle over the years with many areas reliant upon word of mouth, or people who know somebody who might be willing to share their experiences with student nurses. Some organisations keep databases of service users centrally and employ administrators/ user involvement co-ordinators or rely on user-led groups, to organise service user work and recruit service users in a more streamlined way (Terry, 2013). A potential issue with this system is lack of co-ordination in services between administrators and academics. In midwifery service user involvement, Warren et al., (2017) described how social media and community groups are effective in finding service users and the "we go to them" approach, for engagement about research and design (Grigsby, 2015). This was utilised for curricular planning and recruitment processes of students. Warren et al., discussed the use of web-based support groups to include service users. These innovative ideas illustrate the variations from traditional service user recruitment and how community engagement could be incorporated more easily. However, recruitment of service users remains a dilemma, as support groups and social media may only reflect one perspective of the population and marginalised individuals or groups may be reluctant to join formalised networks, such as elderly, ethnic minorities, people with rare cancers or individuals who live in rural settings (Jones et al., 2000), therefore diluting wider representation and the diversity pool further. Some examples of inclusive practice are described such as involving people with dementia to contribute to higher education as Experts by lived Experience tutors (Russell, 2016). Similarly, involving people with

learning disabilities to teach pre-registration nursing students about experiences of accessing care is outlined by Smith et al., (2015) which reflect similar sentiments to Russell (2016), providing service users and students with unique learning opportunities and promoting a sense of purpose in service user involvement to contribute to academic learning.

Recruitment of service users remains a challenge for organisations and academics, again this requires thought, careful planning, and targeted approaches, all of which require sustainability and flexible processes, which at present do not appear to be incorporated in all mainstream involvement (Terry, 2013; Scammell et al., 2015; Happell et al., 2019). Academics appear to utilise different approaches to recruiting service users and this lack of consistency seems to reflect disparities in service user provision within HEIs, who may have defined populations which they wish to recruit. A more targeted approach with specific focus upon service user population appears a necessary requirement to encourage a wider diversity of service users, to enhance student learning and for academics to establish as a programme of inclusion.

2.5.4 Communication in nurse education

Communication is a key skill in nursing which service users are ideally placed to facilitate and encourage in student learning (Perry et al., 2013). Barriers of language and understanding appear to be decreased when students undertake communication skills with service users (Summers, 2013). This translates to easier person-centred care, whereby the service user is placed centrally, and individual needs guide the care given. Service users have an ability to question students, in an unrehearsed way, naturally asking or explaining if they do not understand something. This leads to an increased awareness by the student of the complexities of language including euphemisms, abbreviations, and medical jargon, which students may not have thought about before. These barriers are reduced when students work with service users, to ensure plain language and communication skills are adopted (Pitt and Hendrickson, 2019). Service users provide challenging approaches and interpersonal skill development, so are central to student understanding of these important skills. Communication skills for students are a high priority in reaching hard-to-access groups, which appear as more marginalised service users, such as those with Dementia or learning disabilities. Students need to learn additional communication techniques and awareness of appropriate communication. Therefore, inclusion of individuals with specific communication needs can help to build confidence and understanding by students. Positive reinforcement of language and terminology as outlined by Dementia UK, (2020) or specific communication techniques (Eggenberger et al., 2013), alongside use of individual communication tools for service users with learning disabilities, improves both confidence and familiarity of students, as

well as more inclusivity for individuals with specific needs (Bollard et al., 2012; Howells, 2019). This reinforces student's ability to view communication from service user perspectives and adopt different communication styles to accommodate these needs.

Communication with service users promotes critical conversations, opens dialogues and academic role-modelling, but importantly provides a 'live' dialogue between service users and students, to embrace a different way of learning and assimilates these skills for future roles (Potter et al., 2015). Service users provide a diversity to student nurses and facilitate a learning reality which is valued and significant to their education. Much of the literature (Simpson et al., 2008; Tremayne et al., 2014) extols the necessity for service user involvement to guide students and develop confidence situating service users as a fundamental part of this communication process.

In nursing courses service users are included in multiple guises to facilitate a narrative of their patient experience and explore health-related issues with students. This includes descriptions about living with a condition, service users experiences of healthcare provision or more specific contributions such as acting in patient roles to enhance practical skills for student nurses (Terry, 2012; Tremayne, 2014; Haycock-Stuart et al., 2016).

Another key area for service user inclusion is for service users to tell their own story, as noted by McAndrew and Samociuk (2003), Christiansen (2012) and Terry (2012). Various methods of service user communication exist, reflecting again another continuum. From classroom sessions to digital inclusion such as digital repositories, service users can be included and have a voice. However, digital inclusion can lack interactive value and often gives a narrowed perspective (D'Alessandro et al., 2004). Therefore, other more collaborative approaches have been suggested, such as Terry (2012) who undertook an innovative digitalisation process of creating digitalised stories. One of these stories included a service user who was pragmatic and wanted to be 'in charge' of his own academic journey. This service user who was relatively young (21 years old), articulate and technologically savvy, who had the ability to embrace the digital story from his previous hospital experience, captioning and designing content which he was happy with. The service user met with the researcher to discuss the intricacies of content and expectations of the requirements for the student's course. This service user engaged on a daily basis with students for a set period of time, using a university blackboard forum discussion board, and online system to communicate.

These interactions led to wide discussions describing the care he received, and the minor points which nurses and healthcare professionals appeared to gloss over, in his experience of practice. This provided an innovative way to work, whilst it is appreciated this may not be an option for all service users and represents an individual account; as

with all service user contributions, this is both a strength and a limitation of service user involvement and needs to be considered by everyone involved. However, with future technological features and service users wanting more empowerment (Bollard et al., 2012; Terry, 2012; Wyn-Williams, 2019), adaptability by all is important. As well as the need for more Covid secure service user involvement since the onset of the pandemic; this is an opportunity for these kinds of innovations, to support and sustain service user involvement in the future. Ensuring support and de-briefing are provided, remains a necessary consideration for all service user inclusion (Tremayne et al., 2014) including newer virtual inclusion, or face- to- face activities.

Many issues found in Terry's study reflected similar findings of the Francis report (2012) and the undoubtable truth that age, gender, condition and hospital are not exempt from poor, inadequate care. The shocking findings that professionals have an awareness of poor care yet appear unresponsive to change in some healthcare situations, leads service users to question and challenge care and (Francis, 2012). Terry (2012) suggested in her evaluation that her study would lead to transformative change in her student group, as previously suggested by Rush (2008), who saw her students engaged and transformed by the service users' experiences. Terry agrees with Khoo et al., (2004 p491) that "informed change" may reveal the stimulus for behaviour change and Terry (2012) further suggests the need to embrace digital technology as one of the inclusive elements of service user involvement and the need to acknowledge wider inclusive practices for service user involvement. This is one of the key areas of nurse education to challenge, question and advocate for wider inclusion and interactions. Although inclusion via technology is currently undertaken in many areas, the need to develop this and formulate future plans is evident within the literature.

Terry's study echoed Felton and Stickley's (2004) research which suggested a power imbalance between healthcare professionals and service users, describing those methods of engagement which facilitated service user ownership, and development of the digitalised training for students. Rush (2008) described the role reversal of students and patients in the teaching environment online compared with classroom interactions. This is an interesting factor to consider and links to students accepting service user knowledge and proficiency, leading to partnership working.

Another positive from Terry's study showed the use and engagement of online presence, which this service user coped with, and found strengthened or empowered him, as an individual. Conversely, not all service users would interact so easily, and discussions may need more support from academics, which could include time and resources. However, this study emphasised inclusivity and embracing different interactional needs (Terry, 2012). Terry's study was only undertaken with one service user yet describes a depth and

interest in student learning and poses the question whether service users may become more interested in service user involvement or consumer academic positions if these were to be available in different mediums.

From a pedagogical point of view Leppa &Terry (2004), suggested this online service user engagement via an online learning tool available for students and the service user was useful for diverse learning styles, such as students who are reticent to engage in groups and more comfortable in online communities. Anonymity in this study group via the 'anonymous postings facility' reflected a 'safe,' reflective environment for discussion, acknowledging a positive effect for the service user too (Simons et al., 2007).

Some students may find online work onerous or not wish to engage which can be mapped to learning style and IT literacy. However, with current situations due to pandemic implications, adaptability by all is necessary. The current new norm since the pandemic has directed education to online engagement and learning for academics, students and service users. This has made online programmes, treatment, and education more acceptable and accessible for some. However, digital poverty still prevails, and some marginalised groups have increased marginalisation due to the change to on-line programmes, treatment and education. This will influence service user development in many areas of both healthcare and education in the future. For instance, Arts for health programmes are in existence such as Men's sheds (UK Men's sheds Association, 2021), Singing for Dementia and many other physical online consultations from GP's in primary care, or other practitioners such as physiotherapists, have had to move their treatment and care online. This provision of services has built upon the pandemic experiences and utilised online services to develop and grow this community. Yet previous studies such as Terry (2012), evaluated and suggested ways to improve interactive experiences and was a predecessor to this kind of interaction. Some parts of society continue to struggle with online interactions, whilst others have embraced these changes more positively, cultural norms and how involvement occurs, continues to provide disparities with inclusion, and this must be remembered as part of service user inclusion. Terry (2012) did not want to lose the authenticity this service user experience provided or 'disempower' the service user (Felton & Stickley, 2004). Many policies to ensure consent, confidentiality and fair usage were discussed during this process and student feedback demonstrated new insights into learning (Ikkos, 2003). These issues need thoughtful consideration but promote alternative ways of including service users.

Another study by Simpson et al., (2007), demonstrated an online study with mental health service users and students, using discussion forums with blended e-learning and enquiry-based learning (EBL). This was successful but found student confidence in communication online became a limitation, however this was undertaken in 2007,

therefore digital skills and confidence will have changed significantly compared with more recent online studies. Therefore, a skilful overview of which type of inclusion and how this is permitted to reasonably adjust for service user, student and academics appears another consideration, which may not be effectively undertaken in all situations. Whichever context service users are included in, there needs to be sufficient communication to ensure flexibility and support to assist this involvement. Although there is inspirational work being achieved, it seems academics need to judge and facilitate realistic outcomes.

Terry (2012) advocates the use of online interactions because they are preserved, either in online forums or other digital means, therefore they can be participated in for longer, compared with face-to-face interactions by service users and students, possibly advocating a more reflective, critical interaction. Alongside this is the potential to utilise discussion boards with other students in the future, therefore providing an additional tool for later academic use. However, this could become dated in some situations such as if conditions and treatments move forward and academics have not been in clinical roles for some time, therefore lack the updated knowledge and expertise which service users could potentially provide. To ensure cutting edge service user input, academics are tasked at reviewing relevance on a regular basis and providing input to establish a background to the session. This is compared to in-class service users who give a snapshot view of their experience, however, still demonstrate valuable learning and reflective practice, often carried into clinical application, as suggested by Rush (2008). It is important that new initiatives are trialled and reported on, to ensure service user involvement does not become stagnant in its current processes and to facilitate innovative, acceptable inclusion for the future.

Limitations of Terry's study were time, resources, costs, training and finding suitably articulate service users who could promote their stories autonomously. This is in comparison with the more 'usual suspects' (Stickley et al., 2004) who predominantly rely on paternalistic approaches in service user educational environments by lecturers, and less user-led processes, to facilitate their involvement. The positive aspects from these studies were engagement, facilitation, student learning and service user empowerment, all attributes necessary to exemplify best practice. Service user involvement continues to require strategies to advance nurse education and service user inclusion. Whilst innovative methods are trialled, standardisation of involvement continues to be a challenge. Consequently, communication remains a fundamental aspect of nursing and it is imperative that students practice, feel comfortable and learn how to construct therapeutic relationships with service users (Rhodes, 2013; Costello and Horne, 2001).

Communication has been discussed in this section as a key tool for students to learn, without the foundations of these important communication skills and the interaction with

service users, students will be at risk of developing a lesser communication style, which may be adopted throughout their career. Findings (e.g., Francis, 2013) have identified the importance of communication, and the service users and students within this literature base, illustrate working together to strengthen some of these ideals, facilitating reflection, awareness of communication styles and promoting essential therapeutic relationships. Different communication styles are important to acknowledge, and inclusive practices are vital to embed in nurse education, ensuring a diversity of service users reflects a wider population which students will meet in practice (Beresford, 2012). Whilst these practices may seem commonplace, it is essential that communication remains a key contributor to the process of service user involvement, encompassing the subtle nuances of everyone's needs, learning experience and understanding. This remains a priority for academics, students, and service users, to promote and articulate meaningful, consistent approaches.

2.5.5 Student engagement

The literature suggests student engagement is very high when service users are present within classroom settings (Kuti & Houghton, 2019). This has shown a positive impact on learning, due to the service user presence and lived reality they articulate (Atwal et al., 2018; Unwin et al., 2015; Irvine, Molyneux and Gliman, 2015; Tremanyne et al., 2014; Happell et al 2012; Rush, 2008; Collier & Stickley, 2010; Felton & Stickley, 2004). Strudwick & Harvey-Lloyd (2013) studied the experiences of 43 radiography students and identified listening skills, service user perspectives and consideration of time as important facets, which could be translated from deeper thought processes in university into clinical settings. In practice settings, nurses can be led by the care needs of a service user and feel they may not have time to apply person-centred care. Service users can contribute to these areas and their presence appears to facilitate reflection and deeper listening skills to really hear the service user voice and embed partnership-working more effectively (Blackhall et al., 2012).

Working with service users embedded a change in student perceptions of stereotypes and stigma, which was found by Unwin et al (2018) and Happell (2015) who reflected changes in student attitudes, due to service user involvement. Hovey (2017), Blackhall (2016) and Bertram and Stickley (2005) have all noted a requirement to challenge and diffuse stereotypical behaviours in clinical situations, where stereotyping appears to be complicit in some areas of current practice. The literature suggests service users can reduce stereotypical behaviour, an important skill for students to learn. This acts as a catalyst for future patient care and professional identities and may impact upon cultures of clinical areas, as well as teams.

Conversely some studies find service user interactions are not as positive as hoped and that some students disengage and appear disinterested (Terry, 2012). Ground rules (Gray

& Donaldson, 2010) have been included in many areas of service user involvement and an emphasis of the importance of reflecting service user contributions, but also student representation of their university, professionalism, and community, should be included. These are the essential attributes to sustain throughout service user activities and for students to accept as necessary parts of the NMC code and within their continuing careers.

Student interactions in classroom settings with service users have been found to increase confidence of students and service users and facilitate partnership working (Edwards & McCormack, 2018; Perry et al., 2013). Rush (2008) has linked this to transformational learning whereby students will transform their practical application due to their service user experiences in learning environments. This was concurred by Christiansen (2011) and Rhodes (2013) and demonstrates the power of this inclusion to equip students for their current learning and future roles as qualified nurses. Working with service users seems to provide students with skills which they can develop and implement in clinical environments, as well as adding to their individual skill mix (Kuti & Houghton, 2019). Torrance et al., (2012) discuss this involvement in clinical skills and simulation work and consider the ethical implications and need for open disclosure from students about their training needs and consent implications if service users wish to take part. Service user involvement acknowledges the need for informed consent, therefore students become appreciative and aware of gaining consent when working in educational or clinical settings. Historically, consent was not always asked for and with the implementation of the 6C's and reports such as Francis (2012), this is now deemed an expectation, compared with an assumption.

Service users have been discussed in the literature in terms of authentic representation (Speed et al, 2012) and not wanting to change their persona, due to working with students or becoming more professionalised because of academic exposure. This is an important part of service user work, one which is sometimes debated due to exposure of service users to charities who may have ulterior messages or service user being perceived as becoming professionalised, because of their involvement within academic processes. This was concurred by Felton and Stickley (2004); Clarke et al (2007); Andreassen et al (2016) and O'Shea et al (2016) who all agreed that contact with charities or stakeholders, can change service user behaviours, reflecting differences in representation. Therefore, a fine balance is required to negotiate an authenticity which will enable service users to feel comfortable within university environments and working with students and academics. Perhaps there should be more emphasis on helping to support service users to remain authentic, but often due to time, training, and the impact of working in the university setting, service users can be steered towards adopting a different way of acting. One that

might be right for the role instead of what they really feel (Downe et al., 2007; Felton and Stickley, 2004).

This section has outlined the important engagement which students portray when working with service users, reflecting an essential part of the learning process which appears to take place due to working with the service user. Students have found that service users help them to engage sometimes in more challenging areas, and academics welcome the supported engagement which the service user presence bestows. Without this interactive process, students would be limited in their ability to build therapeutic relationships, communicate effectively, and learn how to fully engage with their patients.

2.5.6 Student nurse recruitment

Academics' experience of working with service users to recruit potential students for nursing courses, has been described by several authors (Heaslip et al., 2018; Stevens et al., 2017; Rhodes and Nyawata, 2011). Recruitment of potential candidates for nursing is a challenging process, and one which service users are often involved in, to give their opinions and views and help with decision-making to identify potential student nurses. This is now closely aligned to the NHS values and constitution (2015), as well as a compulsory NMC requirement (NMC, 2010). Many factors affect service user involvement in the recruitment procedures for student nurses, this influences not only the service user, students, and academics, but ultimately the wider areas of society which will be employing future nurses and consequentially mapping healthcare outcomes against these roles.

Rhodes and Nyawata (2011) in their study of service user involvement in student nurse recruitment described the importance for service users and candidates, who both appeared to gain from this involvement. Academic apprehension was initially noted in this study, but this was tempered with guidance, negotiation and partnership-working between academics and service users. There was a need for appropriate re-numeration, quality, and resources for service users. This was coupled with the need for sustainability and investment of time from academics and organisations, to ensure positive continued processes and outcomes.

Similarly, Steven et al's study (2017) concurred that involvement was deemed beneficial for service users, academics, and potential candidates, to strengthen decision-making and formulate a process for service user roles to be identified and included more effortlessly within recruitment processes. However, this represented a confined role for the service user, with limitations of feedback about which candidates were chosen and a prescriptive process for many service users, due to compliance with data protection and university procedures. This remains a long-term problem, HEIs are expected to promote an inclusive

strategy with service users and provide the 'gold standard' for service user involvement, an accolade which at the present time remains elusive (Terry, 2013; Happell et al., 2016).

Heaslip et al (2018) advocated a value-based recruitment (VBR) experience for selection of nurse candidates to illustrate how the NHS constitution (2015) is being applied into the recruitment process of HEIs. In their study 268 nursing candidates, 17 service users, 30 academics and 66 clinical staff took part in a participatory mixed method study to evaluate service user inclusion in VBR of a preparatory adult nursing course. Findings illustrate the importance of service users to embed a sense of what service users want from future nurses, yet also identified concepts of empowerment for service users from the interview process, improved confidence, partnership-working and feelings of helpfulness in being part of the selection process, for an appropriate workforce for the future. This again parallels with Rhodes & Nyawata, (2011) and Stevens et al (2018). However, a difference in Heaslip et al's study reflected that some academics and nurses experienced a dilemma when choosing between candidates who expressed compassion, as opposed to those who adopted more professionalised behaviours. The participants of Heaslip et al's study struggled with the concepts that service users had the ability or knowledge to undertake intricate decisions and judgements, due to lack of professional knowledge about nursing. This study questioned who a service user and what degree of experience is needed to fulfil this role. Anecdotally, this reflects an interesting consideration, however, could expand further tensions, if for example service user criteria in the future reflects a need for competency-based suitability of service users. This could lead to a less authentic representation of the service user population. Heaslip et al further suggest VBR takes time, training, and resources to implement effectively and argue that this needs consideration and focus for recruitment processes. This research highlights an excellent way to improve service user inclusion, however due to limited numbers of service users in many areas, misunderstandings amongst academics regarding roles and abilities of service users to make decisions and consequentially to apply VBR, there appears a need for continued discussion. VBR would work in many areas which are more established but linking to the population of the current study, there may be challenges, however this raises an important point; the need to embrace new concepts and embed new practices in service user involvement.

There are many facets of service user involvement to consider, the areas linked to recruitment measures and tokenistic involvement constantly arise, when trying to embed a more strategic approach throughout service user involvement. Academics, clinicians, and service users should work together to reflect a more cohesive approach. This is compared with the current patchwork of experiences throughout the UK. However, an alternative view by Rhodes and Nyawata (2011) discussed service users as individuals who may be complex, in terms of understanding, agreeing, and committing to such standardised

practice. Therefore, refinements are noted, but complicated to include. The important aspects of recruitment are that appropriate levels of service user involvement are applied, and the process is valuable to the service user, student and academic who in turn will all be affected by decision-making, partnership-working and collaboration.

This section has outlined the important role for service users in identifying some of the core components which are necessary when recruiting student nurses. Service users are a key constituent in identifying how potential candidates react and communicate in reality, and how these characteristics might transfer to professional roles. According to the existing literature, academics appear to value service users in this process and find their views useful, supportive, and helpful in identifying a more overall approach to recruitment and consideration of service user perspectives.

2.5.7 Assessment processes

Student assessment in nursing practice and theory continually change to reinforce curriculum development and policy edits which promote new curriculums and revalidations. In 2010 and 2018, there was a clear indication that the NMC wanted service users to take part in this process:

> *"Programme providers must make it clear how service users and carers*
>
> *contribute to practice assessment" (NMC, 2010).*

> "*Approved education institutions, together with practice learning partners, must ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders". (NMC, 2018).*

This has meant a flurry of activity to try to engage service users meaningfully and confidently as part of the assessment process in many HEIs. However, the NMC do not describe how this involvement can be undertaken, therefore leaving academics or clinicians to interpret this statement. One way that service users in practice are asked to add to student assessment is by providing feedback via student practice assessments to illustrate service user views on care given. Gray and Donaldson (2010) identified the need for sound purpose in service user involvement in the assessment of students and discussed three main areas of collecting service user feedback, which are: challenges and cautionary notes; developing meaningful feedback (which can be influenced by power relations in the assessment process) and ethical issues (if a service user is unwell or distressed). Casey and Clark (2014) and Stacey and Pearson (2016) agree there is little research into this area, which highlights the need for further studies. A systematic literature review by Scammell et al (2015) found that more research of service user involvement in assessment processes, as well as preparation and service user role generally, in giving students feedback in practice is required. This relatively new role of service users in assessment processes will continue to be critiqued, due to the individual interpretations of

each service user who might be involved in assessing students. This reflects the difficulties due to non-standardised feedback which would be obtained, by individual service users, even if assessment methods were standardisable. This difficult position for all parties concerned (students, service users and mentors/ assessors) questions whether a different approach to accomplish a more articulate 'user friendly' format for assessment is required, remains to be seen.

Issues such as consent by service users and appropriateness of inclusion in assessment procedures leads to hesitancy in practice areas, with ethical implications and uncertainty illustrating these complexities (Scammell et al., 2015). It is quite understandable that service users may wish to disengage from any assessment methods if they are physically or psychologically unwell, and service users are given the option to take part or not, and whatever role they undertake could be deemed as being 'inherently subservient' (Stacey et al., 2012). Coulter and Collins (2011) address the importance of individual needs, confidence, and the diversity of service users in terms of their background and health literacy levels to take part. Lloyd and Carson (2012) and the Willis commission (2012) advocate not approaching emotionally distressed patients for assessment purposes, however, from an ethical viewpoint it could be argued what happens if this becomes an issue later? Simple explanation is necessary from students and mentors to empower, but not agitate service users who wish to be involved in this process. However, in reality, the issues of suitability of service users and classing individuals in this way, could encourage specific types of service users, who are generally selected by academics, or apply for service user positions, or are self-selected because they have an interest or agenda. The important point here, reflected when discussing PPI and research studies, is the 'opportunity for equity' (Hodinott et al., 2018), which is important in all areas of service user involvement; to try to prevent marginalisation of specific groups. Motivational aspects of service user involvement are also discussed by Tierney et al (2014) who suggest 'enrolment' and motivating factors from service users and healthcare professionals to become involved with service user work, could impact upon engagement and impact of involvement. Further training for everyone involved in service user work would be best practice (Atwal et al., 2018; Bee et al., 2015); however, there is a delicate balance of intrusion when service users are unwell and consent to take part. Carr et al (2017) qualify the need of obtaining feedback from service users and suggest appropriate timing and allocation is considered. This might be when workload in clinical areas is less, preventing rushed feedback, and avoiding service user deterioration, to ensure service users' well-being is protected at all times.

Clinical areas and universities struggle with demonstrating how they effectively enable service users to be part of the assessment process. Yet, this is a requirement by the nursing professional body and needs to be incorporated to adhere to these requirements,

as well as illustrating revalidation processes. This raises the question of incorporating assessment adequately and ethically, and highlights a need for professional bodies/organisations, to be more directive in their requirements. This would avoid additional stressors for clinical and academic environments, and incorporate a streamlined, ethical approach towards service user inclusion. Haycock-Stuart (2016) explored the views of 11 nurse lecturers and 51 pre-registration nursing students about service user inclusion in clinical nursing practice. This study highlighted that there was confusion about the type of assessment (formative assessment was accepted as being appropriate for service user involvement, but summative was questioned). This stems from the interpretation of the above quote (NMC, 2010) and the need for service users to be included, yet not categorising how this should be implemented (Stacey and Pearson, 2018). Complexities of service user understanding, qualifications and competence add to the stresses of the assessment process, Haycock-Stuart et al agreed with Stickley et al, (2010) and Naylor et al., (2015) that inclusion of formal assessment skills needs further consideration, with a dilution of the service user role to include comments or feedback, compared with formal marking of students. Gray and Donaldson, (2010) have similar thoughts, and Casey and Clark advocate the softer skills of assessment for service user involvement, such as privacy, dignity and communication appear more appropriate. Preventing a 'tick-box' compliance appears a priority to minimise tokenism in Haycock-Stuart's (2016) study, and Scammell et al (2015) observe need to address the impact of service user involvement throughout student learning and qualified practice. 'Reflective on-going learning' by service users was a preferred term, instead of judging clinical work, by Haycock-Stuart et al., (2016), who also advocated terms such as 'review', 'feedback' or 'comment' from service users, as being considered more appropriate terminology for student assessments.

The inclusion of mentors, practice supervisors and assessors are crucial to student learning experiences in clinical practice. These roles contribute significantly to student assessment and incorporating service user views in terms of NMC directives. Haycock-Stuart et al., (2016) question how 'hard to reach' groups such as service users with communication difficulties or minority groups, such as Black and Minority Ethnic groups who may not have English as a first language can be appropriately included in this process. A key question from this study was should the NMC (2010) guidance be implemented nationally and cross-disciplinary? This is an important area to consider and one that requires involvement from all disciplines and those involved. An important point to consider is service users did not sign up to assess students, which understandably is not their role, however the valuable feedback they can offer facilitates partnership working and allows the service user voice to be part of this assessment process. Therefore, a more supported and equitable inclusion seems to be necessary (Horgan et al., 2021), to

prevent additional stress and uncertainty about role or procedures, yet to facilitate the service user voice more effectively. Whilst codes of practice assume service users will be included, the overarching mechanism of inclusion seems defunct (Stacey et al., 2012; Duygulu and Abaan, 2012; Casey and Clark, 2014) and questioning of these areas appears a necessary step for academics/organisations to pursue.

Perhaps considering service user feedback as an addition is a clearer mechanism of inclusion. The contrasting argument is that service users can provide valuable feedback which may help development of student nurse training, attitude, and empathy skills. A lack of understanding from a service user or unfamiliarity with this process could lead to negative assessment feedback by service users because they cannot articulate their voice and the student can feel undermined (Stickley et al., 2010; Munro et al., 2012; Stacey 2012). Collins (2014) questions the interactional expertise and whether a service user's assessment would be equal to a clinical mentor who has had experience of teaching and understands the intricacies of patient care and assessment skills. Gray and Donaldson (2010) suggest a 'shared vision' of assessment with ground rules such as jargon use being avoided and providing a safe environment to allow for any issues such as informed consent, patient rights and wishes and mental capacity being established and explained.

Inclusion of service users' feedback within practice competencies for student nurses is another area where service user opinions or involvement may differ with academics, clinicians, and organisational processes. For instance, some service users complete a comment or two, whilst others may contribute in a more analytical way giving feedback for development of the student. Objectivity is also an area to consider. This feedback needs careful management and skilful facilitation to ensure students are supported and understand feedback, minimising potential stress for students (Stacey, 2012). The student voice in terms of accepting credible feedback from service users has been an issue noted by Stickley et al (2010) which adds to the need for academics to ensure assessment by service users is fit for purpose and fair. Student vulnerability and disempowerment were key issues Stickley et al discussed, which may negatively affect student experience. Terminology of assessment and assessor role was also deemed contributory to stress levels for students and service users. Almalkawi et al (2018) identify difficulties of familiarity with documentation for students, generic descriptors, and terminology/ criteria explanations, all of which may affect mentor assessment and student achievements. Therefore, the addition of service users as part of the assessment process has potential implications which need careful consideration to ensure appropriate completion of documents and understanding of the evidence to support student assessment. This is also reflected in international work where terminology and application of assessment in practice, may not be straightforward (Miller, 2010; Gallagher et al., 2012; Bradshaw et al., 2012; Helminen et al., 2016). This points towards the need for clear language,

understanding and interpretation to facilitate all those involved in all aspects of assessment procedures for students and nurses in the UK and internationally.

More research into assessment areas needs to be undertaken, to ensure quality, validity, and reliability to help patients, student nurses and mentors navigate through assessment processes. Haycock-Stuart et al (2013) recommend protection of the student, mentor and service user and realised the potential vulnerabilities in practice settings, specifically community settings. For example, the feedback mechanism whether written, electronic, or verbal could prejudice certain service users who have complex health needs or disability leading to relegation of service users' voice (Simmons & Brennan, 2016) and the possible loss of contribution (Smith, 2007).

Carr et al (2017) suggest service user choice in taking part in assessment but the need for guidelines to be developed for service user feedback. This would reduce some of the additional burden on clinical staff and students if a standardised process was more apparent.

The inclusion of service users in assessment processes for nursing students is interesting but a continual debate and inclusion of non-clinical assessment is discussed further below. To increase service user involvement is a key aim of many institutions, and assessment appears an attractive proposition. However, this task defines a need for service users to contribute, but again the question of how this can be achieved is not answered in detail by professional bodies.

Healthcare and educational providers do not want to be reliant upon a statement or directive yet appear unable to translate this into meaningful assessment processes. Cultures of lighter touch service user involvement appear tokenistic in response to areas such as revalidation or policy requirements, without addressing the more central role that service users can provide to nurse education. However, this remains a challenging suggestion as mentors are trained and qualified at a different level to most service users and are not linked with the same cognitive or subjective interaction with the student. In previous studies some mentors have struggled with student feedback (Duffy, 2004), this illustrates the complexities described by qualified health care professionals and could suggest service users would encounter similar issues. Praise is a subjective measurement, along with the Hawthorne effect (which is shown by individuals altering their behaviour if they are being observed), therefore students being observed in practice may behave differently in an assessment situation. Student actions, human nature and service user apprehension all add to the complex layers or assessment and this literature review suggests more needs to be done to facilitate adequate assessment processes including service users in this goal.

Therefore, assessment of student nurses undertaken by service users, seems a difficult role and a complex achievement, with many additional factors complicating matters. This appears to place undue pressures on assessment processes involving service users, clinicians, educators, and students. The NMC standards for assessment require clear educational objectives with an underlying strategy of including service users and utilising clinical placement personnel (Gray & Donaldson, 2010). This requires good communication, ground rules, minimising jargon, and a supportive environment for service users to share their concerns or worries (Gray & Donaldson, 2010). Training and support are evidenced as a necessity for assessment purposes (Haycock-Stuart et al., 2016), yet it is unknown how much of this is undertaken or to which level of involvement this adheres.

A contemplation of organisational demands, professional body requirements and service user agreement is necessary before any of these areas can be logically applied. In support of service user involvement, but without formally recording passes or fails, Naylor et al (2015) suggests formative feedback, which Haycock-Stuart et al (2016) concur would appear a comfortable solution. The viability and translation into clinical and educational settings for service user involvement in assessment processes appears to need fine tuning, alongside representation of marginalised service users (Haycock-Stuart et al., 2016). However, again this will require substantial investment and time. This could reflect a paternalistic approach if academics are tasked with assessing such involvement, not because academics wish to scrutinise every element of service user involvement, but because they need to ensure appropriateness of the course and ensure service users incorporate these defined areas in the best interests of the students.

The NMC (2010) clearly identifies the need for service users to be included in assessment of practice and other assessments. However, this requires enhanced professional body instructions or guidance of how to involve service users in assessment processes, which at the present time is lacking.

Casey and Clark (2014) argued that assessment may be complex, and should not just be about individual practitioners, but with a wider remit, considering contextual elements such as organisations and service requirements. This is an interesting point as outside factors could impinge upon assessment by service users, such as if they feel unwell or are not considered as being capable to undertake the assessment due to educational ability. This was highlighted in studies by Haycock-Stuart et al (2014) and Duygulu and Abaan (2013) where students challenged the input of formalised service user assessment. Stickley et al (2010) found Mental Health service users were uncomfortable awarding grades to students in feedback, owing to the comfort level of the service user to apply grades and consideration of their future care needs, if they grade in a certain way, this was concurred

by Stacey and Pearson (2018). Interestingly Ward and Benbow (2016) used a format that explained any feedback would not affect future care and this was a voluntary process, perhaps this should be included in all areas to help quash any apprehension for service users. Ward and Benbow also constructed a feedback form (that could be interpreted as being more positive) asking what the student had done well/ how could anything be improved and comments for anything else that might be useful. This reduced the need for the service user to 'grade' the student, ensured they were happy taking part and discussed future care. The study by Haycock-Stuart demonstrated anxieties of students in having service users involved with practice assessment, this is concurred by Munro, et al (2012) who discuss self-esteem issues for students following service user feedback. Therefore, a firm robust system is deemed necessary to support professional, student and academic perspectives and disregards any subjective feelings that may impede a fair assessment.

Interestingly, similar instructions regarding assessment from the NMC in terms of theory assessment within the NMC code are not provided, yet the NMC does stipulate:

> "Programme providers must clearly show how users and carers contribute to programme design and delivery." NMC (2010).

Furthermore, the NMC also stipulates:

> "Students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate." (NMC, 2018).

McCann, Moxham, Usher, Crookes, and Farrell (2011) suggest inclusion of service users in all stages of planning, curricular activities with evaluation, to support this inclusion. This facilitates an ownership by service users (Felton & Stickley, 2008). However, these messages appear difficult to apply in practice, with lack of strategic inclusion, therefore perhaps encouraging a tokenistic mechanism. Terry (2012) concurs that there were differing inclusions of service users in pre-registration mental health nursing courses within classroom-led activities, which requires further examination to identify the effects over time. It has been suggested by Tierney et al (2014), that the 'Normalization Theory Process' which advocates a 'routine and normalized way of working with service users' is established. This is based upon the four areas of 'definition, enrolment, enactment and appraisal' being solved. Assessment in theory continues to be an ongoing challenge as noted in other countries such as Belgium describing similar hurdles to the UK (Dreissen's et al, 2016). Skilton (2011) suggests service users lack criticality in their role to undertake assessment of students adequately, conversely Gordon et al (2019) demonstrate in medical education that assessment can work if standardised and specific checklists were

undertaken by service users. However, this skill was not sustained at follow up (Duffy, 2016; Smith, 2000). This lack of continued assessment procedures might be due to loss of skill or familiarity of service users who are not undertaking continued sustained assessments. The deficiency of larger studies to examine historical and current processes leads to a possible diluted inclusion, one which could be reframed. Scammell et al (2015) describe the lack of service user involvement in the curriculum, considering design and delivery are mandatory components of programme approval (NMC, 2010), which Gordon et al (2019) highlight and concur. There appear many areas of service user involvement linked to the professional code which need adjusting and contextualising, however the professional bodies need to be accountable in their messages to ensure a clearer working process for all involved.

This section has outlined the challenges faced when academics try to follow professional body advice in terms of including service users in assessment processes. As there is no standard inclusion or instructions to quantify how assessment processes should be carried out, academics and clinicians are poised in a difficult situation of deciding how to implement assessment of students, and how to ensure this is meaningfully applied. Challenges such as whether students or service users are comfortable remain as potential barriers and educationalists once again appear tasked with inconsistent approaches and lack of clear direction. The holistic approach to include service users appears a positive step, yet the realistic expectations of service users to provide significant assessment feedback remains a contentious issue. Disparities of types of inclusion, abilities of service users and maintaining an equity amongst assessment processes continues to blur boundaries between service users, students, and educational roles.

Professional body requirements in relation to assessment and service user involvement require careful consideration. Revisiting of assessment and programme design and delivery instructions appears a necessary professional body mandate, which as yet does not seem to be considered fully. In order for service user involvement in areas such as assessment and programme delivery to fulfil these necessary obligations, a critical conversation appears essential, with stakeholders, service users and professional bodies to consider future areas and establish a more finite way forward. This section has summarised the need to include service users, but also highlights the lack of clarity and clear direction. Service user provision in nurse education is a constantly evolving process with much to be learnt from the literature and open discussions needing to examine involvement of service users, academics, and students. Areas such as assessment take a long time to evaluate and build up effectively for academics to feel comfortable with, therefore, to include service users it is only natural that there may be a sense of hesitation and reflection amongst all involved, which will continue until these areas of uncertainty are resolved.

2.5.8 Service user perspectives of inclusion in nurse education

Research suggests that service users generally have found being included in nurse education to be a positive, encouraging step; helping improve confidence and providing a sense of empowerment and achievement. They have reported enjoying the social and peer group activity (McKeown et al., 2012; Terry, 2012).

The need for preparation of service users to engage with activities and be valued was stipulated by Terry (2012) recognising a need for ethical and sensitive inclusion (Frisby, 2001; Stickley et al, 2010). This requires a focus on training and development for service users (Hanson & Mitchell., 2001; Basset et al, 2006; Bee et al., 2015) and accessibility to all other issues which might impinge upon service user involvement (Terry, 2012). This includes support tasks, for example parking, travel, finance, and catering arrangements (Costello & Horne, 2001). Payment or recognition from academic institutions, such as academic titles or engagement in co-authoring may also be offered (Simons et al, 2007). As well as contextualising the curriculum and the proposed part the service users will play within their service user involvement (Felton & Cook, 2018). De-briefing after sessions was also viewed by service users as a useful inclusion to discuss session content and provide support (Tremayne et al, 2014; Horgan et al., 2021). In many areas, academics undertake these requirements, yet again a non-standardised approach is portrayed in the literature and illustrates the multiple ways service users can be included. This is not to undermine academic input, but it could raise issues of comparison, if one institution was to discuss with another their ways of working. However, this could stimulate new learning and approaches which could be shared or collaborated learning opportunities.

Service users have found some aspects of their inclusion challenging due to organisational constraints or changes in academic teams (Terry, 2012). However, changing cultures reflects a need for innovative inclusion and different perspectives to be considered (Leckey et al., 2008). With the diverse approaches which service users bring and their increasing involvement, this should be an accepted consequence of service user involvement, rather than an impenetrable barrier to inclusion. Planning and sustaining service users is an important process and Towle et al (2009) suggest these are essential characteristics which need embedding in training and require academic commitment to implement these effectively.

Despite service users feeling anxious at times or uncertain of their role, they appear to embrace these tasks, with appropriate training and support and benefit from this involvement, in terms of feeling altruistic, as discussed by McKeown et al (2012). This sense of giving back to healthcare and finding motivation because of the relationships which students stimulate in partnership-working with service users illustrates the positive outcomes of engagement. Service users feel they are contributing to a necessary part of

nurse education, and building their own self-confidence (Happell et al., 2015). Conversely some areas have limited training which can diminish the effectiveness of service user involvement, leaving service users feeling unsupported and lacking in preparation (Speed et al., 2012).

The value of service user involvement is considered to have a cathartic effect for some service users, such as when telling their story (Morgan & Jones, 2009). There is also an added depth of knowledge and understanding which service user involvement creates for student education (McGarry & Thom, 2014). Conversely, some service users are concerned about consent and confidentiality in terms of information they give to students (Towle et al, 2010). Service users need to examine their concerns which may influence their inclusion, yet the path of involvement is challenging and sometimes explicitly linked to organisational or academic requirements which service users may not understand or be involved with.

Service users portray their improved interprofessional relationships when working in partnership with healthcare workers and become more cognisant of their 'illness narrative' and treatment (Walters et al., 2003). This reflects a certain expertise and ownership of their knowledge. Training is viewed as being beneficial and something that service users want and need to substantiate their roles and reduce anxiety about involvement (Towle et al., 2010).

The involvement of service users internationally identifies the valuable contribution that service users make to help support health and social care professionals (Scammell et al., 2015), with similarities to the current study focusing upon the service user expertise to support the preparation and sustainability of health and social care workers (Dreissens, 2016; Bennett and Baikie; Debyser et al., 2011; De Marco, 2010). Research from many countries discuss service user involvement including Turkey (Duygulu and Abaan 2013); Canada (Bennet and Baikie (2003); Belgium (Debyser et al., 2011; Dreissens, 2016); USA (De Marco, 2010) and South Africa (Mathibe,2007). However, in Turkey service user involvement is limited in nurse education, with medical training appearing to take the lead for its inclusion, but the need for greater service user presence throughout the curriculum and especially in student assessment, is noted (Duygulu and Abaan, 2013). The COMMUNE (Co-production of Mental Health Nursing Education) project was carried out across seven universities in six countries (the Netherlands, Norway, Finland, Iceland, Australia, and Ireland), this included service users with mental health diagnoses who worked collaboratively and co-produced a module, with educators of nursing students. This study demonstrated the lived experience, identified the person and not just the patient and provided both an academic and service user 'multi-dimensional' approach according to the EBE who took part (Bocking et al., 2019). Although not representative of

students or academic views, this study provides an important background for identifying wider areas geographically and internationally, which are including service user involvement and illustrates similar findings from service users of these countries. The study of service user involvement from international counterparts might support a wider critique, that both the UK and its' international colleagues need to continue to provide. In order to evidence service user involvement and continue this important dialogue in the future and represent this translational involvement worldwide which is imperative for future care and education of nurses.

Service users feel they add value to nurse education and can stimulate questioning approaches to care, by discussing their lived realities. However, barriers exist which need to be overcome. This suggests that partnership-work is more appropriate compared with fuller autonomy, which might be given to some service users in academic consumer roles (Happell et al., 2015). It seems that in some disciplines service users are encouraged to take part more readily and in others there is more of an apprehension. Organisational strategies are part of this complex issue with service user autonomy and partnership being tested in various formats. A lack of consistency is probably based upon service user populations, local needs, and academic enthusiasm. Service users appear to accept their inclusion however minimal or extravagant and seem pleased to be part of the service user programme and future careers of nurses; however, calls for consistency of approach and sustained involvement are evident.

2.5.9 Student perspectives of service user involvement

Student perceptions of working with service users highlight a general overview of helpfulness, support and understanding provided from the service user's position and their lived experience. This leads to types of transformative learning (Rush, 2008; Christiansen, 2011; Rhodes 2013) and helps students develop their reflection skills and professional behaviours (Scammell et al., 2016). Increased confidence and skills abilities have been found to be linked to such interactions and this appears to awaken students to the realities of care provision (Beresford, 2019; Staniszewka, 2019).

Prospective students found the interview process with service users useful and obtained an insight into working with patients (Rush, 2008). Although this was a minimal interactive time, the opportunities to be exposed to 'real' patients was a useful process for both service users and potential candidates, to think of their future role as a nurse (Rhodes and Nyawata, 2010). Students felt service user information motivated their studies and was interesting and relevant (Morgan and Jones, 2009).

Students questioned the inclusion of assessment processes and the role of service users in this context, with concerns about cognitive abilities, fair judgement, and experience of

meaningful assessment processes. They preferred formative appraisals only by service users with formalised summative assessment carried out by mentors (Haycock-Stuart et al., 2016). This is echoed in Turnbull and Weeley's (2013) practice documentation feedback. However, the continuing dilemma in assessment processes requires clarity and confirmation of roles and responsibilities to ensure students feel they are undertaking a fair assessment.

Student perceptions of working with service users in HEIs also illustrates a difference from the clinical environment where service users may feel too unwell or distressed to be actively engaged with student learning (Farrell et al., 2005; Small et al., 2000; Chambers et al, 2012). The students appeared motivated after working with service users and this was translated into improved communication and increased motivational levels to change practice and enhance existing services for service users (Morgan & Jones, 2009). Clinical skills application can be on a simple or on a more complex level and Terry (2012) described her experiences from visiting a World Café, which hosted a participatory experience between young people, health, and voluntary organisations to discuss their concerns related to mental health. This was undertaken informally including tabled discussions to demonstrate relevant themes (McAndrew et al, 2012). All of these experiences placed the service users at the focal point and encouraged students to gain insight into the many areas that service users can be included. Students also suggest their own preparation for service user sessions is important, especially if sensitive topics are included (Terry, 2012). Ground rules and de-briefing have also been suggested and the need for considerate engagement is seen as important for students, as much as for service users (Terry, 2012).

From the literature it appears most students find service user involvement enjoyable, interesting and an addition to their learning. This facilitated student knowledge and development of their roles to consider a more holistic approach to person-centred care and not solely reliant upon academic perspectives (Scammell et al., 2016). Student perspectives have also outlined feedback from service users in a non-threatening situation and reduced anxiety levels due to learning with service users (Morgan and Jones, 2009). Repper and Breeze (2007) additionally suggested students gained competence and lasting effects of technical, interpersonal, and empathetic skills due to service user involvement, as have several authors (Morgan and Jones, 2009; Chambers and Hickey, 2012). This may be due to memory formation or acknowledgement of a service user teaching a skill and seems anecdotally a common finding in clinical situations.

This section has outlined student perspectives of service user involvement in their education, and how this translates into application of clinical practice.

2.5.10 Academics perspectives- Service user involvement

After exploring the student and service user perspectives of service user involvement, we now move on to the much more limited research that has explored the academic perspective. Due to the lack of research in this area, this section also provides relevant context to the academic's role in service user involvement.

An overriding feature of service user inclusion within HEIs is the ability to know how service users can be appropriately involved. This position appears dislocated and uncertain at times, with efforts by academics to acknowledge the service user position, appearing blinded by the organisational or professional requirements, and outwitted by curricular needs and demands.

There is no clear guidance from the NMC about how service user involvement should take place in nursing courses, this lack of clarity facilitates a laissez-faire attitude and tokenistic approach. (Happell et al., 2016; McCann, Moxham, Usher, Crookes and Farrell, 2009). Conversely, it could be suggested the lack of guidance stimulates creativity and freedom to include service users, as individuals and in ways that allows academics more freedom for innovation. However, this causes disconnected involvement and places academics in the unenviable position of trying to pursue a goal of recognised inclusion, which does not always appear to exist.

Differences in implementing service user involvement continue both within the UK and internationally (Byrne, Stratford, & Davidson, 2018). Upon further examination of the literature there remains a misunderstanding of these approaches towards service user involvement (Happell, Bennetts, Platania-Phung, et al., 2015; McCann et al., 2009; Paul & Holt, 2017), which often reflects lack of uniformity and disparities of inclusive practice.

Barriers of involvement have been discussed within the literature (Happell et al., 2014) including more specific focus from nurse academics about suitable qualifications of service users, funding, and limited input to support partnership working. Terry (2012) extols the virtues of service users becoming familiar and accepted within the university environment which provides a freeing aspect, for individuality and inclusion. Negotiated introductions and appropriate inclusion are important for nurse academics to be aware of, and to ensure service users are comfortable in their surroundings to decrease stress levels or obligatory inclusion (Towle et al., 2010).

One of the complexities for nurse academics in facilitating service user involvement is finding willing service users. Academics struggle service user recruitment and often rely upon local communities, or community groups to capture a diverse engagement with service users (Terry, 2012). However, this could cause marginalised groups to be underrepresented and lack of wider views or service users who may have different

experiences. This creates potentially a closed culture of service users and lecturers who are unwilling to accept new ideas.

Nurse lecturers are faced with challenges of including service users which stem from the hazy infrastructure and application of different processes. Models, degrees of engagement and various taxonomies have been suggested (Spencer et al., 2000; Towle et al., 2010) to support inclusion, yet in reality academics do not appear to always include these models in their practice. Areas of best practice advocate use of such initiatives (Health Foundation, 2013) yet until there is clearer instruction, nurse academics continue with tools which require explanation and implementation in a strategic way, to support academic and clinical practitioners, if they are to be adopted. Currently, there seems a mismatch of different approaches and it is not clear whether consistency is being applied (Terry, 2012).

The literature suggests that a simplified auditable approach would ensure levels of involvement were measured and this could shape current and future legislation, as much of the literature provides a distorted view of evaluation (Terry, 2012). Service users and Healthcare professionals have requested a competency framework and the National Framework of Mental Health (NIMHE) (DH 2004) has sought to deliver ten essential areas, these include: 'Working in Partnership; Respecting Diversity; Practising Ethically; Challenging Inequality; Promoting Recovery; Identifying People's Needs and Strengths; Providing Service User Centred Care; Making a Difference; Promoting Safety and Positive Risk Taking; Personal Development and Learning' (DH, 2004). However, these areas appear to need further translation into present cultural expectations, and clear articulation of the issues need debating.

Training of academic staff and service users is reflected within the literature and demonstrates significant delivery outcomes in practice areas which have direct inclusion of partnership working (DOH 2004; Bee et al., 2015). Frameworks such as NIMHE could be easily translated into academic and clinical areas such as nursing, and it could be argued that similarities already exist with Essential Cluster Skills (NMC, 2018) in pre-registration nursing programmes, which students complete within their practice documents. Therefore, including common concepts which educationalists and healthcare practitioners already acknowledge may be a necessary support for academics. Bradshaw (2008) emphasised the need to 'embrace users' with knowledge of suitability for use and prepare nurses for service users' new roles. Currently, for pre- and post-registration nurses' preparation is paramount and needs to be on-going, however this literature review recognises the complexities with differing models and understanding of engagement, involvement and partnership-working. Alongside academics' other numerous roles and responsibilities, this provides a complex situation which appears unwieldy.

Academics perspectives were considered via Terry's travel scholarship (2013) to identify different practices of service user involvement. This included ground-rules and signposts for students if necessary (Terry, 2013). A wider spread of responsibility for service user involvement instead of the 'Guru' style which is commonly adopted (Terry, 2013) was described; overuse and over-burdening of the same carers or service users and improved organisational processes, were deemed important, with inclusion of service users at the start of education, not as an additional component (Terry, 2013). All of these areas encompass academic thoughts and consideration and suggest service user involvement is under-utilised in the UK. However, a defining question for academics is how can service user involvement be improved in the current climate of healthcare education? The literature examines service user, student, and (in a limited capacity) academic's perspectives individually, whereas perhaps a more collaborative approach would be helpful to challenge common questions, review other perspectives and work together for a more holistic approach to service user involvement.

In some HEIs, roles for service users are situated at a minimum level of involvement on Tew's ladder and reflect a single visit. These appear to be one off interventions and the service user is treated as a guest within the establishment. However, service user involvement can be visualised as a continuum, from a single visit storytelling approach to fuller adoption of Academic Service user roles, which are employable positions and include curriculum input and delivery (Happell et al., 2015). Negotiating the appropriate position for the service user remains a contentious issue, often subject to experience and academic intuition, compared with a more competency-based approach.

Academics face continued challenges when financial issues are raised in relation to service user involvement. This is due to additional money being 'earnt' by service users and implications for benefit payments and government allowances which are only provided at a certain threshold level (Speed et al., 2012). This can deter service users or hinder their inclusion, not because they are demotivated, but due to financial necessity and the need to protect their financial status (well-being). This barrier has significant impacts upon the higher education institute, the service user and nurse education, where there seems a gap in understanding of processes, which remains unchallenged and accepted, due to constrained legislation and policy directives.

A predicament about valuing service users is raised for academics who want to recompense service users but appear left to their own devices to negotiate this complex issue (Speed et al, 2012). McKeown et al (2012) suggest inclusion of specific groups may omit certain sections of society who are interested, enthusiastic and find their involvement personally rewarding. Speed et al (2012) propose these financial dilemmas will lead to over-reliance on individuals who are financially independent, changing the demographics

to represent a specific type of society, instead of the wider backgrounds which students will be exposed to in practice. Therefore, students could face a limited exposure within higher education, to a more typified homogenous group of individuals, which does not accurately reflect real life situations in practice and represent all service users.

The other element to consider regarding payments and volunteerism as highlighted by McKeown et al (2012) is the uncomfortable situation that academics face, where non-payment could be viewed as 'taking advantage' and in extreme cases 'exploitation' of service users (Towle et al., 2010). This appears to be an occupational hazard to some degree for academics trying to meet organisational requirements and willing service users, placing academics in the middle of this delicate decision-making.

McKeown et al further suggest a rethink of the processes with coalition between academics, nurses in practice and service user movements to facilitate an acceptable stance and amend the current processes. The joint thinking of these groups does not appear to reflect current practice and each group seems separate in its remit and thinking, yet all need to join forces to progress service user involvement, therefore a collaborative enterprise is a relevant option.

In summary, very little research has explored the academic perspective of service user involvement, but the existing literature indicates that academics have to face difficult challenges with service user inclusion. There is a definite need for service users within the curriculum, yet this seems to be undertaken in many different ways with a lack of cohesion and unsupported practices more widely throughout many institutions. Policies and legislation approach towards service user involvement without considering academic and organisational requirements, lead to a precarious position and disjointed management. Academics are pivotal in supporting students and service users and providing appropriate inclusive measures to negotiate service user involvement more effectively. Day-to-day processes, finance, training, and appropriate inclusion all become part of the academic remit which makes service user involvement appear burdensome to some academics; however other areas find involvement to be an enjoyable role for service users, academics and students which stimulates a welcome addition to nurse education. The literature reflects disparities which seem common-place and somehow acceptable by academics, when perhaps more rhetorical questions need asking about the service user sessions and working within the university. In light of the current literature if service user involvement continues in its present format, complexities seem unavoidable, and a higher-level overview seems necessary to sustain current practice and ensure support for all is provided. Academics appear willing to continue with service user involvement, yet sustainability in its present format appears challenging. Some examples of best practice include World Café (University of Salford); Volunteer patient programmes (Robert Gordon

University); Comensus (University of Lancashire) and Participation in Nurse Education (University of Nottingham) which have user-led groups and are nationally recognised and have been established for many years. Part of the positive processes found from these examples were due to organisational and academic support which appeared firmly embedded in all areas, facilitating, and acknowledging the need for this to be sustained (Terry, 2013).

2.5.11 Power issues

Service user involvement is fraught with potential power issues, from recruiting service users to working with them in the classroom (Speed et al., 2009; Stickley et al., 2010; Towle et al., 2010). Teachers' power was discussed by Felton et al (2008) in a study which explores mental health lecturers' experiences of involving service users in pre-registration mental health nursing students. This study found partnership was an unequal phenomenon with questions about credibility of lecturers; anxiety of teaching students; and unpredictability of service user involvement, alongside concerns about representation of service users. This outlined curricular content, finances, and limitations of knowledge by service users, posing power issues which contributed further to academic dilemmas. Organisational powers and professional powers also relinquish a strain on relationships by academics who interpret service user involvement in a specific manner, due to their previous experiences and may feel service users pose a threat to teachers (Felton et al, 2008; Fudge et al., 2007; Bee et al., 2015).

Physical and psychological barriers are a part of all service user involvement but because service users are often situated on 'academic turf', then a power over environment was suggested (Felton et al., 2008). An interesting point by Bee et al (2015 p1839) suggested the translational gaps in practice due to 'professional discourse', feasibility of including service users and time pressures of workload, reflect similar academic interpretations in educational situations. The need for clear service user involvement is considerable and this vulnerability exists not only for service users but also academics or practice teams who are tasked with including service users appropriately (Bee et al., 2015).

Professionalised service users were viewed by Felton et al (2008), to alter student perceptions and potentially dismantle academic status, therefore leaving academics as 'glorified markers' (Stickley et al, 2004). Another interesting point from this study was if service users become professionalised are they still classed as service users. Clear boundaries need setting but even by including these, there are power dynamics at play. This causes further divisions potentially removing partnership-working further from the agenda and blocking service users from gaining further levels of involvement (Tew, 2004).

Furthermore, Felton et al (2008) emphasised trying to incorporate service users into university processes is difficult, differences in academic language, isolation and exclusion are all feelings that service users could face (Read, 2001; Basset et al., 2006). The potential welcoming environment of a university could inadvertently provide a hostile experience if service users are not supported through these processes. Repper et al, (2007) emphasise time to adjust to different environments is essential. However, these vulnerabilities appear dependent upon academic intuition or management which may be missed or unnoticed by busy academics, therefore presenting further problems or setting up established behaviours which continue. Omeni et al (2014) suggest the negative impact on mental health service users who became involved in service user involvement could be linked to power differentials. Felton et al (2008) further suggest that lecturers wanted service users to maintain the boundaries of patient roles. However, with increased autonomy and partnership-working this appears difficult. Inequalities which lecturers and service users were exposed to in this study continued to reflect the roundabout approach to service user involvement, where it appeared service user or academics seemed to adopt positions to gain the upper hand. This again links back to suitable infrastructure support and developments within service user involvement and clearly articulates the need for sustained change.

Students in practice retain a sense of power over service users, yet this is reversed in the university learning setting and is an interesting phenomenon for academics to consider (Rush, 2008). Conversely, service users can dominate student and academics when they bring their expertise (Felton et al, 2008) which could be a negative or positive implication.

Maintaining power is important to academics but significantly more to service users who associate this with diminishing stereotypes of mental health paternalism (Stickley et al, 2004). Elevation of power and empowering the service users includes a power shift in dynamics, perspectives, and roles, this can be difficult for nurses to accept and facilitate (Stickley et al., 2004). Organisational and systematic power appears to extend its control over service user involvement and partnership working (Donaldson, 2008). Therefore, an ongoing support mechanism which requires internal and external factors, alongside individual nuances of service users, professionals, academics, and students appears to need some integration. The current inclusion seems to need a campaign to spearhead collaboration and prevent the fragmented approaches which are evident within the literature.

2.5.12 Challenges of service user involvement

There are many challenging issues with service user involvement from administrative tasks such as finances and planning to include service users appropriately. Some of these issues are debated within the literature and cover more focused areas concentrating on student issues or service user quandaries. For example, Speed et al (2012) found that service users did not always know the context of the student group they were speaking to; faced a lack of preparation from the student group; were not supported; were not allowed to be real and not receiving feedback or being paid appropriately. These findings have been indicated in many studies but Speed et al's summary reflected a different note to many studies, which represent a level of optimism (Repper and Breeze, 2007; Morgan and Jones, 2009; McKeown et al., 2012; Rhodes 2011). A difference in Speed et al's findings compared with other studies was the specific details of what service users felt mattered to them, as individuals, compared with a wider organisational overview. These individual impressions indicated active engagement and the need to focus upon central issues to facilitate service user roles comfortably. These areas needed constant reinforcement to boost service user engagement. Payment was found to be a key challenge for service users which again is highlighted by many studies in terms of needs and value of service users (Turner and Beresford, 2005; McKeown et al., 2012). This leads to the dilemma of inclusion without payment and a possible under-valuing of service user time, or payments which may impact on benefit allocations for service users causing stress and guilt due to enthusiasm but financial vulnerability over-riding final decisions. Horgan et al (2021) reflect similar views to Speed et al (2012) but discuss the importance of service user insight to support academic and student learning. The priorities for each group contributing to student sessions will appear to have different importance and strengthening these gaps in learning can only further facilitate EBE, and the values placed on this inclusion (Horgan et al., 2020). Whilst previous studies have focused upon service user, student and organisational challenges, the current study highlights the lecturers' voice and lived experience, filling the gaps and supporting this study's relevance. To demonstrate the cumulative effects of these challenges, but more significantly to offer a rarely captured insight into how this affects adult nursing lecturers and what this means to their teaching, professional values and understanding of service user involvement. This adds a new dimension to the academic perspective and additionally supports the literature, which puts the academic at the forefront of discussion, focusing upon academic experiences and priorities. This may influence further educational practice, student experiences and service user involvement, breaking down the existing barriers and offering new insights to support future service user inclusion and strengthen current involvement.

2.6 Chapter Summary

Student learning outcomes are paramount to all universities and the provision of sound pedagogic learning. With healthcare courses, the additional complexity necessitates HEI's to demonstrate they are engaging with service users to contribute to professional body and organisational ethos (NMC, 2010; GMC 2011; HCPC 2014). However, many HEI's struggle with interpreting guidance and implementing appropriate inclusion of service users, despite national enquiries recommending substantial input (Francis 2013; Keogh 2013, Willis 2012). This leads to many universities including 'tokenistic' responses, and is also reflected in clinical situations, where nurses lack the know-how to seek patient feedback for student placements, or their own revalidation purposes. This may be due to the paternalistic traditions which have previously led to a culture of uncertainty.

The lack of preparation for staff and service users seems to highlight the difficulties in undertaking service user work. The scarcity of training or policy directives persists in both healthcare and academia despite government and professional body recommendations (NMC, 2010, Keogh report, 2013).

Higher education is being challenged with a changing portfolio of nursing courses with several routes leading to qualification such as Degree (BSc), Apprenticeship, Practitioner route, Trainee Nursing Associates (RCN, 2018). Service user involvement is vital in all these courses, yet there remains a degree of hesitance, of how and when to include service users and what is appropriate. Many areas are accused of tokenism and minimal compliance: a 'tick box' experience. This is likely to be because of lack of direction, policy interpretation that is sometimes described as 'woolly', and a change in the 'role' of service users with patchy implementation and sometimes ambiguous agendas. This literature reviewed has encompassed positive and negative views of service user involvement with interchangeable issues between everyone involved. To provide a sustainable intervention for the future, further research is needed and appropriate focus upon academic positions to support and implement a more concerted effort to highlight the academic voice throughout this inclusion which has been largely missing.

This literature review therefore reiterates the need for an academic voice to be heard as part of the process of service user involvement, not just in implementing provision, but seeks a wider academic remit to consider the best way forward for service users, students, and academics. Nurse educationalists play a pivotal role in decision-making and embedding service user involvement into current curricular programmes, to have their voice heard about future ideals and aspirations, evaluations, and student progress due to service user involvement. The parallel existence of academics at present which appears entrenched in organisational and professional body requirements combined with service user implementation at ground level, needs restructuring and academics need to be

empowered to shape future plans, construct meaningful engagement and have more recognition in service user programmes. In order to undertake this strategic planning within organisations and support positive inclusion, academics will need recognition of their skills, time, and commitment to this vital process, not just to implement service user involvement but to fulfil this obligation to everyone involved. This may help to implement sound pedagogical learning and provision of service user involvement, considering student, service user and academic responses to these pedagogical principles. This study seeks to identify the gaps in the literature and present the academic voice which at times appears limited or minimised. This study will provide first- hand lived experiences of working with service users from academic perspectives and demonstrates a contribution to current practice highlighting relevant areas and gaps in the literature for further consideration and possible implementation. This study will now introduce the philosophical methodology, methods, findings, and discussion which were undertaken to provide evidence of the gaps in the current study and outline potential ways forward to rationalise my study and answer the research question of "What are lecturers' experiences of service user involvement in nurse education?"

CHAPTER THREE RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides an overview of the methodological approach used to complete this study. It follows the literature review which clearly identified the gaps in the literature regarding lecturers' experience of service user involvement in nurse education.

3.2 Research questions

The primary research question for this study is:

> 'What are lecturers' experiences of working with service users in nurse education programmes?'

This question was based upon a review of the literature which demonstrated the scarcity of research relating to lecturers' experience of service user involvement in nurse education. My research contributes to fill a gap in knowledge of what is already known and more specifically the limited information about lecturers' experiences of working with service users within nurse education programmes. Multiple research studies highlight student nurse and service user experience (e.g., Haycock et al., 2014; Scammell et al., 2015), but the voices of lecturers appear to be minimally included within the literature (Speed, 2012). Atwal et al (2018) suggest a cultural shift and recognition of challenges identified by academics still needs to be undertaken, whilst Scammel et al (2015) acknowledge the need for wider studies which focus upon partnership working and curricular design. These areas could engage the academic voice more effectively. The current study sought to redress the issue of the 'quieter' lecturer voice, gain subjective understanding and examine the inclusion of service users upon lecturers' experience of working and contributing to nurse education. The data collected from this study outlines the overall contribution of service user inclusion and identifies the impact upon student learning and academic roles.

This chapter describes the importance of paradigms, ontology, epistemology, and the application of the chosen methodology. I have included my reflexivity, whilst undertaking this methodological discussion to situate myself as the researcher and reveal my thought processes, as well as my understanding, making this a more complete and understandable experience for the reader, as described in (Pillow, 2003). The philosophical underpinnings relevant to any research study need to be explored to justify the proposed methodology and paradigm. Epistemology, Ontology, and methodology is now outlined to demonstrate a congruent framework which will inform the study throughout.

3.3 The chosen methodology

3.3.1 Paradigms

A paradigm is a framework or model which allows the researcher to adopt their thoughts about the world (Kuhn, 1962). Paradigms were first defined by Kuhn (1962) to represent a philosophical meaning or arrangements of thoughts, which inform the researcher's 'worldview' (Mackenzie & Knipe, 2006). The origins are from the Greek word meaning 'patterns' which shape and construct the way research is interpreted and formed, leading to what, how and why a subject is studied and presented amongst scholars from particular disciplines (Kivunja & Kuyini 2017). As explained by Guba (1990), paradigms form the ontology and epistemological framework of a study the findings of which are interpreted according to the ontology, which identifies beliefs about what is reality. A paradigm can be compared with a 'net' that holds methodological, ontological, and epistemological information (Denzin & Lincoln, 2008). Research methodology has several different epistemological and ontological assumptions, which require consideration when planning a research study. A paradigm helps knowledge to be translated more easily, through a specific 'conceptual lens' (Kivunja & Kuyini, 2017). This conceptual lens allows for an awareness of exactly how a research study was undertaken, and eventually leads to extrapolation of findings. For the current study, the lens of a lecturers' experience is used to focus upon specific areas which were important factors that participants wanted to highlight during this study.

A paradigm illustrates a 'world view' and research is either undertaken from the positivist quantitative paradigm, with a definitive nature of objective reality; or from the naturalistic qualitative paradigm which identifies multiple, subjective realities which are constructed by individuals (Polit & Beck, 2006). The quantitative scientific approach is dominant in natural and social science, comprising a world of design and models which test hypotheses, quantifying the collection and analysis of data. This positivist interpretation was traditionally classed and described as the only acceptable scientific research (Crotty, 2003). However, the qualitative methodological approach has an alternative view, distancing itself from the concept of the 'real world' and accepts individual accounts to form 'their reality' (Smith, 2008). As the current study sought to identify individual's experiences and observes an in-depth analysis of these experiences, this study fitted within the qualitative paradigm. Areas where little previous research has been undertaken are also suited to qualitative methods (Wirhana et al., 2018), further justifying the use of qualitative methods for this study.

The epistemological position (what knowledge means/ how we investigate the world) of this study is to explore meaning, compared with defending a position or developing a theory (Flood, 2010; Suddick et al., 2020). While there is wide agreement that meanings

are important in research, several areas such as cultural, historical and linguistic awareness are important to examine (van Manen, 1997). This study seeks to contextualise and develop a knowledge base from the research findings, taking into account the previous and current experience of lecturers working with service users; cultural implications and how lecturers' roles may develop education and the implications for healthcare professionals or educators as described by Suddick et al (2020). Information collected through qualitative research can include emotions and expressions which all help support the construction of knowledge and demonstrate an epistemology, which shows the diversity of participants views in the current study.

The choice of paradigm is therefore vital to ensure a logical approach, methodological congruence, and meta-theoretical application to a study (Bhaskar & Danermark, 2006). This is a complex area due to the multiple methodologies which are available. The chosen paradigm for the current study is the qualitative paradigm because I want to articulate participants responses which are in-depth, demonstrate rich contextual findings and are presented as a one-off timeframe of lecturer experience. This demonstrates a suitable research design and more importantly links epistemology and ontology (how we view the world) to fulfil a qualitative framework.

3.3.2 Ontology

Ontology can be defined as the position individuals take in the world in terms of how things exist and what people believe to be real, as individuals in social reality (Holloway & Wheeler, 2010). In other words, how researchers are able to validate their knowledge. To understand the experiences of the participants, a reflective discussion about my epistemological position, and questions regarding this, was undertaken at the start of the research process. My own ontological questions were needed to inform my rationale and adequately position myself within the methodological process (Kivunja & Kuyini, 2017). The justification of the level and interpretation of this knowledge, and where this knowledge comes from, informs the epistemological stance of the study, and my own reflexivity, as discussed in Kivunja & Kuyini, (2017). Reflexivity is discussed in the introduction on page 5 and is embedded within the text in other chapters.

This study concentrates on knowledge constructed from participants' descriptions; these individual lived experiences capture each participant's lifeworld. This epistemology is formed from beliefs and feelings and comprises an interpretivist ontology, which Lincoln & Guba (1994) identify is subjective and different for each person experiencing an event. Interpretivism refers to individuals' experiences and their collaborations with other people. This considers the cultural and historical settings in which people live (Millburn et al, 1995). The interpretive ontology connects myself as the researcher to the participants, and this mutually constructs and moulds the qualitative research experience. This does

not mean we are co-constructors within the research experience, but our joint influences do help to compose the research data (Carter & Little, 2007).

My own reflexive appraisal led to the understanding that my ontological position is situated in Interpretivism. I am aware of the multiple realities that construct the world around us. My knowledge comes from my own experience of being a student, a nurse, a lecturer and to some degree having been a service user. All of these areas could affect my understanding of the world and I needed to be aware of these positions, to identify and facilitate my presence in the study. This strengthened my understanding of the research process, helped to shape, and formulate my interpretations and findings. This knowledge has informed the current study and helped me to debate my position and recognise its significance; but I needed to remain open and compartmentalise my own views, by undertaking reflexive approaches and bracketing out my prior knowledge in order to take on and review the interpretations of others, combing through these experiences to seek meaning and understanding.

Within this study I developed different ideas and beliefs during my research journey. This has influenced how I have positioned myself within the research process and helped to inform my ontology. Prior knowledge and assumptions have been previously described as a researcher's 'common sense or preconceptions' (Todres & Wheeler 2001). Recognition of what we already know about a phenomenon is important (Johnston et al., 2017), this allows evaluation and helps to facilitate accurate reflection. However, it is also important for researchers to recognise their own bias within the research process and therefore examine how I can best limit and effectively use this within my role. The ontology and epistemology both helped to inform my position within the research process and are essential elements to weave throughout my research process.

3.3.3 Epistemology

Epistemology is derived from the Greek word 'episteme' meaning knowledge. This explains how we know something, or how we interpret that knowledge. For the current study as a researcher, I am interested in exploring lecturers' experiences with service user involvement in nurse education. Knowledge can be described as a truth or reality linked to its foundations; how knowledge is learnt and how this knowledge is conveyed to other people is an important factor (Kivunja & Kuyini, 2017). Epistemological issues reflect the question of what is (or should be) considered adequate knowledge in a speciality (Bryman, 2012) or as Cooksey and McDonald (2014) suggest more simply what is regarded as knowledge, in the world we live in. The current study examines the relationship of what is known about service user involvement in nurse education and how lecturers involve service users providing an important foundation for lecturer knowledge. This highlights the importance for lecturers to assess their knowledge base in relation to

service users, current and traditional approaches of service user involvement and how future inclusion can best support nurse education. Epistemology allows for new and previous knowledge to position the researcher and locate where they 'sit' in the research context. (Kivunja & Kuyini 2017).

The epistemological position helps to justify the knowledge or signifies the realities, as alluded to by Davison (2000) and whether these realities can ever actually exist in research, either as interpretation or are repeatable. Even factors such as how the participants or researcher felt on the day or what participants choose to divulge in terms of data collection, could have subtle effects on the research outcomes. Descriptions of 'multiple realities' (Guba & Lincoln, 1994 p110) are seen in many areas of research and the researcher and participants are understood to be bound within the research process, shaping the constructed view of the research phenomenon. This 'in-dwelling' of reality is explained by Smith (1983) as existing only during the time-period of observation. This requires a small research population which offers a 'snapshot' of research and is ideally aligned to the qualitative paradigm which focuses on smaller populations and rich data.

For the current research study my own position as a lecturer led to the identification and stimulation of my interest in this area, as I realise that not everyone has the same views. In fact, many lecturers may have different experiences and therefore have acquired variable degrees of knowledge and experience regarding service user involvement in nurse education. Various types of knowledge exist which help to inform our ideas and epistemological stance (Slavin, 1984).

Some epistemological tensions are apparent in qualitative research studies (Carter & Little, 2007) including 'methodological fundamentalism' which states only one methodological approach in qualitative research is appropriate in other words the inclusion of a study design might not necessarily appropriate to the study or the inclusion of methods that render the study lacking in understanding and interpretation of qualitative methodologies. Many contentious issues add to this debate of epistemology, methodology and methods, within research processes. Epistemological position is important as it is linked to the methodology in such a way that it invisibly joins the participant-researcher relationship and informs how the research is disseminated (Carter & Little, 2007). This in turn will inform the best way to obtain the data and help to inform the ontological expectations.

The current study raised an awareness about issues of knowledge and its implications for research and made myself, as the researcher, question areas which help to support the foundations of this methodology. This was outlined by Kivunja and Kuyini (2017) who suggested questioning approaches to knowledge are important to determine what is known, the relationship between the researcher and the knowledge and 'how we know

what we know'. Such questions require consideration and direct comparisons of whether social world research can be reviewed using the same philosophies, actions and characteristics as the natural sciences (Bryman, 2012). The current study relies on authoritative knowledge addressing data from '…people in the know, books, leaders in organisations…' (Kivunja & Kuyini, 2017 p27). These areas will help me form the social connections to reveal data pertaining to my study.

It was evident that for in-depth analysis of the key areas identified within this study, a qualitative paradigm would be the most relevant to study. Qualitative research is suited to studies with small numbers of participants, narrowly examined areas, such as education within nursing, and more importantly to pinpoint on a focused one-dimensional area. For example, the current study described lecturers' views of service user involvement in nurse education, focusing on classroom activities, interviews, and educational aspects of this involvement. This is compared with several other areas which could have described service user involvement in practice settings, which academics may not have been involved with and therefore lacked such in-depth insight. Service user involvement from a lecturers' experience, was chosen as the subject rather students' perceptions and service users' experiences, because there is a lack of information within the literature about lecturer experiences. Secondly, the quietened educationalist voice needed highlighting from an academic and practitioner perspective, which I found interesting and challenging, as an academic and nurse. Finally, by focusing on the narrowed lens of lecturer experience, a defined dialogue could be undertaken, which could facilitate a contemporary view of specific data, and the ability for this immersive experience to bridge the research gap which exists at the time of this study.

This study therefore adopts an interpretivist approach using individual descriptions to construct realities of that individual experience. This will be further explained in philosophical principles below. The study follows a non-positivist approach, looking at subjective information which is observed and translated by an individual's reality according to their experiences (Cal & Tehmarn, 2016). This study adopts Guba's (1981) replacements of internal and external validity with the areas of trustworthiness and authenticity, comprised of credibility, dependability, confirmability, and transferability and are described further in this chapter.

The interpretive approach allows participants' experiences to remain central to the experience being described. However, it is noted that there will be multiple realities of experiences, from different individuals, and this will generate knowledge which has multiple meanings and is relative to the time when the experience was described (Ritchie & Lewis, 2003), i.e., it is a 'time-bound' snapshot of a particular window of experience.

Suffice to say, if this study were repeated, it could lead to different results, even from the same participants.

Knowledge from working with service users gained from the participants of this study will inform current and future educational practice. By adopting reflexive approaches throughout this study, I have been able to identify my own previous knowledge and utilise participant knowledge to contextualise my role as a researcher and lecturer. This has been helped by undertaking a qualitative methodology and gaining rich data from participant experiences. Several approaches to qualitative methodologies could have been considered for instance, Grounded Theory, Action Research, Narrative enquiry yet after consideration and debate, these methodologies did not fit with the study methodology I wished to pursue. The next section describes phenomenology as a philosophical process which underpins my methodology.

3.3.4 Phenomenology

This study is positioned as a descriptive phenomenological investigation of individual experience. Phenomenology was first suggested as a European philosophy of the 20th century, the over-riding goal of which is to describe the meaning of the lived experience of a phenomenon. Descriptive phenomenology as a methodology has been foundational to many studies (Morse, 1991, Creswell, 2007) with recently many nursing and healthcare studies implementing this methodology. The deeper significance of lived experience is sought by phenomenologists and according to Sokolowski (2000 p42-65) phenomenological accounts give information which is already known but can be 'important and illuminating'. Phenomenology does not profess to offer theory or hypotheses, it gives meaning to the world, the meaning of the individual or group that are being studied. Meaning, as described by van Manen, suggests 'the way that a person experiences or understands his or her world as real or meaningful' (Wilson 2015, p22). Meaning is not just heard but can also be identified through physicality of the body, for example body posture, laughter, expressive voice. Finlay (2005) argues that phenomenology uses words and text, but the subject-body and lived-body are important within phenomenological data, and our embodied experiences form part of phenomenology. Inclusion of the mental, embodied, and experiential aspects of meanings can impart useful clues, such as gestures and intonation (Wilson, 2015). These characteristics have been captured within the current study, to enhance further the participant's descriptions.

Phenomenology is a complex methodology, with several approaches to its use. One person's interpretation or experience can be very different from another's, and various 'background' effects can influence a particular experience or understanding (Finlay, 2009). So, a description of the same situation can lend itself to varied accounts from individuals, even though they undergo similar situations (Willis, 2001). Phenomenology seeks to

understand an individual's lived experience according to the individual, which is the essential element that the researcher aims to reveal and represent. The researcher in descriptive phenomenology draws upon the descriptions of participants to elucidate an interpretation and positions themselves in the lifeworld of the participants but does not interpret or influence them.

There are two major types of Phenomenology, Descriptive and Interpretivist phenomenology. Descriptive phenomenology relies upon essences being formed from the participant's experiences which give an insight to the researcher into a unique or individualised event or lifeworld. Interpretivist phenomenology, which belongs to Heidegger's methodology is undertaken where a less descriptive lens is used, and a more interpretive focus is developed to draw meanings from the descriptions. Phenomenology connects the research, phenomena, and the researcher together (Finlay, 2009). Descriptive phenomenology identifies these concepts within the interview setting and during data analysis, remembering key areas of the relationship or related circumstances to support the data. The researcher adopts a position so that they can describe the experience of the individual which is closely aligned to the original experience.

Husserl is the founder of phenomenology and he described within his methodology the lifeworld, intentionality, and phenomenological reduction. The lifeworld or natural attitude is the pre-reflective state or the 'whatness' of a phenomenon and Husserl's intention was to describe this as fully as possible, using the term 'essences' to reveal a specific distinctiveness of each experience (Brooks, 2015). Descriptive phenomenology is comprised of several distinct steps: 1. Bracketing; 2. Analyzing; 3. Intuiting and 4. Describing (Swanson-Kauffman & Schonwald, 1988). These on-going blended steps provide support to find the essences from the phenomenon. This is briefly outlined in this section and further described on page 75-79.

The phenomenological method according to Husserl meant an adoption of the phenomenological attitude, this was the first part of the Transcendental process in which Husserl suggested several approaches to distil the descriptions of participants further. This was undertaken by engaging with the epoché or bracketing process to 'hold in abeyance' (Giorgi, 2009) all prior knowledge; secondly engaging with transcendental phenomenological reduction which considered individual descriptions and formed a complete overall description of the phenomenon; and thirdly to reduce this further Husserl implemented imaginative variation; a process where participants' descriptions are refined further to provide united essences of the phenomenon. The phenomenological attitude replaced the natural attitude, which was the everyday attitude, which one presents in their daily life (Giorgi, 2008).

Husserl in his reductive methods described adopting a consciousness to focus entirely on the experience which was presented and to diminish other aspects of everyday life or the world around us; this was also known as intentionality. Husserl believed once this conscious state was adopted, a free imaginative variation could be applied to the object, to describe the essential components and therefore the essence of the object or experience could be revealed (Giorgi, 2008). The essence or experience was described without anything being added or left out, the description was accurate to the object or experience in its form, without any additional features, explanations, or interpretations. The experience or object was termed as 'the given' and the reductive process encompassed two reductions, the phenomenological reduction (consciousness) and the eidetic reduction (the essences), each reductive process had step-by step stages in Husserl's application, including positing and perceiving, which Husserl explained enabled a slowing down of these processes and being able to perceive in more depth.

The next attitudinal modification of Husserl's process was bracketing, this attitudinal change meant the researcher bracketed out previous experiences and knowledge and suspended these ideas, thoughts, and preconceptions from their focus of attention, for example an object or experience. This meant the researcher acknowledged their prior knowledge, capturing its meanings but keeping these meanings apart from the data, so that the researcher could see and describe the data more clearly without being influenced by prior knowledge (Gearing, 2004). Husserl believed in order to undertake this bracketing process, one had to turn their attention away from the world and embrace the inner world of the participants. This important listening space as suggested by Adams (2001) constructs a silence or improved listening time, which enables the object or subject to be illuminated, showing multidimensional perspectives. This leads to an intuitive sense, compared with a judgement (Adams, 2001).

Bracketing is not an easy process and can be misunderstood. The phenomenological attitude as adopted by Husserl, has been revised by phenomenologists and Giorgi (1994) suggests an open attitude is required; however, Finlay (2009) indicates a change of attitude better describes this process. Gearing (2004) suggests that bracketing has developed into 6 types, these include: Ideal (philosophical bracketing); descriptive (eidetic) bracketing; existential bracketing; analytical bracketing; reflexive (cultural) bracketing and pragmatic bracketing. These typologies reflect slightly different focus points and stages of application. For the current study I adopted existential bracketing which meant I held my presuppositions and prior experience in abeyance, not totally disregarding my prior knowledge, but focusing on the participant's data, as fresh and new information; with my previous experiences held back, for examination later. Chan (2013) supports the need in bracketing for the researcher to recognise their interests, thoughts and perceptions which might inadvertently affect the research. Bracketing enabled me to

examine, view and intersect with the participants data, without tainting or adding my own biases. This also gave me the opportunity to disengage from my prior knowledge which may have limited my understanding of the participant's descriptions (Chan, 2013).

Gearing advocates an understanding of what needs to be bracketed, he suggests these components are based upon internal beliefs of the researcher (personal, historical, and cultural knowledge and values) and academic and scientific thoughts (orientations/ theories). For myself this meant holding in abeyance my knowledge and experiences about service user involvement as an academic, as a nurse and service user and feeling an openness to the participant experiences. This was reflected in Baille (1996) in a phenomenological study of registered nurses which identified the nature of empathy and learning from experience. Giorgi (2008) discussed some of the complexities of bracketing such as researchers not understanding about the bracketing process and misinterpreting the bracketed knowledge. Giorgi concisely explained that "we should not let our past knowledge be engaged while we are determining the mode and content of the present experience" (Giorgi 2009 p. 92) and further "…one can only judge from the results, and even the assessment of the results may not be perfect" (Giorgi 2009 p.92).

Giorgi further expounds that bracketing requires a 'heightening' of presence, not an elimination of all past knowledge and experience. This is a useful perspective to adopt and discuss in descriptive phenomenology. A worked example of how I engaged in this process is found on page 275 and further demonstrates my reflexivity. This was undertaken before, during and after data collection.

Once the data is described via a structured process of analysis, the researcher unveils the essence of experience, core commonality or structure (Starks et al, 2007). An essence is described by Dahlberg (2006) as the nature of a defined phenomenon in any situation. The essence of an experience identifies the significance or meaning of a phenomenon and reveals its fundamental structure (Tappen, 2011; Welch, 2014). In the current study lecturers' experiences of service user involvement were examined to expose the essential essence, the 'whatness' of that experience, and to uncover what was important to the lecturers, revealing their unique individual experiences of a phenomenon. Dahlberg (2006) suggests the essence and phenomenon are inter-related, suggesting that "…essences *are* their phenomena; the phenomena *are* their essences". (p18). However, Paley (2016) suggests an essence is a summary statement of a profound, yet not explicit phenomenon or experience. These explanations contribute to my understanding of the essence, which for the participants of this study can be defined as a distilled form of meaning significantly attached to the individual's experience. This study has been undertaken using the principles of a phenomenological framework which has a methodology aligned to Husserlian philosophy and is coherent with the descriptive phenomenological approach as

outlined by Finlay (2000). Husserl's phenomenological philosophy was not intended as a research methodology but provides a lens to view the social world. I have selected descriptive phenomenology because the theoretical underpinnings align with my nursing background (Skea, 2016).

The principles of Husserlian philosophy are now outlined below which give an overview of the phenomenological principles adopted for the current study. Phenomenology is a multifaceted process and relies upon a theoretical understanding before this is applied. For further information please see methods pages 100-114.

3.3.4.1 Phenomenological reduction

The process of phenomenological reduction is commenced by the researcher engaging with the epoché, by bracketing out all prior knowledge and experience which might taint the data or change the perceptions of data by the researcher. The meanings from participants provide specific information, Wilson (2015) describes the researcher's focus as concentrated upon precise details of the experience, instead of the usual worldly experiences. These essences form phenomenological meanings which are not concrete descriptions, but more fluid suggestions of the meanings or 'intimations of meaningfulness' and facilitate a wider outlook onto the lifeworld, encouraging and challenging assumptions (van Manen and Adams, 2010 p.453). The bracketing process was undertaken by myself during this study and reflexively appraising Adams (2010) work helped me to make sense of this process. For examples of my reflexive statements see p.271).

The search for essences involves intuition and has three sub-stages (intuition involves a multi-dimensional process of acknowledging tacit knowledge incorporating reflexivity, reflection, and embodied knowledge) (Fry et al, 2017), which are undertaken concurrently.

Descriptions from participants in the natural attitude during this study, with the researcher acting as the tool to absorb, produce structures and clarify meanings illustrated the phenomenological context. Husserl used a combined process of analysing, intuiting, and describing, alongside bracketing (Giorgi, 1970; Colaizzi, 1978; Swanson-Kauffman & Schonwald, 1988). Each of these processes are intertwined within the research processes and are undertaken simultaneously to allow for understanding of the phenomena being researched (Swanson-Kauffman & Schonwald, 1988). Stepwise processes have broken down to explain Husserl's methods and make it more manageable in research processes, but it is important that descriptive phenomenological researchers understand and include these processes to form the essential components of the phenomenological process and reveal the essences of the experience.

The essence should evolve from an in-depth examination of the meaning (Welch et al, 2018), in descriptive phenomenology the theory of the essence is revealed because the researcher is listening and describing experiences from the participants accounts, not revealing the researcher's interpreted versions of the phenomenon.

Essences are important because they are the key to the data analysis, they reveal the fundamental structures of the participant experiences and tell the researcher and research community what is important to a specific individual or group of individuals.

3.3.4.2 Description

In the current study descriptions of the lived experience were given by the participants who had worked with service users in nurse education. This demonstrates the 'natural attitude' which participants presented with their individual subjective understandings and opinions of service user involvement and their experiences of what they give to the world and what the world gives to them. This interplay and connection were illustrated through the participant's reflections of their everyday, ordinary experiences which were their own unique worldviews of their lived experience. Giorgi (2009) described this as the raw data which is presented as:

> "…the descriptions provided by the experiencers are an opening into the world of the other that is shareable" (Giorgi, 2009 p96).

This can be considered a difficult process as raw data is usually analysed by the researcher who interprets their own understandings; however, in descriptive phenomenology the analysis takes place of others' experience, rather than that of the researcher's consciousness. Giorgi (2009 p97) advocates that the original experiences described are usually on the 'other side of the world,' therefore shareable with others, by writing or speaking. This assumption enables a transit into the individual lifeworld of someone experiencing the phenomena, which is then translated via the researcher's consciousness. This is written into results, which form structures of that experience and fulfil a phenomenological philosophy. Spiegelberg (1995) supports this assumption describing the researcher undertaking:

> '…a shuttle back and forth between our own understanding self and the other who is to be understood…constructing the other and his world on the basis of the clues we have put ourselves imaginatively" (p. 49-50).

Spiegelberg's (1995) adoption of this process is in therapeutic situations, but this explanation demonstrates the application of the phenomenological experience and illustrates a metaphor to highlight phenomenological process. The role of the researcher shuttling back and forth was a useful visual image for myself to engage with and helped

me understand my position in the research process more easily. Husserl, Spiegelberg and Giorgi describe this as the researcher's own consciousness being involved and align this to the imaginative presence of the experience and the analyses, as indicated in descriptive phenomenology known as intuiting.

3.3.4.3 Intuiting

Intuiting as part of this on-going process ensures an accurate understanding of the descriptions undertaken (Suryani et al., 2016) and the critical reflections of "whatness" of the experience for each individual (Wojnar and Swanson, 2007).

The process of intuiting forms a feeling of what it might feel like to "live in the participants skin" (Wojnar and Swanson, 2007 p176). This is an on-going process as the researcher is enlightened by more data, critical reflection and commonalities of the participants and tries to "understand what it must be like" (Wojnar and Swanson, 2007 p176). This takes place with no attempts to place value or judgement or interpretation on what the phenomenon is, but to just accept the phenomenon for what it is.

The final part of this descriptive phenomenological study is to illustrate the essential structures of the phenomenon (Colaizzi, 1978). A useful image was provided by Swanson-Kauffman and Schonwald (1988) who suggested a "universal skeleton that can be filled with the rich story of each informant" (p104). This metaphor suggested that anyone who had experience of the studied phenomenon should have the ability to recognise their own experience in the suggested descriptions (Wojnar and Swanson, 2007).

My own interpretation of this reflexively reminded me of undertaking a patchwork quilt whereby each time I looked at the data another patch developed, sometimes matching or at other times blurring the boundaries slightly, but all adding to the story and context of the data and eventually providing a narrative of descriptive text, some areas more heavily embroidered and others a lighter but still significant thread.

The following section now further outlines the philosophical assumptions of phenomenology.

3.3.4.4 Philosophical assumptions of Phenomenology

Husserl described phenomenology as a philosophy, this can be used as a framework to guide research or psychology. A number of other philosophers such as Giorgi, van-Manen and Colaizzi, have adapted the foundational works of Husserl to formulate their own methodologies. Phenomenology has two main approaches. The first is Husserl's approach, whereby a narrow interpretive lens is used, but a more descriptive format is relied upon to explain a situation. This is known as eidetic or descriptive phenomenology and has been utilised in studies by Van Kaam (1959, 1966), Colaizzi (1978), and Giorgi

(1985, 1994). Alternatively, Heidegger's position could be applied whereby a more interpretive focus is developed to draw meanings from the descriptions, known as interpretive phenomenology which informs the works of Benner (1994) and Diekelman et al (1985). A third combination from the Dutch (Utrecht) school of phenomenology combines descriptive and interpretive phenomenology and is linked to philosophers such as van Manen (1990) or Smith et al (2009). These approaches describe different ways to interpret phenomenology and styles which can be adopted, this ever-changing landscape continues to evolve, such as lifeworld phenomenology (Dahlberg et al., 2001). For the purposes of this study Descriptive phenomenology employing Colaizzi's adapted method will be undertaken. The rationale for this approach is included below.

Colaizzi (1978) produced his methodological framework influenced by Husserl and Giorgi's teachings. This proposed various steps to explicate the phenomenon of interest (Neubauer et al 2019; Whitehead, 2013) which fit well with nursing research and explicate the fundamental structures of experience, for instance seeking descriptions which enlighten nursing practice, for example Wirhana et al (2018) employed this framework in their study of nurse academics teaching on satellite campuses.

Colaizzi's method was adopted in the current study because it fulfils a guided framework of several steps which can be broken down, therefore facilitating a systematic approach to utilise for the purposes of the current research study, it has been applied in many nursing studies (Sanders, 2003; Wirhana et al., 2018) and allows a clear methodological approach. Although this methodology uses the conceptual theory of Husserl, it undertakes empirical phenomenology and not philosophical phenomenology. Therefore, the application of this philosophy is applied to the research process, revealing Husserlian undertones which support Colaizzi's framework and exposes its philosophical foundations, yet distinctive methods. It is important to implement a workable process in any research study and Colaizzi's method appeared to enhance my research design for several reasons as outlined below.

Firstly, there are seven steps of Colaizzi's data analysis method (page 85) which demonstrate the transparent process, quality and depth of investigation of the research area. Secondly, there are robust approaches which reflect and support an analytic process, linked to the theoretical principles of descriptive phenomenology which are identifiable and explicit. This enrichment of data via in-depth research methods incorporates examination of raw data, revealing of fundamental structures and demonstrates confidence in the findings, highlighting an appropriate use of descriptive phenomenological methods. Thirdly, Colaizzi's method is a flexible approach which may facilitate data analysis (Sanders, 2003; Suryani et al., 2016) and "Colaizzi's method of data analysis complements core nursing values by considering people's experiences"

(Wirhana et al., 2018 p.31). All of these factors led me to believe Colaizzi's method was a suitable approach to adopt.

Descriptive phenomenology follows the descriptions of lived experiences, accounts of individuals or groups, using participant language and seeing the world from the eyes of the participants (Finlay, 2009). These accounts are analysed with the researcher reflecting on many elements such as the language, setting, physicality of the participants, and emotions; all these areas reveal the researcher's intuition of the situation. Finlay (2009) and others (Ricoueur, 1970; van Manen 1990; Wertz, 2005) assert the use of a continuum, based upon descriptive methods to contextualise meaning.

3.3.5 Methodological congruence

The challenges of methodological congruence have been highlighted by Giorgi (2008) and Finlay (2009) who discuss the inclusion of multiple methodologies when researchers try to articulate their philosophical framework. Finlay (2009) notes that sometimes studies do not maintain a fidelity to the selected methodology because researchers mix and match different methodological approaches; however, part of the challenge is the subtleties within the methodological differences, which are not always easily explained. Giorgi (2008) concurs describing his frustration that students can include different phenomenologists in their work and need to adopt one approach and align their studies to fit this methodological process. This has been identified by many authors such as Spiegelberg (1975), Crotty (1996) and Audi (2001) who support Finlay's discussion of the blurred boundaries of Husserlian or Giorgi's philosophical frameworks, suggesting phenomenology is more a movement than a defined school. These incorrect representations continue to emphasise the inherent difficulties that phenomenology can imply. Giorgi supports students and their supervisors realising that empirical training is not consistently applied within the field of phenomenology, however the need to include description, reduction and search for essences are paramount (Giorgi, 2008; Finlay, 2009). Finlay purports that phenomenological studies can be classed as phenomenological as long as:

> "…it involves both rich description of the lifeworld or lived experience, and where the researcher has adopted a special, open phenomenological attitude which at least initially, refrains from importing external frameworks and sets aside judgements about the realness of the phenomenon". (Finlay, 2009 p8).

Finlay (2009) reiterates the acceptance of qualitative approaches borrowing phenomenological philosophy and techniques. These challenges aligned to my own study and described similar complexities which I found when trying to distinguish which

philosophical method to follow. After much debate and reading I decided to align myself to Colaizzi's method.

3.3.6 Colaizzi's method-an overview

Colaizzi's method for data analysis is encouraged in phenomenology and particularly descriptive phenomenology. This demonstrates a closeness to the data, an understanding to issues facing participants and achieves rigour and robust procedures to support qualitative studies in a logical and applied manner. Colaizzi's method has been influenced by his predecessors Giorgi and Husserl.

Giorgi (2000b) asserts that a criterion-based regime in descriptive phenomenology does not indicate a phenomenological method and that there is no precise model to follow. This leaves a developing researcher, such as myself, with a dilemma, and I sought to find a method which could be used to support my journey into descriptive phenomenology. The rationale for adopting Colaizzi's approach was discussed above, and I undertook a questioning approach before finally adopting Colaizzi's method (1978) which acts as a guiding process to undertake my enquiry. Reflexively, having to debate the most appropriate methodologies has strengthened my research approach and knowledge of philosophical foundations. I have adopted the principles of phenomenological philosophy in that I am examining the lecturers' lifeworld's and their lived realities to gain rich contextual data of their perceived experiences. I have adopted an open attitude which has enabled me to get close to the data and 'dwell' within participants' lifeworlds /experiences. I have protected the data from outside influences, bias or judgements and have used the 'givenness' by including reduction techniques to represent the participant's voices (Marion, 2002).The justification for embracing Colaizzi's approach includes the progression of Colaizzi's work which has developed from the work of Giorgi. This provides a theoretical basis and process of phenomenology for data analysis and encourages the flexible, malleable needs of the current study. This facilitated "emergent themes and interwoven relationships" derived from the participants of the study (Wirhana et al., 2018, p34). This has led to a distilling of participant's descriptions into their essences of their lived experiences which has provided a research method appropriate to the research needs.

Criticisms of Colaizzi's method (Suryani et al., 2016) include depth of understanding from the researcher and implied meanings which may be given due to assumptions by participants. Researchers may not have collected truthful statements due to participant's recollections, selective memory, and perceptions (Ataro, 2020). Colaizzi's method despite its critique was a suitable method to undertake which enabled flexibility and an adaptive approach. This provided a framework to revisit and established rigour, reliability and credibility (Wirhana et al., 2018).

3.4 Summary

This chapter has outlined the methodological framework and rationale for undertaking a descriptive phenomenological approach. I have clearly stated my ontological and epistemological position, and how I have worked in a reflexive way to embark upon my research journey, all of which will help to shape my understanding of the research process and findings. This study has focussed upon nine adult nurse lecturers and the multiple realities of their experience.

Qualitative research was chosen as the methodology for this study, but importantly descriptive phenomenology was deemed the most suitable. This methodology allowed me to be part of a snapshot of the lived experiences of lecturers and facilitated a dialogue about service user involvement, which was in-depth, individual, and significant, to the participants of the current study. The interpretivist approach allowed me to place the participants central to the study, and to identify through the conceptual lens of adult nurse lecturers, their worldview. Reflexivity was important for me during this process, linking my previous and current knowledge, to reaffirm my positionality within this study. By undertaking descriptive phenomenology, I felt I could access my participants, without influencing or directing them, but by becoming positioned within their lifeworld, for a glimpse of their reality. Descriptive phenomenology allowed me to become part of this process and to hear these rich and contextual descriptions.

This chapter has outlined the various parts of descriptive phenomenology such as bracketing, intuiting, and describing to seek essences and find meaning from these processes; this is a complex and in-depth process, which requires time, commitment and a determination to follow a stepwise process. Descriptive phenomenology needs to be undertaken in a carefully applied way, which will demonstrate my methodological congruence and reflects my participants' voices and lifeworld, revealing the essential essences of their experiences. I have learnt about the philosophical frameworks which underpin descriptive phenomenology and identified Husserl and Giorgi, as foundational to this process. For the current study, I chose Colaizzi's approach, which was influenced by Husserl and Giorgi. I sought a framework which was systematic, clear and flexible, yet had Husserlian undertones to support its' application, importantly in my work and in the nursing field. Colaizzi's methodology facilitates a data analysis which is transparent, robust and analytical it its approach, clearly supporting the principles of descriptive phenomenology. This meant identifiable and explicit data, helped me to feel a confidence in the application of my method. As I wanted to learn about the lifeworld of my participants, descriptive phenomenology allowed me this privilege.

This chapter signifies the underlying philosophical framework and depicts how these philosophical assumptions supports the researcher in arriving at the decision to use

descriptive phenomenology, the processes undertaken and how these informed the methods, data collection and data analysis and underpinned a sound rationale throughout the study. Methodology acts as a set of principles, but also an approach to the subject (Kazdin, 2003). In this study, the methodology acted as my map, before I could arrive at my destination. I needed to visit certain areas to ensure the steps in my process were appropriate, to contemplate previous philosophies as part of this journey, and to finally arrive at my destination, suitably equipped to undertake my study, planned, prepared and understanding the essential framework to support, guide and facilitate this research study.

The next chapter will present how I enacted these processes in the methods section.

CHAPTER FOUR METHODS

4.1 Introduction

This chapter will outline the methods used to apply the principles, decisions and actions informed by Giorgi's descriptive phenomenology. The ethical considerations of the research are outlined at the end of this chapter. According to Giorgi (2009) descriptive phenomenology which is undertaken in psychology, is also appropriate for nursing and healthcare studies (Giorgi, 2009). The current study was undertaken to identify nurse lecturers' experience of service user involvement in nurse education, utilising the principles of a Husserlian framework of philosophy. The aim of the study was to explore adult nursing lecturers' experiences of working with service users in two higher educational institution (HEI) settings.

This study was undertaken using semi-structured interviews to identify experiences of lecturers. This study utilised a descriptive phenomenological method with an adapted version of Colaizzi's (1978) data analysis.

Colaizzi's method is described briefly below to illustrate the main steps:

1. Reading and re-reading the transcript.

2. Extraction of Significant statements pertaining to the phenomenon.

3. Formulated meanings are constructed from the significant statements.

4. Formulated meanings are arranged into themes.

5 & 6 combined - incorporation of the results into a rich and exhaustive description of the lived experience, including the fundamental structure.
7. Participant revalidation (this step was not undertaken in this study).

This chapter provides an overview of the process of recruitment, data collection and data analysis including the overall methodology to address the research question.

The development of the research questions and interview guide is followed by the methods undertaken to explicate and describe the ultimate fundamental structures of this experience. My interest about service user involvement and reflexivity linked to my position, cultural and historical influences are included previously in chapter one

4.2 Sampling and recruitment

4.2.1 Selection of participants

Decisions about the number and characteristics of respondents invited to participate in research studies are important in research design (Parahoo, 2006). For the current study, the sample included nurse lecturers who had experience of working with service users in nurse education. It was important to consider a sample who could answer the relevant questions and have an in-depth knowledge from a phenomenological viewpoint. A population can be classed as 'the total number of units from which data can be potentially collected' (Parahoo, 2006 p256). Therefore, I had to consider which population would fit this criterion. The selected population were adult nursing lecturers working in a pre-registration curriculum. Due to the relevancy of the research question, it was acknowledged that because some participants had dual qualifications, it was acceptable to include those who had experiences from adult, child, and mental health fields. Dual qualifications are an academic norm and would have limited the participant pool significantly if I had stipulated only one disciplinary field, as an inclusion criterion. Participants were explicitly informed in the Participant Information Sheet and verbally before the interview began, that the focus of the study was on their experiences of adult nursing courses. Demographic data was collected at the beginning of the interview, including whether or not the participants were dual qualified.

4.2.2 Inclusion and exclusion criteria

Inclusion criteria defines why certain people are included within a study and why others are eliminated. This needs careful consideration to ensure a sample is appropriate for the research question and to prevent sample bias. By using a descriptive phenomenological approach, I needed to be sure that participants had the relevant characteristics and in-depth knowledge of a lived experience that was appropriate to the study. Therefore, the following criteria acted as a 'benchmark' to position relevant participants against the criteria to fulfil the study requirements. Purposeful sampling was undertaken to ensure inclusion criteria were met. For this study, the inclusion criteria were:

- Adult nursing lecturers who are qualified nurses with a Post Graduate Certificate of Education (PGCE) and experience of service user involvement (interviewing/modular delivery) within pre-registration nursing.
- Currently working full time/part-time within a Higher Education Institution (HEI) and are a member of the institution (to demonstrate a level of experience of working in HEI).
The exclusion criteria were:
- Lecturers who are working as Hourly Paid Lecturers (HPL).
- Lecturers who have not worked with service user involvement.

- Lecturers who have not been involved in the interview process or delivery of service user involvement in modular delivery.

Initially, the inclusion criteria included lecturers who had at least three years' experience however, due to difficulties with recruitment this was changed to one year's experience. This may have reflected the participant group being very busy therefore a wider criteria helped recruit enough participants.

4.2.3 Sample

Sampling is carried out as a method of selecting a population of participants who provide data to inform the research study. Englander (2012) suggests the sample should be illustrative of the total population. Generalisations from the 'target population' and not the theoretical population were collected in the current study (Parahoo, 2006). The sampling method chosen for this study was purposive sampling. Qualitative studies that use purposive sampling include specific study sites and participants who can inform the study. This sample illustrates distinct characteristics of a population and the experiences being studied, which can be linked to the research question (Bryman, 2012). This is compared with quantitative sampling which adopts other methods such as random sampling, whereby the sample is not as streamlined (Maltby et al, 2010).

Purposive sampling enables the researcher to study the population, gaining vision and comprehension because the sample have relevant knowledge about a particular subject (Maltby et al, 2010). Korstjens and Moser (2018) suggest this should be called a 'criterion based' sample, as the sample is based upon specific criterion identified and matched with a list of participant attributes. Englander (2012) suggests asking the question of a potential sample:

> 'Do you have the experience I am looking for?' (p19).

This is a typical question posed when considering a population to sample in phenomenology. Englander further expounds that 'representativeness' in the qualitative, phenomenological sense, cannot be interpreted until the overall structure of the phenomenon is known and is most appropriate for this type of research.

Purposive sampling does have limitations which can be linked to researcher bias. Research data and attitudes can be affected by bias, and this can contribute to any research study. Bias can be defined as a systematic error where findings deviate from the truth (Higgins et al, 2020) this could be due to interpretation of the researcher, previous experience, or selection of certain individuals. The researcher can acknowledge that specific people should represent some form/ideas of what the researcher is expecting. In order to understand and have a sense of self-awareness about my own bias, I needed to

examine and reflect upon my own presuppositions about the topic of service user involvement. I adopted a reflective bracketing approach throughout the interview and data analysis process to address this. I also ensured a wider range of potential participants were contacted through an administrator, so that I would not be pre-selecting any potential participants.

4.2.4 Recruitment

A generic email was sent out to relevant adult nursing lecturers who are involved with service user involvement as part of their roles, working in faculties who undertake nurse training courses in the two universities in East Anglia. This area was selected because it was geographically similar and had two nurse training courses which reflected similarities with the course and included service user involvement. The email was sent via an administrator from each adult nursing department, which helped to demonstrate an informed, organisational approach, instead of myself contacting people 'cold' and potential participants questioning if my email was genuine or not. However, some challenges were faced regarding reliance on gatekeepers, as discussed below. Emails were sent out and contact was undertaken according to GDPR (2018) procedures whereby participants 'opted in' to take part by emailing me expressing their interest.

The use of group emails initially met with limited responses so after discussing further with my supervisors, a poster was displayed in one staff area, with details of the study and my contact email. This saved me time and was an ethically better method of contacting potential participants. The poster helped to advertise the study, to a large amount of people who might wish to take part in the study but may not have acknowledged this by initial email invitation. Once again this helped to support my role in the research process and justify my intentions of taking care when approaching participants. In total nine lecturers took part in the study with a further one who did not respond to a follow-up email after an initial enquiry about the study. Snowball sampling is an alternative method which could have been useful, however for the current study contact details were provided by two of the participants who considered their colleagues and suggested that I contacted them. This led to one member agreeing to take part in the study.

4.2.5 Sample size

Sample size is an important factor in any study, yet it is highly debated and often an outcome measure which is vague. The size of the sample according to Kvale (1996 p164) is:

> "Interview so many subjects that you find what you want to know."

Englander (2012) suggests Kvale's point above should be contextualised to fit within a qualitative approach. Within qualitative fields of interviewing, there cannot nor should not be a precise number or generalisation of results in terms of numerical application, but consideration of the richness of experience, depth of meaning and context that should be prioritised.

Data saturation is the point where no new data emerges (Glaser and Strauss, 1967). In some qualitative research and phenomenological work data saturation is a term which is contested (Marshall and Long 2007; Saunders et al., 2018). Data saturation is a term of which the researcher should be aware and can signify meaning as a concept, but this is not implemented as a specific tool to stipulate numbers of participants within descriptive phenomenology. My decision to stop interviewing was when I recognised emergent themes and could formulate enough data to build a descriptive picture which would articulate the participant experience and provide enough depth to describe the phenomenon. This is concurred by Smith and Osborn (2007) who suggest similarities within Interpretive Phenomenological Analysis and the need to "sacrifice breadth for depth" and "a detailed examination of similarity and difference, convergence and divergence" (Smith and Osborn p 57).

Data saturation is not appropriate to use in descriptive phenomenology, but it is essential to discuss within the study to highlight the overlapping themes, within the data collection. This is especially pertinent when considering the complexities of meanings and understandings by researchers, who reflect that understanding of the term data saturation

Saturation is not entirely possible in qualitative research because constraints in methods can be challenged and new themes can emerge leading to unwieldy data collection, as well as consistent rigid approaches which may not suit further research studies (O'Reilly and Parker, 2013). For the purposes of this study, I do not refer to data saturation. My focus was concentrated upon adequate descriptions to meet the descriptive phenomenological criteria.

Descriptive phenomenology gives rise to rich data and my decision about sample size and sample adequacy was influenced by identifying sample sizes in other descriptive phenomenological studies, acting as a guide to previous studies with comparable numbers of participants for this method (Finlay, 2008). Giorgi (2008a) advocates the importance of ascertaining a substantial yet appropriate number in the sample size. Giorgi advocates a minimum of three participants to allow for discernible differences and to form individual experiences. Giorgi suggests this minimum number enables the researcher to undertake the process more clearly. Cresswell (1998) suggests 5-25 participants and Morse (1994) advocates 6 participants. I initially hoped to recruit between 10-12 participants to correspond to a qualitative method but struggled with recruitment.

Therefore, due to time constraints for this study period and requiring methodological congruence I decided upon a sample of nine participants which aligned to descriptive phenomenology methods. The sample adequacy was related to the lived experience and individual focus that each individual could bring (Morse, 2000) preferring to identify with richness and depth, and the diversity of voices, to represent the phenomenological underpinnings of this study.

It can be argued that qualitative research which is never fully generalizable therefore lacks external validity. Lincoln and Guba (1985) and Morse et al (2002) prefer the term 'transferable' instead of generalizable. Transferability is an accepted term used to illustrate how similar research can be applied in other settings with other participants, (Lincoln & Guba, 1985). Korstjens and Moser (2018) agree that qualitative data requires transferability and credibility. The researcher's role in this process is to provide an overview of their research study, with enough detail to signpost and inform future readers. This facilitates 'transferability judgement' (Korstjens and Moser, 2018 p122) providing an interactive step between the researcher and the reader to delineate whether context, situation and appropriateness of the research study described aligns to the reader context. Dependability and confirmability of the data is important and explicates whether there is an auditable trail. For the current study I have explained my research methods, sampling, and data management, kept reflective notes, discussed my findings with supervisors and identified the environment clearly to depict the participants and their setting (as recommended by Korstjens and Moser 2018). This illustrates my auditable journey through the research process and my findings at the time of this study. Therefore, as discussed by Korstjens and Moser (2018), future readers of this thesis will decide themselves, if transferability is appropriate or not.

4.3 Data Collection

4.3.1 Gatekeepers

This research required access to a research site, via a gatekeeper, who acts as a facilitator between the respondent and the data collector (Singh and Wassenaar, 2016). Before this study commenced it was vital to ensure correct identification of appropriate individuals (Polit and Beck, 2010) and to seek adequate permissions and support from gatekeepers to approach lecturing staff (Holloway and Wheeler, 2002). I initially approached two universities but due to delays in response times from one of the universities, I sought participants from a third university. This led to permission from two universities, therefore I provided the gatekeepers with information about the study, the aims and objectives of the study and further details if requested. This was necessary for transparency and trustfulness and to enable me to approach lecturers at both sites.

I approached the gatekeepers by letter, which outlined the study requirements (Appendix C). To meet the organisations' requirements ethical approval confirmation letters for the study were provided and one university advised of the requirement to liaise with their Internal Endorser who confirmed permission to proceed. An email was sent out to nurse lecturers in relevant healthcare faculties by the administrator asking for interested individuals to contact me. I then sent out a follow-up email explaining the study, interview procedure and asking for convenient times to meet with participants.

One issue with recruiting from the organisation in which I worked within was the effects of insider-research. Within any research study the position of the researcher is important, however in qualitative studies this positioning facilitates the type of discussion, trust and relationship between the researcher and the participant (Moore 2012). In previous studies researchers have exposed their insider-relationship and the accumulated benefits of reducing power differentials, being accepted as part of the community, encouraging rapport, familiarity and promoting understanding (Rooney, 2005; Corbin Dwyer and Buckle 2009). In my case I outlined my position as a nurse lecturer in my introductory letters, so that participants were aware of my responsibility within the research process. Having a transparent process where participants were clear about my role and the requirement of their roles was needed to ensure credibility as discussed by Rooney (2005) and Finefter-Rosenbluh (2017). All these factors were recognised within the current study, and I adopted several ways to try to establish these requirements:

- I preserved anonymity of all participants by using pseudonyms in transcription and following data protection and confidentiality.
- I was careful which areas of the study I discussed outside of my supervisory group to ensure that as an insider I was not disclosing any data and retained my position as a researcher. This is supported by Bonner and Tolnhurst (2002) who describe the researcher in 'both worlds', the researched and the researcher. However, my commitment to confidentiality and researcher ethics supported dual roles; this was where I found bracketing useful, to identify, consider and reflect the differences I found.

Participants who knew me as an insider were aware of the need to separate these roles, we adopted the researcher and participant roles during the research process. For example, I adopted a researcher stance within all interviews, introduced the study and formally asked questions/ recorded interviews and gained consent, as a researcher, to effectively delineate from my insider role.

Reflexively, I felt as an insider that the knowledge base I had accumulated from my work experience enabled me to identify with the culture of the participants (Pugh et al, 2000). However, I was aware of the need to include criticality within my work and understand a varied array of perspectives brought by the participants (Costley et al., 2010). I moved into

my researcher shoes at various times, partly to represent my role and to de-robe from my usual position. This was helpful to remove me from the day-to-day cultural expectations, allowing me to view my researcher and lecturer roles independently. I felt this process enabled a switch from small talk, to the research process and back again to general conversation to end each encounter. The complexities of being an insider, did not hinder my research processes and I tried to minimise any impact by following specific measures, such as:

- Offering participants times, dates and locations that were convenient to them
- Ensuring a private room was used with no distractions/interruptions.
- Adopting a friendly, yet distanced approach to each encounter, to ensure overfamiliarity was not an issue.
- Providing an outline of the data collection to ensure participants could enter this process free of any interruption and stating a defined start and stop time.
- If there were any areas which I was unfamiliar with I asked participants to expand upon these points to deter assumed knowledge due to my insider perspective (as described by Heslop et al, 2018). I was aware of acronyms or assumptions that I would understand but remained vigilant to all aspects of course experience and the need to ensure my understanding during the interview.

In both interview sites I was reliant upon participant descriptions to gain rich data which participants in this study were able to give. In one institution I was an insider, for example, working as a senior lecturer in adult nursing. I did not have a specific role on service user involvement in the institution, but just had a personal interest in it. As an outsider researcher within the second organisation, I did not know the campus or layout of rooms or processes of service user involvement; so, it took time for me to acknowledge these differences. The pre-understanding of participant roles and how service user work was undertaken varied at each site and my interest enabled a good rapport to be built up. Participants may have felt more able to disclose certain information due to my outsider status, Bonner and Tolhurst (2002) suggest participants may feel more at ease not knowing the researcher, though for the current study I did not feel there was a significant difference in participants and their willingness to provide data.

From a reflexive perspective it was interesting to me that I could gain rich data from two groups of people who were willing to talk to me, at great length, about this feature of their role. This indicated that the questions posed were important to the participants and many areas of my research interests resonated with others in a similar role. The process of engaging with the research process initially felt stressful to me, then I began to feel more confident in my abilities as the interviews progressed. My reflective journal helped to

contextualise these emotions and allowed me to record trigger questions to share with my supervisory team.

4.3.2 Study setting

This study took place in two universities in the East of England; for confidentiality purposes these are given the pseudonyms of 'University 1' and 'University 2'. Both organisations had pre-registration and post-registration courses in mental health, child and adult nursing. Although this population was made up of two different organisations, (one external and the other, my own institution) for the purposes of this study participants were treated as one population; all of whom were adult nursing lecturers, participating in service user involvement; teaching student nurses and adhering to the inclusion criteria (page 86). Finding two organisations with similar characteristics and deliberately choosing similar student demographics, staffing ratios and comparable approaches to service user involvement meant a population who would have corresponding features and represent similar attributes. This can be compared with vastly different organisations, ethos and staffing levels, which might mean a difference in population and wider data from a more general population. The participants in this study worked across two different contexts (two universities) which enabled a wider depth of experience and integration, as supported by Polkinghorne (2005). This facilitated a more diverse insight into service user inclusion, compared with narrowly collecting data from one institution. One of the challenges with recruiting to a study can be lack of willing participants, therefore by extending this research study to cover two organisations, there was an improved chance of recruitment.

The inclusion of participants from different sites reflected a diversity of participant experiences linked to service user involvement. These contributory factors such as different demographics of service users in age, health, conditions and experiences, all impacted upon participant knowledge, experiences and context, which added to the study. Furthermore, geographical locations meant different situations for service users or types of service users, who may have been treated in a teaching hospital or specialist unit and could have different experiences to impart. This diversity reflected lecturers' experience and richness from a phenomenological point of view.

4.3.3 Interview environment

The time, place and setting of the interview was pre-arranged and I undertook specific room bookings or was helped by administrators to ensure appropriate private rooms were available so the data collection interviews could be carried out undisturbed and in a safe environment for the participants and interviewer (as advocated by Gerrish & Lathlean,

2015). Environmental considerations were undertaken to ensure appropriate rooms for participants, so they felt comfortable and at ease.

4.3.4 Practice interview

A rehearsal of interview technique was undertaken to test the research questions, become familiar with the audio-recording technology and to try to refine my research skills. The practice interview was a useful process undertaken with a colleague, who was a midwife, to enable me to feel more confident with the interview process. For instance, in my role as a novice researcher I needed to be aware of technological issues and the question structure, my feelings of undertaking the interview and issues such as timing, environmental noises and general communication procedures. Undertaking the practice interview was useful because it enabled me to reflect on the process and readjust any potential issues.

Issues from the practice interview showed that not all the interview had recorded; there were some inevitable long pauses between sections, such as asking questions due to my lack of familiarity with interview process; and listening back to the audio-recordings and transcribing the content which demonstrated the need to identify with the language, themes and consolidate my interview techniques. I needed to probe a little more and recognised my hesitancy, whilst trying to adopt and give a phenomenological space to the participant.

The practice interview facilitated a useful overview of undertaking a research interview compared to other interviews which I have been involved in (such as departmental or nursing interviews). Challenges that I faced were malfunction of equipment, so I always carried spare batteries in case the audio-recorder did not work. Learning to use the recorder and download the recording which was subsequently erased. Time management, feeling nervous about undertaking and recording the interview, were useful areas to identify and discuss with my supervisors. Completing field notes during the interview was helpful reminding me about certain key areas which I found mapped in my mind at specific points, which acted as a visual prompt to help me revisit the interview later. Questions were not changed as a consequence of the practice interview, but I realised I needed to improve specific areas such as gently probing or articulating my responses to enable a revisit of specific points discussed, as well as keeping aligned to the focus of the study.

4.3.5 Phenomenological interviews

Phenomenological interviews are not directed or guided, they are undertaken as a process to explicate lived experience from participants, which give full, rich data and the assumption of a general approach is the most common way of undertaking these procedures (Bevan, 2014). However phenomenological interviews differ and the

interaction of the researcher with the participants to unfold these lived experiences require a different fundamental approach which adopts the phenomenological attitude and method. Phenomenological interviews are not without their critics, in terms of how they are undertaken and whether they apply to the philosophical methodology or methodological congruence (Wimpenny & Gass, 2000). The phenomenological interview differs from quantitative observational or qualitative conversation, in that it also includes phenomenological reflection, which includes adopting the phenomenological attitude (Munhall & Oiler Boyd 1993).

Questions tend to be 'open and broad' according to Giorgi, (2009) who suggests:

> "What one seeks from a research interview in phenomenological research is as complete a description as possible of the experience that a participant has lived through" (Giorgi. 2009 p122).

There is an overview of sensible advice regarding approaches to undertaking qualitative interviews with literature to explore the process of interviews and enhance the skills of novice researchers (Roberts, 2020). There is little written specifically to define and explain how to carry out a phenomenological interview.

This description is reliant upon skills of the interviewer to draw out and define significant questions which reveal data that is both coherent and appropriate to the topic of discussion. This is undertaken by "directing the participant" and avoiding "leading the participant" (Giorgi, 2009 p.123).

The interview process in the current study was undertaken by adopting the epoché and bracketing previous experience to construct meanings from the participant's experiences. I adopted an open attitude to the participant's experiences and provided the "listening space" as discussed by Adams (2001) for both myself and the participants. The debates about phenomenological interviews compared with other interviews (Lester, 1999) suggest that the interview process needs to reflect a methodological congruence and the philosophical framework in which it is situated. Phenomenological interviews seek to expose individual lived experience and identify specific individual data, Fontana and Frey (1998) suggest there is a commonality within interviewing; however, the differences between individuals expose the individuality of each experience. Roberts (2020) makes a valid point that the participant is given an opportunity within the interview process to recall, reconstruct and share their interpretations of a phenomenon and that choice and reflection are key attributes of this experience. Kvale and Brinkman (2015) suggest that interviewing requires a skill set, knowledge about the subject and familiarity with methods, concepts and conversational analysis.

Reflexively, for my first interview I felt quite nervous and inept at being a skilled interviewer within research processes. Even as I progressed to further interviews, I wrestled with should I have attended interview training or was my approach more flexible and therefore less constrained. I seemed to be obtaining data that was interesting and informative and I felt myself providing the listening space as suggested by Adams (2010). A useful description by Østergaard (2019) examined a metaphor of echoes and shadows in phenomenology and suggested "that there are profound differences between seeing and listening and that sound reveals different aspects of "the real" compared to sight" (Østergaard, 2019). This reminded me of the importance of my senses in descriptive phenomenology, an important but under-represented concept which I felt was useful during interviewing. I tried to apply this within my interview skills, to give attention to all these details and to be aware of this vital listening and learning space. I feel this has developed my skills in research interviewing and highlighted differences between descriptive phenomenological interviews and other types of qualitative research interviews. I felt bracketing definitely helped my cause within the interview processes and the confidence to allow participants to describe without me interjecting or curtailing their responses facilitated a more phenomenological feel with each encounter.

4.3.6 Semi-structured interviews

The data was collected using semi-structured interviews, these interview methods are an appropriate way to carry out descriptive phenomenology. Semi-structured interviews are reliant on the interviewer and interviewee being able to adopt a comfortable position to clearly question, listen and probe (Newton, 2010). This allows a general rapport and relationship to develop which is trustworthy and complicit with the interview process.

If an interviewer uses unstructured questions a different set of questions may be asked to each participant, this could accrue a vast amount of data which is not useful or necessary. Unstructured interview questions can be compared to a conversation, which include a topic of interest, but no set questions or answers (Corbin & Morse, 2003). This style of interviewing would not be appropriate for the current study because there were distinct areas which I wanted to draw upon, for example lecturers' experience of service user involvement in nurse education. This was concurred by Englander (2012) who emphasised the need for the interviewer to unravel the experience of the phenomenon being described, in comparison with questions about the situation, which the participant has found themselves in and the more stilted answers that might be obtained. To apply descriptive phenomenological principles, I needed to enable the participant to present their data, relying on the phenomenological 'givenness' which Husserl describes in his philosophy.

The semi-structured approach allowed me to 'guide' the participant in terms of questions asked, and to stay focused upon the elements which remained central to the research question. Semi-structured interviews are designed to ask a question then offer prompts. Upon reflection I could have been more open and less specific with questions. This is in comparison to 'leading' the participant which may only attain specific elements of an experience. I felt this guiding approach enabled participants a fuller expression of their experiences as suggested by Giorgi (2009). Semi-structured interviews enabled me to be flexible and accommodating to the participants' observations and itinerary (Tod, 2015) and enabled this deeper listening space. The richness of data collected from participants, the linguistics used by each participant to demonstrate their opinions and values, and the contextual and relational areas demonstrated an understanding of other's beliefs to myself, as the interviewer (Newton, 2010). This interview process allowed the lecturers' 'voice' to be 'heard' and defined significant areas of discussion which may or may not have been implicit when the interview began. I was interested in finding out from the participants what their views were, not what anyone assumed or what was the expected corporate answer.

4.3.7 Interview questions

The questions, which can be found in Appendix E, began with demographic 'warm-up' type questions, this was to set the scene and find out about qualifications, including dual qualifications, years of experience of working with service users and which fields/ programs lecturers taught across. Then more focused questions to confirm certain aspects of service user involvement were included. The three main themes within the interview process established a background context both of the participant and their role; their involvement and work with service users; and any future suggestions.

The introductory questions facilitated an opening and introduction, which allowed participants to speak in more depth. The questions moved onto more specific areas related to service user involvement in teaching, curriculum delivery and how participants felt, this was undertaken, to establish their own unique views from the 'lived experience'. To finish, I asked what participants thought could be useful for the future before finally concluding with: "is there anything else you would like to add?" This signposted a closure to the interview and allowed the participants to disengage with the interview process. This is reflected in Legard et al (2003) and Robson, (2011) who described sequence of interview questions, noting their importance in questioning/ interview techniques.

The time of the interviews varied from 26 to 60 minutes. This was dependent upon depth of discussion associated with participant's 'givenness' from their personal experiences. The varied duration of these interviews indicated that some participants had more to say than others, I wanted to let the interviews develop and flow without constraints and so was

attuned to understanding when there was completion of questions and participant responses had a natural end point. Field notes were written recording salient points in writing during the interview, these acted as 'triggers' for data analysis (see page 271). Framing my questions such as "and how does it [the topic] make you feel?" or "and what do you think about that?" or using a word in a sentence, to prompt such as "you talked about *assessment…*" enabled the participant to reflect upon their own experiences, without me nudging them to one specific area, or imposing my own bias upon their descriptions. Similar methods have been found in interview techniques by DiCicco- Bloom and Crabtree (2006), who identify "listening, testing and a sense of bonding and sharing". This technique facilitated a confidence in my interview skills and phenomenological reduction. My overall responses to participants were to try to draw information from participants, avoid unnecessary interjections and use non-verbal signs such as nodding or fillers such as "mm…" to acknowledge my listening skills and participatory role. I adopted these approaches to prevent me leaping in and asking questions or navigating the interview into a more defined process, compared with the semi-structured, descriptive style which I sought. This highlighted Giorgi's (2009) distinction between directing and leading the participants during interviews, in order to prevent bias. Roberts (2020) suggests how novice researchers can jeopardise an interview with untimely interruptions and detours away from participant experience or the topic area.

Reflexively, I was surprised at the information that was given, some of the participants seemed overwhelmed or surprised at their own answers. To myself as an interviewer it seemed the participants had not reflected upon their thoughts previously about service user involvement, and the interviews provided a space to comprehend and consolidate their feelings. My surprise was that the participants responded so openly and appeared immersed in their dialogue and thoughts facilitating my engagement and enhancing my abilities to capture these lived experiences. Also, the way the participants reflected upon their descriptions, possibly because they had not acknowledged these roles previously. This appeared linked to deeper thought processes and reflection (Dehnam and Onwuegbuzi 2013). I felt my interviewing techniques encouraged my development as a researcher by building confidence, establishing rapport, and learning how to focus upon body language, pauses, hesitations and sighs; all signifying something; entering the listening space which might be revealed or retracted, often dependent upon my skill to hone in, on these subtleties. These subjective understandings and opinions of service user involvement and what goes on in participant's lifeworld's, demonstrated the lived experience, unique to each individual. This natural attitude from a theoretical sense, laid out the participant's reflections of their everyday and ordinary experiences. This illustrated a sense of validity in everything participants said, with no right or wrong answers, just their common-sense experiences of what made sense to them. The participants revealed how

their experiences and their worldviews interlocked to illustrate what they give to the world and what the world gives to them. I felt an unlocking of these intimate moments and a glimpse into the inner world of the participant's experience, a special moment of being in the space between the researcher, the researched and the research (Finlay, 2009). This was not something I had expected, and this identified the significance of gradually unfolding and comprehending descriptive phenomenology, as a process. I felt I was slowly understanding, becoming a part of a complex methodology and learning valuable techniques to apply. This was a positive outcome, and the interview process allowed these moments of shared reflection which ultimately were useful to the study, my own development as a researcher and potentially to the participant's reflective abilities and professional roles. I felt I learnt a way to explore experiences which hung in the atmosphere but were not explicit; it seemed I was on the periphery at times, but then on occasion allowed to move into the participant's world. Perhaps these rare opportunities only lasted for a few moments, but these were the moments I felt I had engaged with a phenomenological process.

The interview questions framed this descriptive phenomenological study and were important to enable me to delve into the 'lived experiences' of the lecturers, focusing on these essential contributions of this study.

4.3.8 Transcription of interviews

The interviews were digitally audio-recorded, then transcribed verbatim. I undertook two total transcriptions myself which were sent to my supervisors to check for accuracy of transcription. I used an online GDPR-accredited transcription site for the remaining transcriptions, but I listened to each transcript on audio, as I read the interview transcripts to check for accuracy. I listened several times to the audio versions during transcription and data analysis therefore felt confident I had accurately transcribed the interviews. This means that in some of the quotes presented in this thesis, words may appear to be missed or included which do not make sense, however these are transcribed as spoken and recorded.

Data collection was undertaken as outlined utilising Colaizzi's adapted method. To undertake the descriptive phenomenological approach, I needed to engage with phenomenological reduction including engaging with the epoché, bracketing, and describing participant's experiences within the natural attitude. This leads to the process of intuiting and remaining value-free and open to the data.

4.3.9 Adopting the epoché and bracketing process

1. The enactment of my bracketing process commenced once I had undertaken an initial literature review to determine the gap of knowledge in nurse education and had constructed the research question.

2. In order to bracket out my prior thoughts I completed a bracketing journal. This process of adjusting my previous thoughts and knowledge, enabled me to approach each part of the study with a clarity and open views; I could engage with participant's experiences from a new dimension, which allowed me to look in and around the data, contemplate other meanings and have a refreshed understanding. Initially this process seemed easy to apply but with greater understanding I realised that I was becoming immersed in the data in a way that I had not expected. My thoughts illustrated in my bracketing diary formed a dialogue with myself which meant I reflected, self-critiqued and became aware of the layers of meaning to these individuals. Bracketing therefore became a useful tool to facilitate a deeper focus and understanding. This bracketing experience undertaken throughout the research project concurs with Primeau (2003) who discussed an honest appraisal of factors which might encroach upon research projects. This helped me develop the process of bracketing and was useful in sharpening my senses and bracketing technique.

3. Giorgi's application of bracketing, provided a useful underpinning for Colaizzi's method, which encourages bracketing, compared with Husserl, who advocated a more integrated process, in Giorgi's application of bracketing provided a useful underpinning for Colaizzi's method, which encourages bracketing. Compared with Giorgi's method, Husserl advocated a more integrated process, which included applying a fuller experience and transcendental engagement of the epoché. For this study I undertook Colaizzi's method and a more simplified style of bracketing. The diagram below demonstrates a simplistic view of the process of bracketing, which was undertaken in this research, linking steps 1-3 above:

Diagram 2: Diagram to illustrate my bracketing steps undertaken

1. Bracket out prior preconceptions and 'hold in abeyance' (Giorgi, 2009).

List previous knowledge

2. Bracketing diary & discussion with supervisors

Record all prior preconceptions and past experiences.

Have a clearer mind-set & remain open & naïve to data

3. Engage & pay full attention to the participants

Have a clear unblemished description by the participants representing their unique views.

Reflexively, bracketing helped me to fully engage with the participants' descriptions and focus only on the participants' accounts, preventing distractions or any other conscious thoughts which might interrupt my focus This allowed me a clearer view of the data, in its' raw disclosed form, with no additional 'mist' to see through, (my own preconceptions or ideas being applied to the data, which might have been due to prior influences, preconceptions or my own past experiences).

If I had a clouded view of the data and had not bracketed, this could have impacted upon my ability to analyse and have potentially changed the way I viewed the participants' descriptions. Bracketing helped me to create a clearer mind space, allowing freedom to immerse myself in the data, without additional background influences to enter my thoughts as easily.

To bracket my expectations as an academic, such as how service user involvement is expected to be undertaken by the organisation. I focused on the descriptions from participants, not assumptions of what should or should not be revealed, for knowledge based upon judgements from my knowledge of policy and best practice. I removed myself from the bureaucratic framework to engage with experiential narratives, I focused less on the everyday organisational and bureaucratic decisions which often limit the ability to explore situations more deeply. Therefore, by engaging with the experiential narratives of the participants, their lived experiences became a more dominant feature in my mind,

replacing previous suppositions of lived experiences, allowing the participants lived experiences to become the foremost voice, their reality.

I felt a sense of becoming part of the research instrument, like a microphone absorbing sound, yet not sorting this into a specific recording track. I felt a sense of quietening of my nurse-academic voice and usual conscious voice, which could lead me to be distracted, questioning or give unfocused attention. This allowed me to enter a headspace, a situational and positional directive, whereby I engaged and directed my attention solely on the individual or the data. In a strange way, this process removed me from my everyday focus, creating a specific pause to listen, concentrate and fully appreciate the quietness, yet this process strengthened my appreciation, and awareness of this reflective opportunity and the data being given. I began to notice the data, not just hear it, but become linked with it. I could conceptualise participant's views more efficiently, leaving the data untouched and raw.

I continually worked on operationalising a sense of awareness and felt able to be attentive to these areas which I experienced in a lecturers' world and to scrutinise these areas further if these subjects needed further enquiry. I continually managed and tried to understand my pre-conceptions and biases, from participant's descriptions both within data collection and analysis. This refining process helped me to understand the application of descriptive phenomenology, working on my own assumptions and continually managing my conscious thoughts. A key feature of this process highlighted to me an awareness and justification for my methods aligned to a philosophy which was not designed as a research methodology, but a set of principles or ideas, that could be used to quieten myself, to listen to others and give a space and permission to look at things afresh.

Discussion with my supervisory team enabled the bracketed experiences and my reflexivity to compartmentalise my knowledge of service user involvement in nurse education. This was undertaken in supervisory sessions and by discussion within academic assignments (papers 1,2 and 3 of my PrD course) about service user inclusion and its meanings to myself, my colleagues and to the wider society. Before undertaking this experience, I had not realised that although I had acquired knowledge about service user involvement, my own thoughts and interpretations could limit my acceptance of wider perspectives. I was unable to see service user involvement in more depth before undertaking this research and acknowledging the importance of reflection and reflexivity within my work. I have included some excerpts from my journal to demonstrate my bracketing process during data collection. For examples of my bracketing notes prior to data collection see Appendix F (page 272-4).

4.3.10 Application of phenomenological description

The participant experiences from this study relied on a represented version of participant accounts by the researcher, which were unchanged and do not suggest a different meaning; therefore, I stayed as close to the original data as possible, honing in on participant experience and their individual accounts. By bracketing and describing, whilst undertaking Colaizzi's method for data analysis. I was able to promote a more manageable way of undertaking my research study. I found Colaizzi's framework a useful guide, which is suggested for researchers who want to reveal essential essences of subjects, which may not have been widely researched before (Brookes, 2015).

Descriptions from participants provided an opportunity to talk about their individual unique experiences. I remained engaged with the phenomenological attitude to keep the participants on track, focusing on the phenomenon and not intervening with their narrative. In this way I felt the participants expressed themselves openly, they described their experiences, in their own words and provided a raw context for me to work with. I accepted these authentic descriptions and gathered participant data and experiences. This facilitated a closeness to the data and participant experiences, allowing me to remember phrases, mannerisms, and characteristics from participants, all of which added a depth to the data. The meanings provided from participants were important. I was interested in this richness of experience and worldview presented by the participants, not so much the event or situation, but how the participants felt and experienced their lifeworld working with service users. The revealing of the essence was dangled in front of me, yet I remained tentative, so as not to stop this process. Metaphorically this was like walking a tightrope, balancing my inquisitiveness with allowing participants to express their full answers.

This utilised my skills of listening and empathy, I felt able to situate myself in the place of the participant, listening acutely to their descriptions, thinking about their choice of words, their sighs and intonations. I felt this made me realise that I was tuning into their world whilst tuning out of mine.

Reflexively, I felt constantly embroiled in the data and the participants' descriptions, alongside my continued bracketing and focused attention to the participants. These strategies helped me to "feel" the data more easily. This was my first realisation that I was in fact immersed in the data both in the interviews and during data analysis; this was a term that before undertaking this study I had heard, yet never quite believed.

Questioning participant experiences revealed a phenomenological dialogue that helped me to fulfil the phenomenological method. Intuiting and bracketing is suggested to formulate an understanding of the emergent data but holds back from applying the

researcher's ideas about these developing impressions (Swanson-Kauffman and Schonwald 1986). Wojnar and Swanson (2007) compare this to a "dance" amongst intuiting and bracketing. This was an important part of the process to understand and apply.

4.4 Data Analysis

A short representation of Colaizzi's framework for data analysis is outlined below to signpost the reader using one participant's transcript who I gave the pseudonym 'Tim' (part of theme one to demonstrate application of this method of finding significant meanings is also provided. On pages 107-113 (data analysis section) there is an overview of data analysis demonstrating the overall process, (for further review see Appendix G and H) which includes a chart format to demonstrate my data analysis aligned to Colaizzi's steps. To determine significance of the statements from the data, I looked at the applicable vocabulary and themes linked to service user involvement. I manually highlighted these on paper, and upon reading these, I was able to use these words and statements to link to meanings and eventually themes and rich descriptions which came from the participants meanings.

Diagram 3: Diagram of Colaizzi's steps undertaken

Step 1: Read all transcripts

Step 2: Extract significant statements from participants' transcripts

Significant statements (quotes from the participants) which are extracted from transcripts

Step 3: Formulated meanings are constructed from the significant statements

Step 4: Formulated meanings are arranged into themes.

Meaning units (to demonstrate the meanings given by the participants voices).

Generalised themes such as 'knowledge' and thematic clusters for example Theme 1 :'Knowing and teaching').

Step 5&6 Incorporation of the results into a rich and exhaustive description of the lived experience, including the fundamental structure.

Step 7: Review of findings by supervisors. Participant revalidation was not undertaken in this study.

Summary of the lived experience of participants, which describes the essences.

Participant revalidation and additions if applicable.

4.4.1 Application of Colaizzi's data Analysis

Data analysis is a complex process; therefore, it is essential a firm underpinning of this process is sought. I required a method which was transparent and easy to follow as a developing researcher and would allow me to undertake data analysis in a formalised way due to my lack of experience, extracting the significant points of the data, but managing this process adequately during this process. This was discussed by Whiting (2001) who encountered similar challenges and applied her rationale regarding the need to formalise some structural boundaries in phenomenology to support data analysis procedures.

Colaizzi's method was chosen for the data analysis of this study, initially Giorgi (2009) and Hycner (1985) were considered but the additional steps and intricacies of these processes appeared cumbersome to the process. I considered Giorgi's method as a data analysis method, but I found it overly complex in its formation of writing, having to incorporate first and third person and move between descriptions. Giorgi looks at the data from the phenomenological lens of the individual using the phenomenological attitude for each participant (Giorgi, 2009). Several other authors have utilised Colaizzi's method for data analysis (Morrow, 2015; Wirhana et al., 2018) and I wanted to represent a method which demonstrated "a clear and logical way through which the fundamental structure of an experience can be explored" (Wirhana et al., 2018 p34). Colaizzi offers a more succinct data analysis style, which demonstrated methodological congruence to Husserlian philosophies, but facilitated flexibility, fitting with my decision to use the principles of descriptive phenomenology, therefore confirming structural integrity. Colaizzi states flexibility is an acceptable application of his methodology (Colaizzi, 1978).

Colaizzi advocated that human experience is defined by:

> "a method that remains with human experience, as it is experienced, one which tries to sustain contact with experience as it is given" (Colaizzi 1973, P53).

I listened to the data, engaged with the subtle nuances and engaged as fully as possible with the participant's voice from their experiences. Colaizzi's method enables these themes to emerge from the data, which are individual to each participant, but embedded within thematic representation, (Giorgi, 1978; Colaizzi, 1978, Moustakas, 1994, Shosha, 2012). These themes are captured by the researcher, distilled into essences, and finally united by the researcher, into commonalities of experience. The convergence of these experiences to form a common endpoint experienced by participants is then created. Colaizzi's approach provides an exhaustive description for the current literature base and a future research trigger for practice applications (Shosha, 2012).

In order to include descriptions from participants and follow Colaizzi's framework, I will now outline how I undertook the data analysis process applying and adapting this framework to the current study. This process illustrates how significant meanings were incorporated into formulated meanings and cluster themes, which end in exhaustive descriptions.

4.4.2 Steps undertaken in Colaizzi's adapted method

1. Reading and re-reading the transcript:

The interviews were read, and audiotapes were listened to several times to achieve a broad perspective of the data. I examined my field notes and post-interview notes for clarification purposes and to ensure any bracketing notes were included. After the interviews, I noted down any conscious intrusions allowing me to bracket these interruptions of my mind, which formed during the interview process (Abalos et al., 2016). Colaizzi identified that bracketing is never fully achievable, this is concurred in Morrow (2015). However, by undertaking the bracketing process I felt I had an improved focus on the participant descriptions, the phenomenon, and their lifeworld (Shosha, 2008). This enabled me to disengage my own perceptions and bias as much as humanly possible and concentrate without additional influences.

It was helpful to playback specific areas of the audio-recordings, to ensure I was aware of any intonations or emphasis of language. These were then transcribed verbatim to ensure there was an acknowledgment of non–verbal and para-linguistic interpretations. The non-verbal behaviours such as body language, speech tones and intonations were noted during data analysis from my interview notes and became pictures of each participant in my mind, which seemed to reflect the characteristics and the individual meanings from each person. Edward (2011) states verbatim is not necessary according to Colaizzi's (1978a) method as long as the represented essence of participant communication is recorded. However, verbatim transcriptions helped me to ensure consistency and a true representation of the data, with useful inclusion of silences, pauses and hesitancies which were characteristic of the participants 'givenness' (Giorgi, 2009). I do not profess to be expert enough to remember everything and did not want to taint the data with any interpretive lenses which might contaminate my approaches and methodology. The transcribed interviews were transferred to a word document with line-by-line transcription, to form an outline and notes in the margins to demonstrate meanings. It was useful to re-read, re-examine specific areas alongside the auditory playback and this provided an added focus within my analysis.

I used post it notes to group my findings together on flip chart and highlighter pens to illustrate main themes, these were then grouped together on a large piece of paper which was spread out to enable me to move my findings around. Colours were used to depict

specific theme headings and eventually this was translated into smaller pieces of A4 size papers to compile themes representing specific meanings. I undertook this to see clearly and visualise my findings which helped as a prompt in my methodological approach.

I summarized data into groups and eventually wider themes emerged. This meant a clearer representation of the participant's data and allowed me to become fully immersed in data analysis. The process helped me to develop an insight into each participants' lifeworld and identify the different aspects of the research and what this meant to participants. This enhanced my feelings of how participants described their experiences, and what they felt about a situation, and how I began to engage and understand this phenomenon more fully.

2. Extraction of Significant statements pertaining to the phenomenon:

By extracting significant statements and phrases, from the data of each transcript, I was able to identify main areas which supported the participants' experience of service user involvement in nurse education. The example below from Tim's transcript demonstrates the extraction of significant sentences (in bold), commencing at step two of this process

Table 2: Tim's interview transcript example of significant statements

Tim's interview transcript
Tim: We have had service users come to- to give a lecture.
Int: Right.
Tim:….On their well, I won't call it a lecture.., **give a presentation on their condition for example, what it is like to be a diabetic…**
Int: Right.
Tim**:** …**Or what it is like to be paralyzed and in a wheelchair.**
Int*:* Right.
Tim: …And **I think the- the students really value it.**
Int: MM.
Tim**:** Y' know **this is a real person who goes through this every day…**So **it gives them** [the students] **a greater insight of what it is**[like to live with this condition for the individual service user].

Significant statements from the above example are bolded and represent the participant's experience of the phenomenon (Wirhana et al., 2018). This is important as it reveals participants thoughts, feelings and descriptions and ensures researcher remains closely aligned to the data. The formulated meanings need to be represented in a more phenomenological way which is described by Finlay (2013) as 'languaging':

> "A focused act of discovering out of silence, sediments of meaning, nuance and texture "(Finlay, 2013 p186).

This process depends upon 'voices' of participants (for example the quotes in their raw state) which act as a window to enable meanings and context to be expressed in a generalised way. This acts as an 'awakening and sharing of presences' (Galvin and Todres 2012, 2007 p6). This is achieved by stepping between the data details and emergent themes, and realising that a certain term indicates a specific phenomenon (Galvin and Todres, 2012), such as in theme one of the current study where descriptions of what it is like to cope with a condition, were expressed as bringing reality into the classroom within the overall theme of "Filling the gaps".

For theme one over 40 significant statements were identified pertaining to lecturers' experiences of service user involvement. There were 417 formulated meanings and 47 cluster themes. Significant statements which were repeated were removed and those remaining were checked against transcripts to ensure accuracy of analysis. The overall process for theme one is demonstrated in Appendix H.

3. Formulating meanings from significant statements:

Once significant statements were illustrated then meanings were applied to reveal a specific formulated meaning. The formulated meanings resulting from the significant statements, linked the responses of participants to the experiences which were identified within the data. These were re-checked against the original transcripts to ensure accuracy to the original data. I was aware of the need to closely align these to specific statements made, with page numbers line numbers and transcript codes to ensure anonymity and to reflect underlying meaning, coding and exhaustive description making the data analysis more auditable. These were removed in the final version of this thesis. Tim's data analysis excerpt again illustrates step 4 of this process:

Table 3: Step 4 Tim's example significant statements to formulated meanings

Significant statement (SS)	formulated meaning (FM)
[For a service user] "**What it is like to be a diabetic or what it is like to be paralysed and in a wheelchair**." (Tim)	Service users visit universities to give an account of their lifestyle and condition. Students really appreciate and value this in-depth experience. **Formulated Meaning 1: Gaining insight into lived reality**

As shown above, 'Gaining an insight into lived reality' became a formulated meaning.

4. Consolidating formulated meanings into theme clusters and themes:

To consolidate formulated meanings into theme clusters and emergent themes, I grouped the formulated meanings together to form clusters; for example: in the theme of 'Knowing and teaching' there were 47 cluster themes. The formulated meanings and clusters were checked to make sure these remained true to the original data and represented the participants' voices. Clusters were formed and any meanings which did not fit within a cluster theme were removed, repositioned elsewhere or disregarded. Clusters of themes became sub-themes such as 'knowing and teaching' or 'bringing reality into the classroom'.

5. & 6. The exhaustive description of the phenomenon

Steps 5 and 6 outlined an overall description of the theme, according to the participants of this study (Sanders, 2003), which included the fundamental structure of the phenomenon or the exhaustive description. Following the grouping of the formulated meanings into themes and sub-themes, the significant statements, formulated meanings and themes were combined into a rich and exhaustive description of the lived experience (using all participants' data). This is outlined by Colaizzi, (1978) and Polit and Beck (2014) and illustrates the distilled essence of the lived experiences by participants. Once these exhaustive descriptions were completed my supervisors and I undertook a discussion to ensure validity. An example of the exhaustive description can be found in findings sections following each theme.

7. Participant revalidation:

The final step of Colaizzi's method is participant validation, whereby the fundamental structures are sent to participants who are asked to review these and agree that these fundamental structures represent a true reflection of their interviews; or add any further comments, which they wished to be incorporated into the data analysis. I decided not to implement step 7 within Colaizzi's method and return themes to participants. I wanted to remain methodologically congruent and capture a snapshot of participant experiences and I felt returning the transcripts would add an additional layer and cloud the original interview because the temporal frame would have shifted. Working within the temporal frame of phenomenology was an important facet of this study, and I felt it was important to represent and capture the moment which was given from the data; instead of a later addition or alteration, which might change reflective states or memories and inadvertently alter the integrity of the data (Ataro, 2020). This fits with Colaizzi's data analysis methods in terms of adaptability and was an important part of the fundamental research structure, highlighting the ability to understand what groups of people described as their

phenomenon at a specific time point of this study. Morrow (2015) and Wirhana et al (2018) concur that flexibility of Colaizzi's method in descriptive phenomenology is a useful component for studies and research methods. Colaizzi's method facilitated a transparency within the raw data and enabled me to translate participant's descriptions in a robust manner, helping with my analytic process, to ultimately provide a fundamental structure which represented academic experience.

An overview of a worked example from significant statement to emergent theme is shown below: (with the whole of this process illustrated for theme one in Appendix H).

Table 4: Worked example of emergent theme from significant statement

Significant statement:	Formulated meanings:	Cluster of Themes	Notes	Emergent theme
"He [the service user] used to show really that… when I [the service users] have difficulty walking .., how I [the service user] do… And then people [students], held at a lecture. Yeah, they [the students] ... y'know [thought]… he's [the service user] showing all the signs and he's doing all the things that the lecturer's said that people have [service users with specific conditions]…" (Tim transcript A8 P 13 L 390-394).	Service users can show students in their own unique way what it is like to live with a condition. Lecturers cannot attain this or teach it. Service users back up what the lecturers explain.	Reality Living with conditions Service user voice Lecturer teaching Different perspectives Linking theory to practice Service user experiences Insights Being valued Empowerment Sharing experience Service user presence Challenging stereotypes and stigma	1.Service users can show students what life is like living with a specific condition. 2.Service users back up lecturer statements and knowledge. 3.Students realise that service user involvement and academic theory can be linked in learning and education. 4.Service users provide a reality that can challenge ideas/ preconceptions. 5. Service users are empowered and valued for sharing their experiences.	Knowing and teaching

Following the grouping of the formulated meanings into themes and sub-themes, the significant statements, formulated meanings, and themes were combined into a rich and exhaustive descriptions of the lived experience (using all participants' data). The exhaustive description of the lived experience was then produced to describe the holistic understanding of the phenomenon being studied (Wirhana et al., 2018). The fundamental structure showed the essences of the experience that the participants felt. An essence is described by Husserl as "eidetic seeing," or finding the core or nature of the phenomenon, the essentiality of the experience (McLeod, 2011). The fundamental structure was undertaken to show the underlying fundamental outcomes, in some ways this could be deemed similar to the key message from all the participants of this study.

Using Colaizzi's adapted method for this study produced three main themes with seven subthemes. This process included pseudonyms to ensure confidentiality and represents the participants' voices in quotations to methodically work through the significant statements, formulated meanings, thematic clusters and integrated themes. This method of undertaking analysis is important because it establishes rigour, reliability, and credibility (Wirhana et al, 2018).

This overview of the processes demonstrates my data analysis and the processes undertaken to illustrate the process of raw materials to thematic representations. To represent Lincoln and Guba's four principles (1985); credibility; dependability; confirmability and transferability, the following processes were undertaken:

1. Credibility this allows confidence in data as being a true representation of participant information (Lincoln and Guba, 1985; Polit and Beck, 2014). Some studies rely on member checking or participant revalidation however as discussed on page 110, Colaizzi's method allows for adaptability and for the reasons outlined participant revalidation was not sought. Instead to demonstrate credibility supervisors discussed themes with the researcher during the data analysis period.

2. Dependability of this study reflected the accuracy of documenting processes to demonstrate adherence and appropriate research methods were undertaken (Shenton, 2004). This illustrated due processes, so that if a future study were undertaken, the same methodological processes could be undertaken during data collection and analysis (Wirhana et al, 2018).

3. Confirmability is similar to objectivity from quantitative definition, whereby the transparency of the research decisions was shown, and members of the research team could scrutinise such steps (Wirhana et al, 2018). This was undertaken by discussions, reviewing of transcripts, themes and findings, and negotiating the complexities by the researcher along the way.

4. Transferability this was discussed by Tappen (2011) in relation to applying the results of the study to other research areas. This is reliant upon the reader deciding if findings and analysis are reflective of their experiences and situations (Shenton, 2004), therefore the current study offers a lens for researchers to explore and decide if this might be relevant to their work or circumstances.

Colaizzi's (1978) method provided essential frameworks to support the current study of nurse lecturers' experiences of working with service users. This enabled the researcher to identify a logical approach with a structural process to explore experiences and fundamental structures from participant's views (Wirhana et al, 2018). The ethical principles for this study are now outlined below.

4.5 Ethical considerations and actions

Ethical principles were applied throughout the whole research process, from selection of research topic, construction of research design and dissemination of research findings (Parahoo, 2006). It is important that as a researcher I understand and abide with the principles of ethics, this was concurred by Wiles (2013) who advocates that all researchers must abide by the ethical principles of their community, as well as their moral code.

This current study, in line with the Belmont Report (1979) and Anglia Ruskin University (ARU) Ethics policy (2015), enabled a contribution of general knowledge for the wider academic community of lecturers who involve service users in their work. The following sections outlines the main areas of ethical principles:

4.5.1 Beneficence

Beneficence can be defined as the potential benefits to a subject and the knowledge that is discovered from a study which should benefit society by helping to promote to society's knowledge (Parahoo, 2006). This should outweigh any risk of harm to the participant (which is discussed in the following section). The current study obtained lecturers' views of service user involvement in nurse education and raised the profile of lecturers' voices, to establish their thoughts and to promote thinking from each individual lecturers' perspective, helping to inform current education and practice. This will inform nurse education, improve knowledge for students and academics and help to develop service user involvement in the wider community.

4.5.2 Non-maleficence

Non-Maleficence can be defined as the researcher will avoid, reduce or prevent any harm to participants. In the current study I provided a participant information sheet (PIS) (Appendix D) in advance of the interview as an information guide to ensure that

participants were fully informed about the study, prior to participants giving written informed consent before the interview. There were no children or vulnerable adults involved in this study, however the consequence of taking part in a study could suggest that everyone is vulnerable within the research process to a certain extent, which could potentially cause distress and anxiety (Richards and Schwartz, 2002). Details of an appropriate support line (National support line) were provided to participants for post interview support. I was aware of the need to stop the interview should any distress occur, and participants were aware the interview could be stopped, continued once the participant felt able, discontinued or re-arranged as appropriate. A 'safe' environment was provided, in terms of an environment known to the participant and consent (form) which included details of what participants were consenting to, and this information was also offered verbally and by going through the PIS with each participant (see Appendix D for the consent form or PIS). Consent to record interviews was obtained. Permission to record interviews was undertaken. I did not have line management duties in the department where I work therefore insider-researcher power issues were minimised. I did not challenge or use any coercive methods to obtain information.

Confidentiality was explained in the PIS and reiterated if there were any questions. Time was allowed at the end of the interview for the participants to add anything or withdraw any information. Respect was given to all participants (Karnieli-Miller et al, 2009) to ensure they felt valued by thanking them for their time and input to the research process. Autonomy was respected and an acknowledgment that the participants could agree to actively take part in the research process. These processes helped support the participants and enabled me to apply ethical principles.

4.5.3 Justice
I undertook fair treatment to all participants to ensure they were all treated in the same way without any favoured actions or deprivation to any participants (Polit & Beck, 2006; Karnieli-Miller et al., 2009 ;). I ensured participants' needs were met such as changing dates and times of interviews if scheduled interviews were not undertaken due to unforeseen participant needs on the day. Further areas have also been adhered to such as fidelity, I built a trusting relationship with the participants and had a duty to safeguard the participants whilst taking part in the research process. A private room and time was set aside to ensure confidentiality and allow the participants to undertake an interview in these circumstances was provided.

4.5.4 Veracity
I have been honest and not deceived any research participants during this study. Full explanation of the project was given to the participants and written informed consent was

obtained This is an important area of research codes, ethical consideration and NMC requirement (NMC, 2018) to ensure professionalism according to the nursing code.

4.5.5 Autonomy

Participants were required to give fully informed written consent before the interview could take place. Participants were also aware that they could withdraw at any time during or after the interview (nobody contacted me to withdraw after the interview) and a withdrawal form was included for this purpose. There was a clause that participants could withdraw at any time up until the final data synthesis occurred when data was aggregated anonymously.

4.5.6 Confidentiality

I have maintained confidentiality within the limitations of the study. The breaching of confidentiality would have only take place in extreme circumstances such as disclosure of harm to a research participant or others. This was not necessary in the research study. I kept the audio transcripts seperately in a locked cabinet and these were disposed of at the end of the research process, therefore adhering to data strorage and rentention considerations for both paper and electronic data. All transcripts were coded to ensure confidentiality. Participants were given a pseudonym to protect identity. Participants were from various teams within a university therefore to protect identity rooms were booked as meetings not linked to the research project. As I was an insider-researcher, if I was asked by colleagues within my institution about response rate a vague indication was given to maintain confidentiality of the study and individuals. Professional boundaries were kept as a researcher to ensure participants felt confient in my application of ethical principles. Signed consent forms were stored in a locked drawer in the researcher's office, and audio files were deleted from the recorder after being transferred onto a password-locked university computer. The recordings were transcribed using verbatim transcription and a sample of these anonymised transcripts were shared with the supervisory team to ensure accuracy.

4.5.7 Reciprocity

As highlighted by Marshall and Rossman (2011) the fact that participants were taking part in an interview in terms of complexities of time, place and themselves needs to be sensitively acknowledged. It was not felt appropriate to offer any tokenistic appreciation for this study and professional boundaries were adhered to, including ethical principles of the research process. However, the benefits for the participants in return is that I was developing knowledge that will assist in routine educational practice.

4.5.8 Ethical approval

Ethical approval was received from the relevant ARU Departmental Research Ethics Panel (DREP) in January 2015 (SNM/DREP/14-03: see Appendix B). I have maintained my stance as a professional researcher and maintained the ethical principles above. I completed relevant ARU ethics training and any further requirements to meet my ethical responsibilities. An ethics checklist was completed, and all study documents (PIS, consent forms, letters to gatekeepers) were reviewed and approved. Research guidance frameworks to be considered also included the NMC (2004) and Department of Health (2005).

4.6 Summary

This chapter has described the methods chosen and explained how the study was carried out, from the initial sampling to data analysis. Ethical considerations of the research have been clearly outlined to indicate how I applied and included all ethical requirements. Semi-structured interviews and a descriptive phenomenological method utilising Colaizzi's (1978) data analysis guided these methods. The process of recruitment was discussed and how this linked to data collection to obtain lived experience from nine adult nursing lecturers from two universities. A specific inclusion and exclusion criteria supported the recruitment process and purposeful sampling was undertaken, to establish a suitable population to take part in this study. To exclude researcher bias, an administrator was involved, from each university, in this process. Gatekeeper approval was sought, and a rigid process to gain access to the participants, in a safely approved way was undertaken. Issues of insider-research were considered, ensuring I was open about my position and the research being undertaken within the two organisations. Power differentials to undertake this research were identified and examined, to acknowledge the importance of this to the researcher and participants. Study settings and exploration of interview questions, specifically phenomenological interview techniques helped me to obtain rich data, demonstrating a need for me to be reflexive and flexible in my approach. An added richness to this process was the information, which was given by participants, allowing me to be part of their world for a brief time. Transcription followed a structured process which I found easier to apply, undertaking work manually with paper and highlighters. This allowed me to progress to compile specific charts to translate my reading, extraction of significant meanings, formulating meanings and revealing themes, which then evolved into the important fundamental structures as part of this descriptive phenomenological process. Throughout these methods I was supported by bracketing as a researcher and entering a headspace of calm and openness, where I could listen, dwell, and understand the true application of descriptive phenomenology. Colaizzi's stepwise approach supported my research process, offering an interpretation of the data which was carefully

applied to identify, collate, and transform participants' information into exhaustive descriptions of the lifeworld of these lecturers. Discussions with my supervisory team about this process and the themes identified helped to set my thinking, gain clarity over my emerging themes, and articulate my process to explain how data analysis extrapolated many important issues revealed by my participants. This has helped to construct the overall methodological processes and this chapter illustrates my phenomenological approach to research. To conclude, I undertook semi-structured interviews with nine participants who all met the inclusion criteria of this study. I followed adapted steps of Colaizzi's data analysis to explicate significant statements, emergent themes, and lead to exhaustive descriptions.

The next chapter provides an overview of the findings from this study.

CHAPTER FIVE FINDINGS

5.1 Introduction

The aim of the study was to explore adult nursing lecturers' experiences of working with service users in two higher educational institution (HEI) settings.

The topic area arose from a lack of information from a lecturers' perspective, within the literature which concentrated more on service user and student experience.

As previously explained in chapter one, working with service users is an expected part of a nurse lecturers' role due to policy guidance and professional values. Although service user involvement is expected to be embedded within educational practice for student nurses, there remain challenges about how this takes place and questions about relevant involvement. This study aimed to examine lecturers' experiences of working with service users, exploring how lecturers included service users, what they thought about this process and the kinds of experiences lecturers described, when working with service users. I understand that the engagement with the participants of this study represented a small sample size; however, this reflected a descriptive phenomenological approach utilising semi-structured interviews, with nine participants to focus directly on the in-depth experiences of lecturers, including their individual recollections and memories.

The first theme, 'Filling the gaps' identified how lecturers felt about the role of service users in nurse education and how service users appeared to fill some educational and experiential gaps within the current curriculum. The second theme muddling along provides an overview of the hidden roles which participants undertook and the complexities of power issues between service users and academics. Theme three "Challenges and Facilitators" illustrates what works well and identifies the main areas of working relationships between lecturers and service users and the final part of this theme describes participant emotions and discusses compassionate care.

These themes represented a unique snapshot of lecturers' individual experiences and illustrate an original contribution to educational perspectives of lecturers' working in nurse education. The current study depicts differences to the existing literature, which position this study to strongly identify some unique perspectives and consequences of service user work identified by academics which may inform future practice, gaining some insights into areas which have not been examined previously.

The current study findings also demonstrate differences to the existing literature, which are outlined further in the discussion chapter, and provides new insight into lecturers' experiences of working with service users in the university setting.

In order to remain open to the data and to immerse myself in data analysis, Colaizzi's method of data analysis provided a firm basis to explicate significant meanings and transform these into themes, which shared commonalities amongst the participants, yet also highlighted some individual nuances.

5.2 Participant characteristics

Each participant and their characteristics are presented in the table below. Table 5 below (page 121) outlines the characteristics of each participant, including their assigned pseudonym, qualified experience (as some participants were dual qualified which could have impacted the data and is described further on page 86); also length of time working at the university is included to demonstrate experience of working with service users in a higher education institution (HEI) setting compared to the clinical setting. No other demographic data was collected, as this was deemed sufficient information to fulfil a useful profile for each individual providing a suitable context as per the topic of the study.

Table 5: Participant characteristics

Pseudonym	Years working as lecturer at current university	Year Qualified as nurse/Areas of interest
Rosa	14 years	Qualified: 1981 Registered General Nurse Teaches undergraduate / post-graduate nurse students.
Simon	Almost 3 years	Qualified: 2004 Registered General Nurse Teaches undergraduate /post-graduate nurse students.
Beth	12 years	Qualified: 1991 Registered General Nurse Teaches undergraduate /post-graduate nursing courses adult /international.
Ellie	14 years	Qualified: 1985 Registered General Nurse 2003 Registered Sick Child's Nurse Teaches undergraduate /post-graduate adult /international
Trish	24 years	Qualified: Approx.1980's Registered General Nurse Teaches undergraduate /post-graduate nursing adult /mental health
Leila	Almost 15 years	Qualified: 1988 Registered General Nurse Teaches undergraduate /post-graduate
Donald	20 years	Qualified: 1982 Registered General Nurse/ 1985 Registered Mental Health Nurse Teaches undergraduate/ post-graduate
Tim	14 years	Qualified: 1985 Registered General Nurse/ Registered sick children's Teaches undergraduate /post-graduate
Nadine	5 years	Qualified: 1991 Registered General Nurse Teaches undergraduate/ post-graduate

The participants in this study have been allocated pseudonyms to protect their identities. Participants (n=nine) comprised three male and six female lecturers in nursing, from two universities in the East of England. University 1 had six participants and university 2 had three participants. All participants in this study had experience of teaching on adult nursing courses and the focus of the interviews concentrated upon service user involvement in adult nursing courses.

Time working at the current institution ranged from almost three years to 24 years, with a mean time of working at current institution of 13 years, the minimum time was almost 3 years, and maximum time was 24 years. This demographic was representative of the staff group which agreed to take part in the study and not necessarily of the department. If newly qualified staff had taken part, they may not have had the same experiences of service user work within the university setting, and of including service users working alongside students in an academic environment or had experience of several cohorts of students working with service users within the university. As participants have been including service users in their classes for several years, (an exact time was not noted of when service user involvement was commenced at each university), the participants were situated in a useful place to describe their experiences and answer questions, being both embedded culturally within their insider culture and undertaking their roles as lecturers for several years. I will now outline the findings in relation to three main themes and seven sub-themes, along with illustrative quotes from participants. These themes are presented diagrammatically (diagram 4 page 179) integrating the themes into one bigger picture of the lecturers' lived experience but are revealed in the sections below in more depth to substantiate the findings and explicate the meanings to the reader.

5.3 Theme one: Filling the gaps

The first theme, 'Filling the gaps' is comprised of three subthemes and explores how lecturers felt about the role of service users in nurse education and how service users appeared to fill some educational and experiential gaps within the current curriculum.

5.3.1 Knowing and teaching

This subtheme identified the different types of information that service users' and lecturers' could contribute to the teaching of student nurses and explored the relevance of both lecturers' and service users' knowledge. This was described by participants as promoting a more rounded educational experience for students. Service users appeared to fill vital gaps of education, which may be missed if their voices were not included and participants who were reliant upon their own educational and professional knowledge realised, they may not identify the lived experience in such intricate detail.

Participants described how as lecturers, they worked across many areas of the nursing curriculum, providing nurse education, and working with service users to promote knowledge and understanding for students. Specific areas of the curriculum might be undertaken by lecturers, such as teaching about anatomy and physiology, different medical conditions, nursing care, treatment, and policy guidelines. All of these appeared to be comfortably included in participants' skill mix and abilities. Yet, participants described that they felt in some areas, their knowledge as a lecturer was less extensive,

compared with a service user. This was reflected by Tim who described how a service user could exemplify to students the symptoms and physical manifestations of a condition:

> "He [the service user] used to show really that… when I [the service users] have difficulty walking … how I [the service user] do…And then people [students], held at a lecture. Yeah, they [the students] ... y'know [thought]… he's [the service user] showing all the signs and he's doing all the things that the lecturers' said that people have [service users with specific conditions] …" (Tim).

Participants' knowledge lacked intricate details and specifically key features of the lived experience, which the service users could provide. Therefore, service users filled some gaps within education which lecturers may not have thought about or contemplated because they do not have the same experience or familiarity as a service user.

This detailed type of knowledge appeared exclusively to be a part of service user knowledge and was a distinct feature which participants felt service users brought to student learning. This was not something lecturers could learn or express, and was often interwoven by participants, as separate, but imperative knowledge, of the lived experience, from service user perspectives. Lecturers were unable to express these details, unless they too, had personal experience of a particular condition which they were willing to disclose. Simon described:

> "The students appreciate the real journey that a patient will go through. Because it's… [service users], there, there in front of them… [the students], to tell them… [students]. Rather than me, [the lecturer] saying "this is what it's like" … Unless I have lived that story, I can't really promote that." (Simon).

Simon appreciated his position as a lecturer and that of the service user, both being key components to facilitating crucial knowledge for students but providing this information in different ways. Simon realised his own limitations in promoting his experience as a nurse, and the type of knowledge he had accumulated, compared with the essential insight of lived experiences of service users. The participating lecturers thought this experience was essential to strengthen knowledge and understanding of students, therefore service users filled these unfamiliar gaps, adding their own perspectives and idiosyncrasies and contributing more widely to student and academic knowledge.

Participants described the individual perceptions of service user's lived experience as an essential contribution which may not have been highlighted to students without the service user presence. This is because service users and academics/healthcare professionals may have differences in their interpretations, agendas, and areas of importance, linked to what is important to them as individuals, within their roles as service users or educationalists. Therefore, service users provided an essential component to knowledge

for students' which academics or healthcare workers would not be able to fulfil. This included the challenges that service users considered important during their patient journey, not those which healthcare professionals or lecturers thought students should know. Academics might direct student attention to more medicalised/nursing perspectives, and therefore miss the specific individualised areas that were considered more important by service users. Therefore, service users and academics provided a complementary way of working together, to underpin student knowledge; both essential to develop a more holistic learning environment for the students, but potentially viewing this knowledge from differing perspectives.

Participants understood that students needed to work with service users in both clinical and university situations, and many considered service users as an ancillary part of nurse education. This was because service users perhaps lacked the formalised qualifications of lecturers, yet as many participants commented service users were essential components to nurse education and academic understanding (Nadine, Trish, Simon, Leila).

Participants described how the realities of service user experience were important, compared with the lecturer perspectives:

> "Bringing the application and the reality into the, into the classroom [pause] because you can't do that as a lecturer, I mean [pause], I bring my own experience as a nurse of many years [pause], so I bring that perspective, but that is only one perspective." (Nadine).

> "…it's [service user work is] just about, you know… you've got something to offer in the way of your experience of being a patient." (Trish).

These fundamental contributions from service users, enabled opportunities to explore and discuss specific topics, which were important to service users and may diversify future perspectives of care. These areas may never be addressed in other environments, such as in the clinical context or in university, without the service user's presence and participants highlighted the effects this had on both students' and their own knowledge. This is explored further in the subthemes below.

5.3.1.1 The university setting as a facilitator

The university setting acted as an effective facilitator for the service user's knowledge to be imparted to students (which filled the gaps in nurse education). Many participants felt service user sessions provided a safe environment for students and service users to work together. Beth mentioned the safety net of the skills environment, for example Beth told students:

"This is the place [skills lab] to get it [skills or communication] wrong [compared with in clinical practice in real life scenarios]" (Beth).

These unprecedented sessions enabled students to feel supported, yet able to take initial steps in autonomy, gradually increasing their knowledge and confidence levels. These key sessions provided an almost risk-free environment, whereby students could practise their clinical or communication skills, with the safety parameters of university settings, with lecturers and service users to observe, support, prompt and develop student proficiency. This opportunity is limited in practice settings where time constraints, pressures of patient conditions and the student experiences may be different, compared with the expectations within the university. Tim described:

"…so students…students nursed people who've lived this experience but they don't have an hour to talk to them about it…They, they have the time maybe when they wash them, and the wards are busy, so if they [students], they sit down and chat to a patient… they all [students] be frightened to do that". (Tim).

Tim's description demonstrated the exclusive time within university sessions, for students to engage, something Tim felt might be frowned upon in a clinical situation. Students could discuss and practice skills with service users and obtain feedback from service users or help for students to understand from a patient's perspective. Participants felt service users added authenticity compared with peers or lecturers who might undertake 'patient roles' to support student learning. Several participants described the differences in behaviour of students when they worked with service users compared with their peers (Tim, Beth). This demonstrated the importance of service user presence and the positive learning that took place according to participants of this study. Tim noted:

"The students enjoy it as well [working with service users]. To have to have someone different. I think it is important to them [the students], rather than having another member of staff, I think the service users take it very seriously where maybe when people [students] know a member of staff it's, it shouldn't be, but it- it might be a bit more flippant." (Tim).

A supportive environment was important for everyone involved, many participants described service user sessions as facilitating reflection, thoughtful and sensitive questioning, in a comfortable, safe environment, which enabled an honest and open approach (Tim, Beth, Leila, Simon).

Participants thought the university setting provided an environment for students and academics to identify the realities faced by service users, and to develop feelings of how to manage these situations. Participants felt they could confidently map student development within these sessions. Students appeared to adopt and translate this

learning into clinical settings, or include this learning in academic work, by critically appraising the care they provided, or reflecting upon areas that service users had discussed with them. Simon recalled this inclusion of service user's knowledge, upon his students' learning and how this linked student knowledge and reflection in both practical and theoretical applications:

> "[Student:] … That [service user experience in university] really helped me [the student] when I looked after another patient, – yes, in a similar situation, or it really helped me when I was talking about reflection in my essay" (Simon).

Participants could see a difference in their students applying this knowledge and how this reflectively enhanced their learning, during and after the service user sessions. Participants observed how the service users' input encouraged the students to think about person-centred care, which is one of the core components of nursing. From an academic's perspective participants described service user interaction as building student communication and confidence, which again was linked to the university environment as a positive infrastructure.

Many participants felt the university provided a place where service users felt listened to and were given the opportunity to tell their story. Service users described their innermost feelings and raised some sensitive issues which perhaps had lain dormant for a long time or had never been fully expressed:

> "You've got somebody [service user] who's lived the experience, you've got someone who [is] [has] come… and is open with them [the students] …you know they going to… [Talk about their experience] 'I'll come and I'll answer any questions'…" (Tim).

Tim sensed an honesty from the service user interactions with students, the ability to be frank and candid, and support student questions about what the 'lived experience' was really like for the service user. Tim identified how the service users conveyed their experiences, expressions and thoughts seamlessly to students and lecturers, enabling an insightful glimpse into the service users' world. Participants appeared to admire the openness and authenticity of the service users, and how they were able to impart such explicit information to students; whom they perhaps had not met previously. Tim illustrated this point further:

> "I'm going to say to them [the service user] beforehand they [the students] may very well ask you about your sex life… *so...*is… it okay?... So you know, and then I might ask them [the service user] that… it is a really important question [about recovery and sex life] ...and the students might be shy too [ask]." (Tim).

Participants felt these safeguarded moments might help students in their training and beyond to focus on listening skills, communicating, and sensitively engaging with service users. However, participants also appreciated the need to enquire about the sensitivity of subjects which might occur. Tim's quote demonstrated how he prepared service users for questions which he pre-judged students might have asked and how these important questions could remain undiscovered throughout a nursing career, if opportunities, such as service user questions were never considered.

Participants felt they gained knowledge and understanding from service user sessions, as academics. The minutiae of conditions and how to cope with them, practically and emotionally were expressed by service users and these filled the vital gaps of knowledge, such as specifics of treatment or care needs, which academics may not have encountered in their role, or been aware of.

In Leila's interview the questioning of why an aspect of care was undertaken and re-evaluating that care that she had given as a nurse, demonstrated the reality that sometimes nurses are not thinking from the service user's perspective:

> "…But actually when we [participants] listen to someone who has actually gone through it…It can make you [participants] think about why do I do [an aspect of care] that…why don't I do that? [change a way of undertaking a task] … or it's never dawned on me to, to do that [from a service user's perspective]…" (Leila).

This demonstrated the self-actualisation for Leila and apparent learning from service users, which many participants described. This demonstrated an important element for academics, which consolidates partnership learning and reflective practice for academics.

Several participants described service users re-telling their experiences, often to captivated audiences who wanted to understand and learn from them:

> *"For* the service users… I think the benefits are that they feel that people who are generally interested …are listening to their experiences...And actually –y'know that can be quite a therapeutic experience… in itself…The service users to be sort of sharing that so they can feel what they're saying… hopefully will make a difference… for other people…" (Leila).

This possibly cathartic experience for the service user (Tim, Trish, Leila) was acknowledged as important, both to the individual and to future care. Participants felt the service user voice was being heard, but more importantly listened to.

Linking to service users being listened to, Leila noted that service users felt able to discuss their experiences with students because they appeared to 'trust' nurses as professionals:

"… to actually listen to somebody [service user], that sometimes agreed to share …those intimate experiences, with [everyone]… who are in a way …complete strangers, but there's some familiarity in the sense that they're nurses or training to be nurses… so people [service users] feel they can open up and that they've been listened to…" (Leila).

Leila identified that the service user appeared to feel safe and the relationship with students was one of mutual trust and engagement. Listening skills were developed and a comfortable relationship between students and service users appeared to be established from these interactions.

Participants described service users wanted to make a 'difference' for other people, for patients in the future but also students and future practitioners. This links to the overarching sub-theme of knowing and teaching and how service users might influence student and lecturer learning, and ultimately the patient experience.

Many participants described how service users shared their lived experiences and described their generosity in terms of time, emotion and often intimate details this reflected. Participants described service users meeting students, often for the first time, and giving incredible insight to inform student knowledge. Participants admired service users for their honesty and reflections and the intrinsic value they added to these sessions (Leila and Tim).

Tim described service user ability to discuss many aspects of care:

"To give the students an idea of what it is like…to be a patient. Some good, some bad… some are giving a perspective that had good care and some give a perspective that they had a bad carer…" (Tim).

Leila also illustrated service user honesty:

"Some service users who had sepsis…and that was very emotional, and quite moving…the way they talked about their experiences…and students asked quite open questions, but actually the way it was managed by the service user was, y'know, very brave …" (Leila).

This is compared with more traditional didactic approaches in lectures, which aimed to theoretically underpin learning in a more formalised way. Participants valued the university environment in providing a haven for a specific type of learning, the opportunity to engage with a different way to learn, which encompassed many values, experiences, emotions and perceptions; all of which participants felt represented a holistic, diversified learning opportunity.

5.3.1.2 Different realities equals different knowledge?

Many participants were appreciative to service users for providing a wider focus about their specific conditions and experiences, all aimed at supplementing knowledge for the students. Donald identified how service users with the same condition experienced different realities, which was an important issue to discuss:

> "I think that in terms of their [students'] broader education, it's [service users] very helpful as part of a session where maybe you're looking at a session, maybe that is very condition focused, that the student has the opportunity to hear from the service user their experience, of either having lived or continuing to live with a particular condition, and for the students to…understand what…that has meant to, to that particular individual…and sometimes- you know- you can have two service users and -*y'know* -and two very different perspectives … you get service users that have had a very positive experience of healthcare and the interventions, sometimes that -*y'know* - it is conversely the case…" (Donald).

Donald framed his interpretations of working with service users to ensure students thought about the wider experiences of service user involvement and highlighted to students that although similarities may exist between service users with the same condition, the individual nuances and experiences would be different. Donald highlighted the 'broader education' that service users provided, all of which appeared to equip students for their future practice and represented a more complete identity of service users which can at times be limited to a specific view by healthcare professionals.

Participants felt that exposing these different perspectives from service users was vital, adding a diversity to learning, and encouraging distinctive views. This filled a gap that was present in nurse training, enabling the service user to be at the fore of showcasing their experiences, from their own perspectives. Participants felt this could not be accomplished in the same way without the service users' voice and experience, enhancing student knowledge and amplifying student awareness. These areas facilitated a more questioning approach to learning and participants noted a more engaged response from students.

Nadine identified her own perspectives as a nurse, which she could convey to students, yet acknowledged this needed balancing against the service users' perspectives to provide students with a more diverse representation:

> "…Bringing the application and the reality into the [service users] … classroom [pause] because you can't do that as a lecturer, I mean [pause], I bring my own experience as a nurse of many years [pause], so I bring that perspective, but that is only one perspective." (Nadine).

Widening perspectives enabled students to develop a more analytical view and Nadine appeared keen to promote a more enquiring learning style. Many participants felt service users could facilitate specific types of learning such as practical applications, emotional support and challenges that might be experienced in clinical situations. These experiences appeared to be unlocked in the university setting, due to the lived experience of the service users, and by participants investing the time to drill down to the unique aspects of these individual service user accounts. This again links to knowledge and teaching, critically focusing on areas important to individual service users, yet also embellishing student and academic perspectives.

Many participants believed service users improved their teaching and as Rosa stated:

> "[service users] …keep you grounded in the experiences of patient and carer" (Rosa).

Participants felt service users provided a lens in which they could view the service user world and thought this was an important contribution of their role. Participants described some of the latest developments in healthcare, which have changed in practice recently, and can be portrayed as a lived reality by the service user. Several participants discussed how service users appeared to update lecturers' knowledge and experience, and how participants felt this added to their credibility as lecturers.

Nadine and Trish both discussed credibility of courses and their own integrity as lecturers, who perhaps had not practised for several years, leading to less exposure in clinical settings and to service users. Service user credibility appears bound within their reality of the situation and lived experience which was recognised and appreciated by participants and students. Nadine stated:

> "And actually, where is our [lecturers] credibility standing in front of students. When haven't we practiced for a number of years? And what the service users then bring is credibility around what we are saying, and I think sometimes you know we could stand back and say well you know in our experience it was this …but that is that was five years ago or 15 years ago n' sometimes 20 odd years ago… and actually it's not the experience anymore of service users ...things have moved on… So they help to keep us up to date which is really important here…" (Nadine).

Trish further identified course credibility and how service users complimented this, strengthening the context and clinical applications of their involvement:

> "No course can be considered credible if it hasn't got- you know- that service user voice…it goes through practice as well…" (Trish).

Participants acknowledged the authenticity of working with service users and its importance in balancing academic perceptions, which might need updating and keeping abreast with the currency of the service user's voice, all of which contribute to nurse education.

5.3.1.3 Service user presence

Participants suggested students were able to ask different questions when service users were present, almost as if their presence might trigger the students to think more deeply or critically and pose questions more specific to the service user experience. This might encourage a more analytical questioning and re-examination of student's opinions, giving permission to students to challenge and debate what they had been taught in practice and the university. Perhaps encouraging a more exploratory and questioning approach to care. This could have positive implications for practice because it may develop more lateral thinking which is important in student learning and as a qualified Practitioner.

These findings encouraged a more novel approach to nurse education for academics too, whereby lecturers might be challenged and expected to quickly debate situations that arise, often in partnership with the service user. This demonstrated to students the ramifications of care delivery and the need for active partnership-working, enabling participants to role-model their own professional identities to students.

Authenticity of service users in the classroom was a central role that participants described. This promoted a genuine influence over students compared with a textbook or YouTube clip, which may have been more manufactured. Participants described higher levels of student engagement with service user's presence and Nadine described students appeared "riveted" in these sessions:

> "Whenever you walk past the classroom… and you know that service users in there talking to the students… and students are just absolutely riveted… mmm yeah, they [students] do appreciate it" (Nadine).

Many participants described that the service user sessions provided an essential knowledge base, which may be missed if the service users had not been present. Leila summed this up as describing service users and how they "add an essence" which she felt was unattainable without service user presence.

Participants acknowledged collaborative working with service users to deliver this tangible information. However, some participants considered their own knowledge to be less influential, compared with service user's lived experience. Tim noted how some aspects of his knowledge were enriched by service users' involvement:

"We [lecturers] talk a lot as lecturers as experts, but we've read an article or we've looked at a book (laughs) and we, here we were standing in front of students as 'the expert' in X disease, the 'expert with X, living with it' is this gentleman [service user]." (Tim).

Tim revealed his respect, support, and realisation that service users have a legitimate place in nurse education, due to their expert experience of living with a condition, compared with the more specific academic knowledge that lecturers provided. Tim sensed how others might perceive that academics were the experts, due to their qualifications, career experience and professional position. Tim perceived the expertise of living with the condition came from each service user, describing their own individual experience and appeared quite humbled by his experiences of working with service users, whom he perceived as having significant influence over student's education. Many other participants described their perceptions of service user knowledge compared with their own more generalised approaches to knowledge base of conditions. Although the participants of this study realised service user expertise was based upon each individual's experience, participants seemed to imply that this knowledge added a different type of information compared to the lecturer knowledge. Donald explained that:

"I think it is very good, - I think –y'know- anything that gets a contribution from someone that's lived an experience -in a particular situation is really, really helpful [for student education] (Donald).

Participants did not appear to feel uncomfortable that some service users might know more about their own individual condition than academics, and appeared to view this as a positive contribution, admitting their own limitations, and in some areas lack of knowledge. Nadine described:

"We might think we know it all but actually we don't…" (Nadine).

This highlighted how participants felt about gaps in their own knowledge, which could be filled by the service users' input and demonstrated the value of their involvement.

It was important that service user and professional knowledge were balanced in the views of participants of this study. Appropriate inclusion minimised the effects of one perspective becoming dominant, from a medicalised or service user stance, which could mean students end up with a 'one size fits all' approach. Whereas, participants appeared to see a richness of knowledge and the individuality, that was provided by the service users. The foundational knowledge provided by academics and the more specific individual information, from the service user encompassed a rich lived experience, unique to each service user and session.

Participants were appreciative of the original and valid ideas that service users gave to support their teaching, often on issues they had not contemplated:

"Because this [an issue for a service user] is something we haven't thought of as lecturers…" (Tim).

These interactions added different perspectives from the service user's experience and authentic application of their unique experiences:

"…because they've [service users] got the conditions, they can go well actually, this is my experience … so we [lecturers] can use their ideas, from their own experience of the condition to adapt the scenarios that we've got [for students], to make it more realistic..." (Beth).

This helped to promote an informed reality and novelty into lessons, which Beth and many participants appeared to translate into their teaching.

All participants appeared to identify the service user's specific and important roles within nurse training, to help promote a more diverse, inclusive knowledge base for courses and expand current teaching methods.

5.3.2 Bringing reality into the classroom

This subtheme discusses how service users bring the reality of their condition and experiences of care into the classroom, and the effects this has on students and lecturers, both emotionally and from a learning perspective. There were some distinct areas that academics felt they could not teach or explain such as lived experience, yet other areas where they were more knowledgeable, for instance treatments and care management. The service users were able to bring their lived reality and enhance knowledge and teaching, by translating their experiences and filling missing gaps which existed because lecturers did not have the same experience, or depth of knowledge, in some areas to provide for students.

Participants perceived that service users brought their own real lived experiences into the classroom, which illustrated to students how they coped with their lived realities. Participants described that service users were able to bring a reality to the classroom which added a unique new dimension to student learning and in some areas, new knowledge for lecturers too. Many participants including Nadine thought service users enhanced student learning because students related more to service users with specific conditions or of a certain age group:

"Lecturers can teach them [students] as much as we want, but actually it comes better from a person who is of that age [service user]". (Nadine).

Students appeared able to visualise the service users in the context of the situation being described, for example if discussing an elderly patient, participants felt there was a key connection between the elderly service user in the classroom and students, compared with a lecturer describing age-related issues. The presence of the service user in the classroom appeared to intensify participant's teaching, yet also consolidate experiences of service users and prior lecturer and student experiences.

Tim described how a service user showed students his complex mobility problems due to neurological symptoms and how this impacted upon his daily activities. Although this was one individual's description of a condition, Tim explained the value and the 'grasping' of this reality for the students. This enabled students to 'see' for themselves, the consequences of certain conditions, and how this may affect individuals. For example, mobility problems or difficulties with walking:

> "He [the service user] used to be able to show really that- "when I [the service user] have difficulty walking, how I… do…" [walk], and then the people [students] held at a lecture, yeah, they –y'know – [students] "he's [service user] showing all the signs and he's doing all the things that the lecturers' said, that people [service users] have." (Tim).

Tim was grateful to the service user showing the students the complexities his symptoms caused, and expressed his admiration, at the openness portrayed by the service user, who candidly demonstrated to a room of strangers how his condition affected his mobility.

Tim observed a difference in learning styles and that students appeared to recognise service user's descriptions and link the lecture content, learning from the two different educational perspectives. Lecture content and textbooks might partially embrace some of these areas, but the service user emphasised the reality of situations and how quality of life was affected, giving students a more in-depth overview. Trish explained this:

> "y'know from reading about it, from books, but it's for me, personally and … seen this this with students, also that they see… Wow- y'know Wow- It's fantastic that they've learned something" (Trish).

These experiences appeared to captivate both the students and participants demonstrating a more visual, kinaesthetic way of learning, such as being involved and actively engaging in learning processes instead of relying on books and lectures. This reinforced the powerful presence of the service users in the sessions, which Leila described as:

> "Whenever you walk past the classroom… and you know that service users in there… talking to the students… and students are just absolutely riveted…."

Participants described how they valued these service user experiences (Rosa, Ellie, Tim, Leila), appreciating the selflessness and time which they invested, despite coping with variable health conditions. Beth described how students could incrementally increase their confidence, when working with service users and felt this significantly helped their application of knowledge.

The service users facilitated a holistic snapshot of that real lived experience for the students and Tim pointed out that:

> "We have service users come in to give a presentation on their condition for example, what it is like to be a diabetic or what it is like to be paralysed and in a wheelchair …and I think the students really value it. Y'know- this is a real person who goes through this every day, so it gives them [students] a greater insight of what it is [service user's condition], and then when they [service user] talk about the way they're treated in hospital, that will help the students understand… or they're [service users] patronised because they're elderly and that gives the students an insight [into how service users are treated]". (Tim).

Tim illustrated his awareness that the students needed to consider the everyday consequences for service users, and how they were sometimes treated by healthcare staff, in real life situations. The realities of these situations might surprise students, yet participants wanted students to engage and think about their current and future communication skills, and how they treated service users, in the real world of nursing.

Ellie provided a specific example of service users bringing their experiential knowledge to life in the classroom in terms of wheelchair adjustments:

> "And you can tell them [students] that in a lecture, but it's so much more meaningful when it's coming from a service user". (Ellie).

This quote demonstrated the acceptance by students of the service user role and identification of the service user's lived experience which might overshadow that of the lecturer. Participants described students appeared more receptive to service users' instructions or advice, demonstrating a difference in the students' attitude to their learning and engagement. Students identified and recalled this knowledge, taking on board the service users' advice, compared with lecturers' more instructive directives. The service user enabled students to make sense of the realities they faced in a more pragmatic way and participants could see a more hands-on approach directed by the service users which again promoted a sense of collaborative working.

Beth described how these realities were translated in skills sessions, and working with the service users made simulation experiences more realistic:

"…. adds to the students learning and it does make it more real to life…" (Beth).

In skills sessions, service users undertook various roles and acted as a patient, in rehearsed specific situations, that students may face. One description included a service user who went missing from a ward area and the students had to role-play management of the situation:

"I mean it does make them [students] reflect, and it does make them take their learning more seriously. So, they really have to think about what they are doing" (Beth).

Beth perceived a deeper thought-process amongst the students, concentrating on their professionalism, appearance to the service user, reflecting on their actions and thinking about their roles as nurses.

This is in comparison to lecturers, student peers or mannequins, acting as the patient. Tim acknowledged that this was not appropriate for students' education:

"The students appear to enjoy it as well, [working with service users in skills], to have someone different [service user]. I think it is important to them [students], rather than having another member of staff [act as the patient]. I think service users take it very seriously. Where maybe, when people know a member of staff… it might be a bit more flippant [the behaviour of the student or lecturer], but I think with a service user, y'know the students and the staff know they have really made an effort to come in [and undertake the role] …" (Tim).

Beth identified differences in her students' attitudes who appeared more disengaged if service users were not present, thereby potentially missing critical learning opportunities:

"Working and learning more, by acting with real people [service users] and not just working with each other [peers]…they don't get into role…Whereas the service users challenge the students, so they feel, that really the benefits …their learning" (Beth).

Nadine spoke enthusiastically of classroom interactions with service users, which demonstrated students changing their perceptions and views of service users:

"They [students] absolutely loved it - because what they found, from that, is that these people [service users] were in their 80s … but full of life … and they didn't actually [pause], they thought [the students], they just saw an older person sitting in the chair dribbling away with no life, and … when they saw these people walk in, they couldn't understand initially … That these people went to bingo, they went shopping, and they went dancing, they drink alcohol, probably still sexual intercourse … and they were like "wow!" (Nadine).

These primary sources of education offered by service users were described by participants as moments of learning which students might recall in the future, using memories of service user sessions, compared the more traditional styles of learning. These experiences appeared to facilitate a new dimension to learning for the students, enabling students to view their care from a service user's perspective:

> "And it's not always about receiving care, certainly some of the service users have been carers or have been husbands or wives, of somebody. And actually, even for them to show experience about what about what it's like [care and seeing their loved ones in hospital], through their eyes [service user as a relative], looking at their loved one [relative looking at their loved one who is a patient], is actually still incredibly important …" (Leila).

Leila believed service users conveyed a deeper understanding to students about how they felt, when faced with difficult situations. This enabled students to think about the patient and relatives' feelings, and how students might support these individuals in the future.

Participants wanted the service user's authenticity to remain intact and Tim described the importance of this:

> "We want them [service users] to be natural. 'Cos we don't want to say can you just talk about these three things…They have an experience and the experience can be very wide of how they [experienced that event] …" (Tim).

This authenticity appeared to be the crux of service user involvement, lecturers did not want to change or alter service user's accounts, yet they wanted to discourage information that might misconstrue learning objectives or professionalising the service user's role so that the authenticity became lost.

Service users appeared to strengthen teaching for participants such as communication skills, working as a patient in skills or interviewing. Leila described how she felt service users helped her to encompass meaning and grasp the essential values of these experiences:

> "I say for, as a lecturer, I think it's again, it adds that certain, you know it just, it just pulls it all together, so it's not just about the what's and the why's and the how's, it's about, what does it mean to people [service users], so it sort of embraces everything…that was it-.all those values- we've got it [service users] …embraces that, yeah." (Leila).

Leila felt everything was 'pulled together' by the service users, enabling the 'we've got it' expression which demonstrated distillation of these experiences. Participants appeared

proud to acknowledge the support and partnership that service users gave, both to themselves, and the students' educational experiences and valued their significant input.

One of the more challenging realities that participants discussed was poor care. This hidden reality is important for students to be aware of, as practitioners of the future. Participants felt these issues needed highlighting, in relation to key reports, such as The Francis report (2013). Tim discussed a service user who wanted to raise awareness about her mother's poor care:

> "So, her thing [service user] is "I'm trying to tell you that you need to look after people [patients]… and this is the way I'm doing it [service user] because if I speak to 400 student nurses, there must be some people who are … getting…this message…" (Tim).

Tim identified the need of the service user to engage and describe her experience and was cognisant that the service user had a mission, to highlight certain issues to as many students as possible. Tim emphasised the service user's expressive voice in his words, he appeared to sense the service user conveying her message to this captivated audience. Tim thought lecturers and students benefitted from these sessions, by thinking about realities of care and recognising the consequences of poor care. This illustrated to students that poor care can happen anywhere, emphasising standards, professionalism, and teaching students the reality of working in healthcare, and how some experiences stay with service users and nurses forever. Tim noted the participant's agendas and acknowledged the university acting as a platform to highlight specific service user issues.

Participants felt uncomfortable during some service user sessions as they reflected like Leila, emotions of disbelief:

> "How did that [aspect of care] happen?" (Leila).

Leila revealed a sense of uneasiness from her body language (raising her eyebrows and sighing), her intonation became quieter, and she portrayed an uncomfortable sense of disquiet, about the service users' description of care. Leila felt the descriptions appeared almost too painful to comprehend, acknowledge, or admit had taken place. Nevertheless, participants felt there was essential learning from these negative experiences, which appeared to promote recognition and a quiet acknowledgement amongst students and participants, that they understood the importance of the service user's voice and unacceptable realities of some aspects of care. The university as a forum for the service user's voice which was quietly acknowledged in this study.

Participants had to manage student expectations and shock, yet facilitate the session, supporting the service user, as well as wrestling with their own emotions. This illustrated

the difficulties and challenges participants faced as nurses and lecturers, having to identify with these experiences, from a professional and ethical view. However, this appeared to demonstrate a lack of self-care for academics that was portrayed as an after-thought, with service users and students taking priority for support. This is discussed further in theme two.

Conversely, sometimes service user accounts were accepted as providing a different stimulus to student learning:

> "And y'know students were reporting they did develop; they saw a patient in a different light…as you know if you – taught something from a textbook – it's not real…" (Trish).

Trish emphasised that students appeared to learn in a different context, when they worked with service users, and this helped some students appreciate their role within student education.

5.3.3 Communication between lecturers, service users and students

The participants expressed the significance of the service user presence to enable students to develop communication skills. Service users might use different ways of communicating, including challenging communication or be quite humorous in their responses to nurses, both in practice and in the university setting. For some students this may appear unnerving or unexpected, therefore learning how to manage these styles of communication professionally are vital lessons for service users to impart.

Communication is an essential element of nursing and participants in this study described many ways communication was undertaken during their service user interactions, which appeared to identify and examine conversational styles and the flexibility of communication required. This included communication with service users and the differences in approaches and style necessary when talking with service users; as well as the skills of communication which students, service users and academics undertake when working together. Participants described how service users provided the tools for students to practice these skills and learn from them as individuals, some of the nuances in the art of conversation.

Sometimes service users used humour or challenging manners to communicate with students, participants found these interactions helped students to understand the realities of communicating with varied groups of people. Service users could fill the gaps in knowledge of communication skills amongst students, by almost permitting a different way for students to understand how language and communication might be needed at a different level for patient interactions. Communication is challenging in many

environments and within healthcare this can become even more of an issue due to emotions and sometimes how a service user is feeling. Participants in this study perceived that service users helped their students think deeply about their communication skills, raising awareness of the need to practice their communication, and learn how to become proficient communicators. The Francis report (2013) identified many gaps within care, including communication. Participants of the current study described how service users appeared to help students to identify the need to communicate effectively and professionally. Trish discussed service users with mental health issues and students communicating in a very open manner:

> "The confidence [of student nurses] comes from having had the opportunity to discuss with real patients, or to be clear with real patients what they [student nurses] are actually doing [in terms of care and communication] ...honing their skills". (Trish).

Many participants described the positive effects of service users being able to explain and articulate information and provide encouraging feedback for students about their communication styles. Participants noted students were building up therapeutic relationship skills and improving communication during this work.

Another aspect of communication discussed sensitive disclosure from service users, where Nadine felt she had to 'safeguard' some service users, helping them to 'choose' what to say:

> "If you're willing to disclose that… and I do say to them [service users] you know don't disclose anything that you're unhappy with, never be forced...Into giving out information that you is too personal." (Nadine).

Nadine communicated with service users in a very sensitive way to support these conversations, encouraging a fine balance between openness and total disclosure. This identified another role of advocacy from participants, to ensure service users were not vulnerable in any way and to make the learning experience less awkward, if sensitive issues arose.

Ellie described interviewing prospective students with service users for nurse training courses, Ellie felt service users appeared to have insightful perceptions into the key qualities needed for nursing. Ellie felt that working with service users often mirrored lecturers' 'gut-feelings' about potential candidates, describing another intuitive communication with service users:

> "…and they [service users] really know what they want and in a student nurse...and very quickly will… make that judgement. And there's certain service

users …I mean now I can think of one mental health service user and every single time I interview with her we are spot on, with our views, which is really good …and as soon as the person has left the room …she [service user] will look at me and say… well I wouldn't want that person looking after me … or I really like that person…and It's good to say that we are in tune… with what they're wanting. (Ellie).

This demonstrated the perceptions that service users and lecturers appeared to share, and how this interplayed in the interview situation, when working together. For Ellie this appeared to confirm service users' appropriateness in this role and included an additional 'check' for decision-making, ensuring both service user and lecturers judgements correlated.

Sometimes communication appeared difficult for students to undertake, such as in sensitive situations, when working alongside service users. Limited exposure to these situations, compared with trained colleagues may be a factor to consider. Beth described a difficult form of communication: a student practising techniques in breaking bad news over the telephone to a service user. Beth described how the skills laboratory provided a safe environment for this aspect of communication to be practiced:

"This [skills lab] is the place to get it wrong, and the service user says, 'this is the place to get it wrong'." (Beth).

This quote identified Beth's perception that students found this challenging and may have been a new experience for the students. This demonstrated the vulnerability of the students and the supportive mechanism from Beth and the service user provided, both wanting the student to practise, so that in the clinical situation the student would feel more empowered. Participants described their collaborative working with service users as almost coaching roles which helped the students and gave the service users some, but not total authority.

Participants realised students were placed in busy, highly stressed clinical environments and sometimes felt unsupported or under confident in certain communication scenarios. Therefore, participants felt service users provided an important opportunity to fill these gaps and practise communication, gaining a kind of trust from the students which allowed students to make mistakes or revisit certain skills:

"Here's a chance [for students] to speak to a patient for a period of time, yeah, so this is very good..." (Tim).

Tim spoke about quality of time as a crucial element for students and service users to discuss focused areas in a sympathetic environment. Tim and other participants felt

students may not learn in the same way in clinical environments due to less opportunities, time or service user conditions which preclude their involvement. Participants felt the university offered a unique opportunity for communication training with designated time for support, suitable provision of facilitators, confidentiality, and engagement.

Trish stated the differences in communicating with service users in conversation and how sometimes students struggled with communication, despite being able to express themselves more academically:

> "You've [nurses and students] got to be highly skilled, so it's quite sophisticated because some people [student nurses] are able to express it very well in writing – but this [practical aspects of communication with service users] is how they [student nurses] are actually doing it [communicating], sort of work environment and the clinical [practice environment] and how does it feel for the person at the receiving end [of that care]" (Trish).

Trish's point was important to consider, aligned to recent concerns that nursing was becoming too theorised and degree-only nursing would change the balance of essential nursing attributes. Trish noted academic relevance, but she highlighted the essential need for students to be able to communicate effectively with service users. Another area of communication which participants noted was how service users were invited to feedback on student performance in clinical situations. This information was collected by the student's mentor and Donald discussed how he reviewed this with students in university. This illustrated another unique aspect of service user roles, whereby they gave the feedback for students, not the mentor or lecturer. Sometimes this was a positive comment or at other times more difficult feedback for students to assimilate. Donald described this as:

> "… how a student is grilled by a service user about something, put on the spot or made to feel really good about a particular situation [pause] or it's [the group discussion of student feedback with students] be an opportunity to talk about their [the students'] anxieties, actually of, dealing with difficult situations with service users…. that wouldn't have occurred unless they had actually physically had contact and discussion with a particular individual or individuals." (Donald).

Donald perceived the important role of the service users and how they contributed to student learning. Donald felt students reflected on communication skills and learnt to adopt ways of coping with these challenges, which were all deemed essential to promoting good communication skills.

Some participants discussed different types of service users and how they felt a more diverse pool of service users could be represented. Nadine suggested service users with

specific communication needs, so that students were able to practise these less common communication techniques. Nadine highlighted her recognition of the possible challenges for students and certain groups of service users, if adequate training was not undertaken before clinical contact:

> "But we could bring people in with learning disabilities…talk to students about when we do sessions on communication*…* the carer of somebody with learning disabilities and say … "this is John…and if I said this to John in this way, this is how he reacts… if I say it this way it is different". And … then John himself … for instance talking about … why can't they [service user] talk about being cared for...What it means to them [service users] to be cared for and treated. So, I think there's a huge gap in actually bringing in those people [service users] that …the students find challenging… So, patients with dementia, patients with LD, And I mean, not really end of life but … Breaking bad news you know…- somebody who has had bad news broken to them" (Nadine).

Participants highlighted how poor communication affected service users and how sometimes service users were ignored or spoken over, reminding students of self-awareness about their communication skills:

> "They [medical staff] won't speak to her [the patient], but they've [the students] seen all this and this is something… [students] need to remember, or someone's in a wheelchair and they [medical staff] don't speak to them." (Tim).

Participants felt service users brought essential components of communication and provided essential examples from differing perspectives, helping to educate students about the importance of body language, styles of communication and areas that could be improved or thought about more specifically. The ability to adapt communication styles seemed to be an important area which service user involvement could enhance, filling the gaps of practice and theory and providing students with essential opportunities to communicate, reflect and improve these skills.

5.3.4 Exhaustive Description: 'Filling the Gaps'

By combining the participants voices within this study the theme 'Filling the Gaps' has illustrated several commonalities, yet also unique insights into lecturer experiences of working with service users in nurse education. The universal essences identified within this theme include knowledge and teaching; service user presence; communication and the university as a facilitator of service user roles alongside nurse education. Each of these universal essences represents the experiences of the participants of this study and the important issues to these individuals, their work, and their involvement with service

user inclusion, alongside the perceived gaps in nurse education, which participants of this study believed service users were able to fill.

These universal essences provide an in-depth appreciation of the lived experience of adult nurse lecturers, working in two universities. Participants of this study discussed the opportunistic moments which service users provided, embedding unique insights and their individual experiences of being service users; offering information about "what it is like" to live with a condition or be a service user accessing services.

Mostly, participants welcomed this contribution, however a couple of participants indicated some frustrations about service user behaviour at times. Lecturers acknowledged the role of service users and the important aspects they brought to student nurse education, encompassing authenticity, realities of life and the ability to link theoretical application and practical learning, to make sense to the students. Lecturers described how service users are an additional string to their bow, in terms of adding to the educational experience of students and updating lecturers' knowledge. Participants described service users supporting lecturers in their abilities to describe, communicate and provide a presence which was essential to enlighten learning and provide a comprehensive reality, which lecturers cannot give. These multiple sources of knowledge provide an insight which lecturers felt was essential to holistic learning and care, providing diversities to explore and debate, contributing to important lessons for future nurses.

There are many gaps in nurse education including communication issues where service users can provide time and explanations of what was important to them as individuals. This highlighted different experiences to students and explained how important communication is to each service user, as well as for the students' future careers. These gaps may lead to unexpected clinical coldness or limited communication and empathy, facilitated by cultural expectations and accepted practice, which is not what service users want, or nurse lecturers aspire to teach. Babaei and Taleghani (2019) and Valizadeh et al (2016) identified challenges and barriers affecting nurses in Iran, linked to work force pressures for nurses, with displaced priorities on task based organisational requirements and lack of education about establishing compassionate care within teams. These findings reflect many similarities from the Care Quality Commission (2017) which identified poor leadership, lack of staff and resources, poor care and fear of whistleblowing. An integrative review by de Zulueta (2015), considering the importance of compassionate leadership in healthcare, has identified many similar organisational influences. Unfortunately, these issues are embedded in some clinical areas within the UK and more globally, therefore important topics such as empathy, compassion and teamwork need sustained discussion, in a supportive learning environment, such as university settings. Participants of the current study felt these important key moments were provided, when

students and lecturers worked with service users in this way. These experiences role modelled how to act in practice, and how to treat service users. Lecturers extolled the complementary service user roles, realising if they were not included, students may have different perceptions of nursing and caring, which might be reinforced in clinical practice.

Lecturers in this study proudly described their students' changing in attitude and deeper professionalism when working with service users, or being shown how to undertake a task, by a service user. They saw a development in student behaviour, confidence and skills attributed to service user involvement, even if in small ways. Lecturers realised their students appreciated service user involvement, not just as a fad, but as a developmental curve in their journey to become nurses.

Lecturers were aware of a change in how service users made them feel as academics, reflecting and self-actualising, challenging their thoughts and accepting the service user's ability to provide authenticity, in sometimes difficult situations. These professional nudges which pricked lecturers' emotions, responses, and self-awareness, were deemed important in bringing reality into courses and consequently enhancing lecturer styles in teaching and educational perspectives. Interestingly, Crawford (2003) discussed professional resistance to service user involvement, yet participants of the current study appeared to embrace most service user involvement opportunities, and on occasion reflected upon challenges in working with service users that could be deemed 'human nature'.

Listening to and opening-up conversations were key areas that lecturers felt helped service users. The bravery and trust of service users was highlighted within this study, terms which have been noted by other authors (Terry, 2012), yet are not always emphasised so significantly in other service user literature.

Service users and carers were important within various roles of educational experience, and lecturers felt these roles could be expanded upon, if time, resources, and availability allowed. Lecturers recognised that many agendas, reasons for attending and situations that existed for service users, but a key theme for service users was wanting to give something back to healthcare and make a difference for the future. Lecturers respected, admired, and encouraged the important messages that service users wanted to portray, and participants wanted the service user voice to be more evident throughout the nursing curriculum.

The academic protection of service users found in this study illustrated that many participants highlighted their sense of responsibility and roles towards service user involvement. Participants described their caring attitudes towards service users both in protecting service users from certain situations, advocating for service user needs and

working within an ethos to support and sustain service user activities. Underpinning this was the descriptive way participants reflected, and depicting their involvement, including their empathy, pride, and commitment to this group of service users.

A significant essence from this study was what matters to service users and not forgetting or covering up this essential element, which can so often be talked over in the rushed clinical environment. The academics of this study thought service users provided an opportunity to impact upon nurse training, enhance lecturing and facilitate good relationships with service users. This golden opportunity needs to be carefully nurtured and lecturers' voices are crucial in this development. However, participants acknowledged the value of service users in nursing education did not undermine the value of and need for lecturers, but it demonstrated their dual complementary roles. Service users and academics working in collaboration, suggests a useful component for nurse education according to the participants of this study.

5.3.5 Fundamental structure

Lecturers of this study described their experiences of working with service users and how service users informed current educational knowledge of student nurses. Lecturers described the holistic learning which appeared central to patient centred care and enhanced academic and clinical knowledge. Lecturers explored many avenues of individual service user experiences and linked these to student learning and educational perspectives, with lecturers and service users having complimentary roles within nurse education. Lecturers welcomed service users to fill in missing gaps in nurse education and felt service users helped students develop professional and caring attitudes.

The challenges of service user involvement for lecturers will now be discussed in theme two 'Muddling along'.

5.4 Theme two: Muddling along

Participants of the current study described their involvement with service users, and how various methods of engagement and support were undertaken by them. The overall impression given by participants was that they just 'muddled along' independently, with service user involvement, with little support from peers, organisations, or other hierarchical structures. These approaches appeared to work but were challenging at times for participants. This theme identifies two subthemes 2.1 Hidden roles of lecturers when working with service users and 2.2 Power issues.

For examples of the data analysis process to extricate these themes and subthemes from participants transcriptions, please see Appendix H.

5.4.1 Hidden roles for lecturers

This subtheme describes the hidden roles that lecturers carry out including facilitating service user involvement with little strategic direction, and often no formalised support. The whole process seemed to be undertaken in a fragmented manner, with input from lecturers often based upon expectations from organisations and their own perceptions of how to include service users, compared with structured guidance from their overall organisations.

This study showed participants often undertook these roles in isolation, which added to the participants' busy workload and at times revealed frustration and additional stress for the participants. Participants did not appear to highlight these hidden challenges to anyone or discuss actions with colleagues. They accepted this as part of their role and responsibilities, often undertaking similar areas without strategic support.

5.4.1.1 Training of staff and service users

Several participants of this study described a lack of training for both staff and service users. Participants appeared to undertake some informal guidance with service users, to ensure appropriate input from service users and that they understood their roles. Participants described meeting service users before sessions with little time for planning or discussion about service user contributions.

Participants of this study did not describe any clear guidance from their own organisations to support the service user sessions, which led to participants having different interpretations of the service user roles. This appeared to act as a potential stressor to participants and revealed feelings of frustration, concern and ambiguity translating into the 'muddling along' approach of participants.

Training to work with service users, as in many areas of health, social care and education is a complex issue (NISC 2018, GMC 2009, NMC 2010). This was demonstrated by the participants, who revealed unclear ideas and lack of training:

> "I think that, there's no formalised training [for staff] that's provided within the department to work with service users, but certainly there is a sort of an ongoing awareness discussion, with members of staff, if they're engaging service users what the – the sort of rules of the game are I suppose-if you want to describe it like that." (Donald).

Donald emphasised an on-going expectation of staff's professional conduct when working with service users, but lack of formality seemed to be echoed throughout participants' generalised experiences. The "rules of the game" emphasised Donald's potentially relaxed inclusion of service users, or perhaps his acceptance of how service users' involvement was undertaken by everyone in his organisation and what had become the acceptable norm. Leila echoed similar thoughts of treating service users with "due diligence". Therefore, participants of the current study appeared to accept service users were supported, with general guidance, but no formal training package being undertaken.

Generally, participants seemed uncertain about training, and unaware of exact details, or who provided this. These perceptions reflected potential difficulties for participants and service users, with disparities arising due to lack of consistent information about training, resources, or finances for service users. Participants suggested service users needed a more streamlined, structured process, but it seemed that no participants had raised this as an issue with management or with other colleagues. This indicated the hidden roles of engaging with service users and keeping afloat the service user process, alongside the possible lack of accountability from participants for this work.

There was no mention from participants of this study of service user policies being implemented or if training was assessed or evaluated. This could lead to misrepresentation of service user input and incomplete data for reviews, such as course monitoring. In my own experience this lack of discussion might arise from lack of time to plan for service user involvement, therefore continuing with the same format might be an easier solution. Leila was the only participant to mention audits, annual monitoring and service user contributions over the year, Leila suggested these topics as an exploratory idea, to promote the service user role and assess the impact of engagement for the future.

Leila described her experience of supporting service users but had concerns about the missing role of a key person, responsible for service user involvement overall. Leila described this as a missing link:

"But I don't know…. If there's anyone like who's actually dedicated overseeing…
our [lecturers'] processes around service users…and actually …what we do… or
don't do (laughs) with them…is they need any- well. -Well... not -not counselling…
but if they need anyone to talk to [for] support.…I don't know… I don't know…If
you like we [lecturers] have all sort of just, just -just… done it, …but maybe that's
like a 'champion', but just somebody who's ..Got -got some sort of
responsibility…… for the different service users and for monitoring, perhaps how
we're using them …" (Leila).

Participants in this study were not aware of advice and signposting for the lecturers or
service users, if any issues arose. Leila's description of lecturers described a culture
where lecturers had "just done it," indicating that participants undertook advisory roles as
part of their remit. Leila seemed to want a more organised approach with demarcated
boundaries to support lecturers and the ability to clearly signpost service users to one key
person, who was their overall contact for any concerns, administration, finance
discussions and policy issues. Participants wanted a more structured, formalised
approach to support training, recruitment, and inclusion of service users and to unify this
involvement (Donald, Leila, Tim, Beth).

Participants seemed to lack the impetus to raise questions about training and some
participants appeared to almost block this suggestion, as if this was an insurmountable
issue. Nadine thought service users would find training an additional burden if they were
expected to attend and engage with specific service user sessions. Rosa considered
training a stress for service users and did not want to formalise procedures or add to their
plight:

"…and my experience is they [service users] wouldn't want that formality…they
just like to come in perhaps just when they can, and I don't believe they would
want that pressure…" (Rosa).

Participants appeared over-protective in relation to their service users, yet this did not
appear to always help procedurally, and therefore encouraged the present cycle of
muddling on. Some participants of the current study felt less training was required by
service users who were telling their story, because this was their own experience and
should remain untouched. Conversely, many participants could see the value of training
for assessment processes, therefore a difference of opinion existed between participants
of this study. Rosa, however disagreed with service user training for academic
assessments, anxious that training would appear burdensome for service users, and
thought this would narrow and define the type of individuals the role attracted:

"I'm thinking, I think all of our service users they would…be- they wouldn't want the responsibility, they would need training, they would have to –y'know-there would, to do – y'know- a different type of ...there would be a different expectation." (Rosa).

Rosa seemed to constantly shield her service users, not wanting to expand their roles or change them in any way. This might have been Rosa's own needs being reflected in terms of not wanting to change current practice, or because Rosa feared tokenistic involvement or stereotyping the service user role:

"Our service users come because… they come … now, off the street, people that genuinely…, I think you would get a different (sigh) or … a different type of person – would probably at least, someone who had done teaching and I don't think that would come with the same open- view really" (Rosa).

Rosa wanted service users to have an authenticity straight from the 'street' without any bias or preconceptions, compared with someone who had trained to work with patients, been selected or was semi-professional in any way. A theme of professionalization of service users appeared to be implied, yet the realities of working with service users, in a disorganised way appeared difficult for participants of the current study.

Training of service users could augment a change in the culture and service user roles and professionalization of service users may become problematic. Leila described one gentleman who had undertaken training with a charity:

"One gentleman who had [pause], he did a lot of public speaking [in relation to service user work about his condition] but he wasn't from that background [service user work previously] … he was somebody,…who obviously became ill, but through the X campaign, had done public speaking." (Leila).

Some service users work with charities and were adept at public speaking, almost becoming 'professional' speakers, this was in comparison with other service users who attended and spoke to students in a more vernacular language. Participants of the current study mentioned the differences in their service users yet were keen to keep authenticity alive during service user involvement.

However, without training, problems existed, Tim suggested service users should be trained in fundamental aspects such as how to engage in the classroom and skills situation. Many participants of this study felt service users sometimes went "off on a tangent" and learning outcomes became lost. This caused an undue pressure on the lecturer working with the service user to refocus the service user and session, which seemed a common finding from participants.

Ellie mentioned consistent annual training linked to helping new staff, current staff, and service users, but other participants appeared to lack any knowledge of training programmes, despite working for the same organisation, so there seemed to be a disparity in information amongst participants about training:

> "Well, every year in July we do a review of our process [service user involvement] …we would invite all the service users in…they also have equality and diversity training...it doesn't always work y'know, they sometimes ask things in interviews that you think… 'No!'… (Ellie).

Ellie felt despite undertaking training, some service users asked inappropriate, questions of prospective candidates at interview; this may have been because they did not understand or remember the training, or had opinions from cultural or learnt behaviour, which are now not considered appropriate to the university setting. These opinions may form a part of the everyday language for some service users, despite their training, which appeared embedded within their persona. Ellie described participants as being 'blunt' in their approach to interviewing, yet Ellie seemed to feel unable to challenge these behaviours. An interesting finding related to service user management was that many participants appeared hesitant to confront service users, or seek support about these issues, again linking the 'muddling along' theme as a consistent thread from participants of this study. This will be discussed in more detail later.

Some form of knowledge about the curriculum for service users was recognised as essential by participants of this study, to introduce the various topics that might be covered and give an overview of the three years training. Participants suggested this could include types of students that service users would be conversing with, and the situations and experiences that students had encountered in their own training. This would provide a baseline for service user awareness of student's training so far. Many participants contextualised the scene for service users, prior to them attending a session, to help service users feel comfortable. None of the participants mentioned a current service user induction to support the introduction to the university environment or continued programme of training. Trish stated an induction programme, would be useful for everyone involved.

Tim outlined his experience as:

> "You [anyone involving service users] would need to meet beforehand like any lecturer-tell them [service users] who they're, who they're doing the presentation to [which students], what stage they're at]. What course they're [students] on, what questions they may ask [service users] from, from the students' experience. Or

you, you, you might say I remember last time you talked about this, what it was like to be a …paraplegic and a parent… (Tim).

Participants of the current study viewed these roles as supplementary pressures to their lecturer roles, adding time to participant's daily activities, making sure service users were reassured and able to undertake the sessions. A training programme may have included all this information, as well as expectations of sessions and helped facilitate some of the questions which arose from each individual service user. However, the participants did not adopt any of these areas formally, and appeared to 'muddle on', semester after semester, in the same way.

Similarly, participants described informal feedback sessions after service users had undertaken their roles, these were described in quite a relaxed manner:

> "They [service users] have been able to- …to do what is required [undertake the session] and then I think it is just the after process really, making sure -y'know - if they want a cup of tea while they are here, y'know – afterwards, if they want to chat about anything that has come up from the session- they are often fizzing with enthusiasm about what they have been doing and want to feed back to you." (Donald).

Many participants undertook these types of post-session discussions, but there was no mention of documenting any information for future insights or audit purposes. Donald specifically illustrated missed opportunities, where service users were enthusiastic about sessions, yet this did not seem to be followed up or facilitated in any way. Therefore, partnership opportunities for service users and lecturers appeared to be limited, participants appeared to undertake all the fundamental areas for service user inclusion yet were limited in their abilities to progress current involvement.

Specific time allocation for course development was described by Trish and Leila in terms of curriculum development and engagement with service users. Participants postulated that service users could be involved in a more useful way yet were unable to think further about how their involvement could be embedded more positively into the curriculum. Donald summarised many participant's views:

> "My own perception is that it [service user involvement] is a bit 'ad hoc', really …I think, …it would benefit from a little bit more … structure, … and it also needs development, it seems to me that …it's quite limited at the moment…and, … there are some … real, … wins … in this [service user involvement], that it, it hasn't been fully explored." (Donald).

Service users appeared to present as an untapped resource at the time of this study, the lack of collaborative work amongst participants and the organisation seemed to be a recurring theme in this study, yet one that remained unquestioned by participants.

Training for interviews or skills work was undertaken in a very simplistic way Beth and Tim explained service user training comprised of the method of 'watch one, do one'. Beth described interviewing and skills lab training:

> "Certainly, for the interviews, they [service users] come along and they sit in for a couple of interviews with someone else, so they see what happens…and they do that until they are comfortable to actually, take the interviews themselves, for the service user the skills lab we get them to come along and show them around the skills lab and we get them to watch a few before they actually take part, so again we make sure they are happy to take part- or explain what is expected of them, but they get plenty of opportunity to watch the sessions, ,and then sit with somebody to learn the role that they're going to take part in." (Beth).

Participants described service users undertaking a form of peer teaching to other newer service users, which may have future implications, if this promoted unwanted behaviours from service users and substandard practices.

Support from participants of this study towards service users and students was perceived as an expectation within their academic role:

> "I think sometimes students have genuinely been… taken somewhere… in the course of the session [service user] and sometimes it's-taken them somewhere that's been very pleasant and very helpful. Sometimes they've heard something that's been to them- that has been very disturbing and very worrying and upsetting and, I think, I think part of my role is about … guiding us all through it actually". (Donald).

Donald described his psychological support for students and service users, and how co-facilitator roles were implicit in participant's work. Providing such support represented a 'hidden' and timely role that may differ for each lecturer, however appeared to be an expectation from participants of this study.

Participants appeared at times overwhelmed with service user issues, feeling ill-equipped about changing processes or feeling uncomfortable in their role of managing service users. Opportunities for change did not seem to be part of this conversation and participants appeared to continue with current styles of working and it seemed take on a lot of additional pressures. Yet ultimately participants enjoyed working with service users and in a way were reliant upon their input to expand student and lecturer knowledge. This

muddled approach seemed well established, yet participants described a sense of frustration at times, and uncertainty of whom to approach for support and to promote a better way of working for everyone.

5.4.1.2 Financial responsibilities

Service users are generally paid for their time and expenses of travel, and this is a standardised procedure for university organisations. Some participants mentioned the complexities of payment such as correct administration and forms (Donald) and how this sometimes became a responsibility which was hidden from other everyday workload of participants. Payment of service users was an area that frustrated some participants, not just because of additional work for academics, but because it appeared to differ in terms of amounts paid. Ellie described how payments were reduced, as she perceived that service users were earning a lot of money:

> "We were paying them [service users] a lot more than that …so when it was reduced… there was a lot people stopped doing it." (Ellie).

Participants described how they lost service users from their population, due to differences in payments and service users feeling under appreciated. This troubled Ellie, who wanted to make sure service users were undertaking the role for what she perceived as the "right reasons":

> "And that's why I think…when we did pay them a lot more money…some of them were just doing it purely for the money… Whereas you want them to do it for the right reasons…" (Ellie).

The complex issue of finances might be something that needed addressing at a higher level within the organisation, yet participants seemed to tackle financial challenges related to service user involvement in isolation. For some participants, the role of messenger was undertaken, that no finances were available to pay service users (Nadine). Participants had to contend with less service users, limited or no budget for service users, and sometimes relied on voluntary input from service users. This might have changed the dynamics of relationships between lecturers and service users leading to dissatisfaction and mistrust. These areas appeared to muddy the waters for participants, who felt this placed them in awkward positions. In some cases, where there were no funds to pay service users, participants felt the need to redress the situation, by buying flowers and chocolates as a thank you for service users, to off-set funding issues. Participants seemed to adopt their own ways of coping with situations, independent of organisational support. Again, illustrating a hidden role and inconsistent approach for participants.

5.4.1.3 Managing service user behaviours and expectations

Participants were aware that service users might have different expectations of their roles, so consolidation of their roles were important, yet this appeared tokenistic and unstructured.

Nadine described how service users did not understand the curriculum or the level of training students had reached:

> "So, it's making it relevant and meaningful for the student without them going on 'god this is dull'-y'know, they're- [service users] not giving me, me anything" (Nadine).

If service users presented inappropriate content, the whole teaching session could become fragmented and difficult to reconcile, with little student engagement and heightened frustration. This could impact upon future engagement both for service users and students, so Nadine emphasised her hidden role of ensuring that sessions were well-facilitated, and content was appropriate for student needs.

Donald and Tim discussed how some service users may bring their own agendas to the classroom which could become problematic:

> "Some, some people [service users] may not feel that their condition gets… is highlighted enough so that would be their agenda. *…*Always saying more should be done about those… and they feel that they are getting to- to an audience [students and staff]. I think they [service users] obviously come for a reason. And there are many different reasons". (Tim).

Donald described service users wanting to "get things off their chest", which may lead to unpredictable content and digression from the agreed topics in classroom situations. These unexpected situations meant that participants had to negotiate and manage the situation, leading to possible disruption of learning, and participants having to micro-manage sessions. Tim reflected his awareness of service users attending for different reasons but did not explain if this was identified at any particular point or discussed, to help plan ahead with course deliveries.

Participants wanted to encourage service users, but not undermine their efforts or enthusiasm, by projecting unnecessary authority. Participants could for foresee the potential issues of service user's unpredictable behaviours:

> "But … unlike a lecture where you've got your notes and your content and your learning outcomes, it's all very sort of set out, when somebody is recounting an experience [a service user]…you don't really know what they're going to say and they can change the way they, say…So it's … can be unpredictable *…th*at's why

it's important to try as much as possible as not lead—but if you like indicate [to the service user] what the students are going to need to get out of this session- but I think that's the drawback …it can be difficult and of course it's very difficult to say to someone actually no, don't talk about that…can you talk more about this " (Leila).

The erratic nature of some service user sessions meant lecturers might need to be more proactive in their approaches, yet at the same time participants wanted to give service users an unrestricted voice. The participants in the current study recognised their responsibility ethically, as well as academically, to the service user and students, and highlighted their difficulties with responding to these roles and responsibilities.

Beth described situations where delicate communication was required, this role- modelled to students the academic's ability to manage difficult service user behaviour in a professional manner:

"We have got some very, very strong charact-some of your service users are very strong-willed and strong characters, so they can be difficult to manage at times…" (Beth).

Beth appeared to feel flustered with this statement, and identified the need to manage service users effectively, but realised their strong characters made this an additional burden for participants, and it appeared many participants echoed this feeling of discomfort, if needing to challenge service users or exert authority.

A surprising finding from this study was the hesitancy amongst participants to challenge or communicate any constructive feedback to service users. Participants described a feeling of awkwardness and difficulty having these conversations with service users. It appeared participants thought highly of service users, not wanting to upset them in any way and not being able to rationalise whether they should or should not confront any negative elements of their inclusion. Therefore, the service users continued in their usual behaviours, and participants described a frustration, yet acceptance that this was the established norm. A discussion amongst staff and service users about roles, responsibilities and expectations of collaborative engagement might address these issues and improve communication.

Participants included service users in the classroom, skills, or interview procedures, yet there were significant differences in how service were involved. The realities of including service users appeared to take time and input from participants to organise and facilitate. Many participants wished they had more time, resources, and additional service user sessions. Participants considered service user involvement as a valuable asset, yet consistency in approach was lacking and possibly reflected an additional stress for the

participants. Different ways of inclusion included interview style sessions, question and answers, storytelling, presentations, skills and OSCE's, all of which stimulated different learning environments for students and participants. However, there appeared to be no set format or guidelines which were followed.

Participants described how they learnt from service users themselves, strengthening their knowledge about conditions and usefully including these experiences in their future teaching. Nadine described how service users brought challenges and debates to the classroom, yet helped support student learning and enhanced her own teaching, promoting critical thinking and problem solving:

> "That's where you've got to come across in your nursing [different issues that face nurses in practice] …this is what you've got to live up to [reality and knowledge]…And how do you [the nurse] then deal with those challenges and difficulties? [which practice and patients bring] So in, in that respect its [service user involvement] enhance their [student] learning and the teaching."(Nadine).

These areas of potentially difficult situations, appeared to identify challenges for participants, facilitating critical areas of debate and raising professional issues for students and participants to examine. Nadine felt these sessions might help students when delivering future patient care; by thinking about issues from the patient's perspective and reflecting on these wider angles of care. Adopting a less paternalistic culture appeared to help students benefit from changes which they may be faced with in the future.

Participants described some of the service user issues that were 'outside the box' of curricular learning, translating their experiences and realities of practice, in a more genuine conversation with students. Participants felt listening to these experiences enabled students to contemplate dilemmas and solutions, in a more protected environment, considering service user and clinical viewpoints. This gentle approach exposed students to real-world scenarios in a more controlled way, enabling time and support to develop students' confidence, the ability to undertake partnership-working; yet, to have guidance from lecturers who may discuss professional, ethical, and legal issues in more depth, or continue discussions at a later date with students.

Nadine described how theoretical issues that she taught were applied differently in the realities of practice, when working with service users:

> "I had another gentleman [service user]…who has gone through lots of ill health… being unwell, not being able to consent...getting to the point where "I-[hesitation] [the service user] really didn't care what they did with me" [service user quote]… and talked it from a human perspective …what I [Nadine to students] can teach

you is what the law says, actually this is the impact that law has on these individuals and how it made them feel…" (Nadine).

Nadine felt service users portrayed their own interpretation of situations and how this impacted on their daily lives, and as individuals in society. This helped students understand how policies or directives were applied in theoretical terms yet gave an insightful overview of the personal impact for each service user; balanced against the professional issues faced by the professional.

Nadine's interpretation of the law as a clinician, and the service user's own experience, offered diverse perspectives, yet captured the chance to open students' minds, to the views of clinicians and service users; instead of a narrowly defined perspective which one view might instil. Nadine commented on the importance of the human perspective and how without service user involvement, this could be lost or unrepresented.

These examples from the current study highlight the hidden roles of negotiator and facilitator of participants. These may all cause additional stress and time for the participants when working with service users, yet ultimately illustrated the impact of service users and academics working together to fulfil the many diverse realities of nurse education.

5.4.1.4 Recruitment of service users

Many participants of the current study reflected that recruitment of service users was challenging, often carried out by 'word of mouth'. This meant suitable service users with appropriate experience might be missed. Individuals were either recommended by other service users or were known to participants. This recruitment process appeared to be the norm for participants of this study, despite trying to engage new service users. Again, this appeared to be an individual task, such as participants advertising at open day events or contacting new individuals through current service users. Lack of knowledge or direction about how to undertake this recruitment effectively was described by many participants:

> "How do you approach people? Do you go stand in a hospital ward and say anybody want to come and teach our students? It's not really something people think about…So I think a lot more could be done but where do you find them." (Nadine).

Tim and Nadine both described their ideas of compiling a pool of individuals with particular experiences, who might be involved at specific points within the curriculum. Donald emphasised a need to have a wider pool of service users so over-reliance on individuals was reduced. This emphasised the forward thinking of some participants, yet none of

these areas were currently being put into practice or discussed together, again the muddling on approach was evident, without clarity to push these ideas forward.

The overarching theme 'muddling along' described lack of cohesiveness between staff undertaking service user work, and the limited direction or tokenistic policies to support the participants. The next subtheme explores power dynamics between lecturers and service users, which lecturers had to manage without formal organisational support or guidance: again 'muddling along'.

5.4.2 Power issues when working with service users

Power dynamics occur in any relationship and participants in the current study described the nature of the power dynamics between themselves and the service users they worked with, which was sometimes difficult to manage. The participants of this study had power in terms of having responsibility for organising the sessions and the selection and involvement of the service users.

Service users conversely had some power in terms of choosing to attend and deciding what they wanted to disclose in the sessions. Due to the nature of the academic's role, in ensuring delivery of required content to students, the power balance appeared tipped in favour of the lecturer; however, some service users tried to challenge this imbalance, presenting difficulties and consequences.

5.4.2.1 Power balance of lecturers and service users

Many participants suggested they had "an equal footing" (Nadine) with service users, such as when undertaking interviews implying lecturers and service users worked equally in this capacity, undertaking a partnership role. Yet sometimes it was difficult for participants to relinquish their power due to their position within the university, and to fully empower the service users. Participants could not always fully involve the service users in the minutiae of the course or recruitment aspects, so service users were not always able to be placed on the same footing.

Service users were perceived as 'visitors' to the university, yet in some situations, were deemed almost as part of the team, such as when interviewing or contributing in an autonomous role, within a session. This demonstrated a difficulty in the power dynamics and how this might fluctuate, according to participants' or service users' perceptions at different times. This emphasised a muddled approach for service users and lecturers yet remains an on-going issue because of the fluidity of the situation.

Academics may have been perceived to have power most of the time, but this could become unwieldy if service users challenged this dynamic. For instance, participants described service users not adhering to the agreed time frames or deviating from agreed

content, which were not part of the session (Tim, Nadine, Leila). This meant participants had to interject often without prior warning, to try to realign the learning and service user's input. This caused an unsettling, unfamiliar experience for participants of the current study, coping without support or guidance.

Tim described his concerns with power issues when he explained how a service user became upset in a session, whilst describing her experiences. Tim was not sure if this was due to his depth of questioning and possible over exertion of power, or because it was the first time the service user had discussed this issue. This led to both Tim and the service user feeling uncomfortable and a changing power dynamic within a session. This highlighted the importance of participants coping with unexpected issues that may arise as a consequence of working with service users:

> "…I don't know if she [service user] has done it before [talked about these issues] … but she got very upset. So, I didn't know if she was to go on (nervous laugh) being very upset. Maybe it's just the way I did it, with the question and answer delving…delving into how she felt." (Tim).

This showed how the underlying power dynamics between academic and service user can be difficult to manage. Tim wanted to find out more information during the session and the service user was willing to undertake the session yet seemed to become upset upon questioning. This led to an uncomfortable experience for Tim and the service user and demonstrated the fragility of working relationships with service users. To a degree both Tim and the service user faced a feeling of disempowerment in this situation and support for both parties might be a necessary future consideration. This highlights a possible need for the service user 'champion', Leila described previously.

Sometimes participants of the current study experienced service users who appeared to over-ride their power, such as service users who dominated discussions. This shift in power made the service user appear more powerful to the students and the academics feel less powerful. This power balance was delicate and at times participants described their need to step back or step up to change this balance. Many participants (Tim, Nadine, Donald) acknowledged, and appeared to cope with this by promoting service users' expertise and emphasising this different type of contributory knowledge for students yet were aware they needed to constantly manage their sessions.

Participants of the current study worked with the service users describing the fine-tuning aspects of the sessions, to give service users a sense of power which was important to instil confidence and autonomy of the service user role. However, this appeared finely balanced by the participants of the current study, who had to interject or facilitate a discussion in a different direction, skilfully changing service users' emphasis, yet

illustrating to students the service user was the powerhouse of knowledge for a specific area. However, if power issues became more problematic and service users would not negotiate this change of direction, then participants appeared to describe that they felt challenged and stressed, as their sessions became unwieldly and disorganised.

Participants appeared to represent an awkwardness about their implied power, trying to navigate between a professional role, yet also provide some camaraderie and relaxed approaches when working with service users. This was a constant theme with many participants avoiding these challenges yet realising the underlying tensions this caused. Beth described this:

> "They do sometimes go off on their own tangent, so that can be quite challenging, but I think that has been sometimes a bit of a challenge just keeping them to to…actually this is where we're going/with this, not -y'know-.

> You know and pulling them back in to in to where we want to go with it." (Beth).

Another observation of power was demonstrated by participants in advocating appropriately for the service users. Simon felt part of his role included deciding if he considered individuals were well enough to attend or putting them off if he deemed this necessary. This could be viewed as a supportive measure but also demonstrated Simon's power, in deciding ultimately whether or not to include service users. Power issues relied on experience of previous situations and lecturers' ability to ensure appropriate, safe support of service users at all times. The findings from this study gave the impression the participants were at times unsure, if service users would attend, or whether alternative material to support teaching was needed at short notice, which participants acknowledged.

Participants appeared to want to relinquish some of their power, possibly by creating opportunities for service users to take part (Nadine), yet some participants struggled with how to undertake this:

> "I'm not very clear about… what kind of further involvement, how they [service users] can be empowered and more have more of an equal footing with us, from course development, interviews to the delivery, you know, they are …they may not be trained in teaching however their experiences are invaluable, in, making sense, helping students make sense of their learning…" (Trish).

Trish described her quandary about the importance of service users, yet the difficulties of how to include them, realising their valuable input, yet unable to negotiate further dynamic opportunities to include them.

Substantial power imbalances could continue if service users were not given adequate information, which could also disadvantage their input. Academics may inadvertently advise them on specific course issues they felt necessary themselves, which may constrain autonomy and independent thinking of the service user, yet again this leads to mixed messages and unclear boundaries within service user involvement. Participants wanted to encourage growth and development of service users, yet seemed unaware of how to facilitate this process, almost as if they needed examples or templates, or at least some organisational support.

Academics perform many roles which require input, to make sure that students' learning was appropriate and adequate, and that service users felt they were a welcome part of the university sessions. Sometimes, these roles appeared to demonstrate influence over content of sessions, timing and facilitation, all of which might be construed as the service user feeling they are always being told what to do. More regular meetings with service users and lecturers, was discussed by Nadine to facilitate on-going support and guidance for participants and service users to promote a more effective partnership role. This may facilitate a less authoritarian approach yet support for both parties to recognise some common boundaries.

Nadine described how some service users felt powerful in the classroom situation, perhaps with increased confidence, and might discuss areas that students were not ready to contemplate. Therefore, participants felt they needed to step in and facilitate, to direct service users:

> "So they [service users] might say things that actually …. the students aren't ready to hear …Depending on where they are in their placement…. in their programme. So year one, two, three you know sometimes you can bring a service usually in year one and actually they're going off on all this stuff and the students haven't got a clue because they haven't been out on placement…and the students are sat their saying 'I haven't got a clue what they are talking about'. and that could be really difficult." (Nadine).

Nadine emphasised how service users and students may have differing views and perspectives of the content due to be covered:

> "Because the service users quite rightly, don't know what level to pitch it [the session] at …." (Nadine).

This level of knowledge and understanding for service users can be difficult to explain and gage. Therefore, it appeared participants of the current study had a powerful position in filtering the content, directing service users, and ensuring the level of learning was appropriate.

Enabling autonomy seemed a difficult concept for some participants of this study, Trish explained one of her service user sessions was undertaken by a service user who was in a professional career and used to giving presentations:

> "*…* It was very helpful, and you know one of them obviously had had a job in the city and says Oh, I'm going to prepare some power point slides. It's not like that really … (laughs) it's just about you know you've got something to offer in the way of your experience of being a patient. (Trish).

Trish had to almost 'quash' the enthusiasm of this service user and their interpretation of the session. The service user needed some direction, without too much influence from Trish, to help support her work, and student learning. Trish conversely highlighted an important area where another service user felt he had nothing to offer in nurse education, which might indicate a loss of power:

> "…but I think the anxiety sometimes is around –y'know' what – what can be learned from me? [service user] … as a patient?...as a service user?" (Trish).

Trish reflected these areas and added the importance of differences in the population of service users and expressed the need to encourage successful inclusion and encouragement for service users, in such a way that the power balance may become more equal.

Participants appeared to feel that working with service users did not give them the power to control every aspect of their involvement. Fear of losing service users or crossing a boundary and becoming too authoritarian, seemed to be a hidden issue for many participants. The role of the lecturer appeared compromised at times by difficult behaviours or issues with service users which were not dealt with; or lack of organisational assistance to facilitate and offer support. Challenging service users and exerting power seemed a struggle for participants. There appeared to be a need for participants to develop good relationships with service users, which was overridden by any negative issues, this may have been because the service users were not employed but rather volunteered, or perhaps because the relationships formed were more distanced, in terms of service users only attending occasionally and the processes of inclusion being quite fragmented.

Participants did not have the confidence to make changes or exert a more stabilising power. Nadine described complex difficulties with service users being overly helpful to students in situations, such as OSCE's (Clinical exams). Service users prompted students in these situations if they forgot to undertake certain procedures, for example checking name bands when giving medication in skills. Nadine felt this meant service users were overly influencing students, consequentially helping students in exam processes, she

appeared powerless to change these actions, because she did not want to challenge the service user yet described her frustration. This demonstrated the hidden roles of academics continuing with processes that were difficult to manage, yet feeling it was not within their remit to raise this as an issue.

Sometimes service users became over familiar within their role and appeared to adopt their own sense of power. This was difficult for participants to manage:

> "I mean it's great to have the service users but when you have them, them all the time for certain things, they kind of become 'well I've got my place here' and maybe overstep their mark a little bit in terms of what needs to happen or what should happen and try to-and influence direction one way, when it shouldn't go that way ([aside] trying to be tactful!)" (Nadine).

> "I can just see that I just sit there and it's just- yes, just the way they position themselves, I think" (Nadine).

This was portrayed as a difficult dynamic for both the service user who wanted to feel comfortable in their role working within the university, and the participant who needed to manage these demands appropriately. The participants seemed to have less power over these issues, yet not really know how to resolve them, or negotiate protected boundaries, which meant sometimes service user management became more complex and appeared to be left unquestioned.

Nadine also commented on service users' behaviour, that she felt was beyond her control, as a lecturer:

> "You know, and their… - whilst it's nice to have their input sometimes they're a little bit too bolshie,…because they've been doing it quite a while".

Clear definitions of boundaries in this study seemed misaligned. Participants appeared to accept some of these service user behaviours, possibly because there was an awareness of the organisational need for service user inclusion.

Ellie suggested that service users were almost 'moulding' themselves to be like a lecturer in terms of place and position, signifying a desired power from the service users. Participants thought that if service users became more professionalised then the authenticity would be lost and there could be new dynamics between lecturers and service users established. Ellie felt she was on the perimeter of conversations, where power was exerted by service users, such as whilst waiting for session:

> "Sometimes they [service users] can be you know… particularly when they're waiting to start the interviews…and they are always in the office [lecturers' office] …and sometimes they almost get too close [closer to the lecturer and

164

organisation]…You know and they [service users] start saying things [their thoughts]…. and they sit there…saying who they want to work….and who they don't like working with and…" (Ellie).

Interviewer: "what in terms of like the, the other applicants or…?"

"Or other academics…But I suppose that is nature, isn't it?" … (Ellie).

Ellie described how service users may interpret their roles and agreed there were difficulties with the over familiarity from service users, and perhaps less 'regular' service users might be preferable for participants:

"The academic is looking at it from a different perspective, that sometimes the service users try'n' get too much like the academic- so really maybe it's better to keep people newer n'fresher, but it's difficult, because you can't really say that to people "oh- you've done it too long we don't want you anymore!" (Ellie).

Power issues over who could attend and how service users could be involved might lead to relationship difficulties and more complex issues for service users to deal with. Yet participants recognised there had to be some stability in service user inclusion but incorporating this was a challenge.

Tim reiterated that he thought more of a searching process for service users would be helpful:

"…so I kind of think we should trawl more… to get other people and maybe more…. not too assertive ... but assertive people who would be able to take on this role and enjoy being autonomous in a way." (Tim).

It appeared that service users were relied upon and that the power dynamics might change with each new service user who contributed. Participants of this study acknowledged their own dilemmas over power issues yet appeared ill-equipped to overcome this predicament. A more defined selection of service users could alter the type of service users completely and power issues could continue. Power issues seemed to exert themselves from both service users and lecturers in this study and will possibly remain to do so because of the human nature of the relationship.

5.4.3 Exhaustive description

This theme identified some of the complexities that lecturers described when working with service users. The essences of this theme included lecturers working in isolation and a lack of clear guidance or formal training to support service user inclusion. The protective roles of academics coupled with an academic hesitancy, to constructively support service users, demonstrated a lack of confidence and uncertainty within this group of participants.

Issues with diverse groups of service users and recruitment were found to be challenges. A sense of enjoyment undertaking service user work, yet an uncertainty of how to improve the current provision; financial issues and managing service user expectations, suggested undercurrents of turmoil. Lastly, power dynamics and perspectives of academics and service users were highlighted essences which were found in this theme. 'Muddling along' was portrayed by many participants as an accepted way of working, with participants undertaking tasks with little direction or support at times. This highlighted some frustrations, uncertainty and obscurities about participant and service user roles. Participants noted the way specific areas were undertaken to involve service users and seemed to question whether these could be improved. Yet, there was a lack of clear direction or thoughts about how these might be facilitated or how to introduce these conversations, to influence future practices.

Power and its' dynamics within the relationship between service users and lecturers highlighted the essential relationship which was needed between service users and lecturers to support student nurse learning. From involving service users to learning from them, working with service users, and incorporating flexibility, lecturers identified that they required an element of power to be able to undertake curricular content. However, this power could be reversed at times, by the service users. Sometimes participants appeared quite submissive in their approach to working with service users and would just muddle on, almost to avoid confrontation. Power was a difficult issue to address, many participants felt service users and themselves were unaware of the boundaries that existed and how these power dynamics might be altered, if power was more dominantly applied in certain situations. This again led to a muddled approach and a hesitancy in a lot of situations. Participants appeared to describe an awkwardness when undertaking service user work which was a common thread from all participants, even though they had many years of experience, given their role and dealings with service users and students previously.

5.4.4 Fundamental structure

This theme has outlined the hidden roles of academics in managing the everyday logistics of service user involvement, as well as providing the psychological support professional roles and management of service users and students. With little clear guidance available for academics this becomes a difficult scenario yet appears as an inevitable expectation. Managing the power balance between lecturers and service uses was depicted as a necessity to protect service users, ensure academic curriculums were followed and provide the academic discourse expected. However, academics found this challenging describing their hesitancy and discomfort linked to uncertainty about service user status and the need for more organisational support with these issues.

The next theme considers what works well for service users, students and lecturers and describes the positive experiences participants have encountered working with service users.

5.5 Theme three: "Challenges and Facilitators"

Theme 3 explores the importance of a positive working relationship between lecturers and service users, in order to facilitate effective and beneficial service user involvement. The theme title depicts the challenges faced by adult nurse lecturers and the facilitators which participants felt helped progress some aspects of service user involvement within this study population. Subthemes 3.1 The working relationship between service users and lecturers and subtheme 3.2 Participants emotions and compassionate care explore how lecturers work and cope with service user involvement.

5.5.1 The working relationship between service users and lecturers

Working with service users was generally rewarding but could be challenging at times for participants of this study. Valuing service users was a consistent theme and many participants (Leila, Tim, Nadine, Ellie) described their appreciation and enjoyment of collaborative working with service users.

Participants realised the challenges of working with service users, such as organisational barriers, health-related issues, and complexities of managing service users, yet they illustrated their positive working relationships with the service users and appeared to do their utmost to support and integrate the service users into student learning. Some of these areas appeared to illustrate partnership-working, with service users giving their time voluntarily and seeking involvement, demonstrated by their enthusiasm to take part and efforts to facilitate student learning.

Participants and service users formed relationships which were sometimes promoted by the social aspects of working together ranging from sessions in class, to attending graduation ceremonies. A sense of community was identified with participants and service users being able to work together and participants described how they wanted to work more with service users and would be upset if this collaborative work ever stopped. These aspects all demonstrated a positive interaction and appeared important to both participants and service users.

Participants of the current study also reflected upon more complex sides of working with service users, whereby service users would sometimes form opinions and remark on situations, as an aside from their position which could be difficult to navigate, as discussed in theme 2.

However, the overall message was that participants accepted service user behaviours and wanted to keep working with them, despite some areas of irritation. The key message from this study was the enthusiasm to include service users, yet the underlying ripples of frustration and uncertainty about how to best manage some of these apparent hurdles.

On a more positive note, working with service users reflected the privilege which participants of this study felt, upon becoming part of the service user world. Participants discussed a more subtle approach to some of the sensitive, intricate conversations and experiences that service users shared with students. Leila identified how listening to service users made her feel:

> "…it's about thinking, well you know that was a really important experience [service user story], that someone [service user] recalled, but I think, I always feel very honoured, very privileged-to actually listen." (Leila).

Leila's feelings demonstrated how she appeared respectful of the service users' story and described her ability to listen and hear the service users' voices. This fortunate position appeared to support Leila's teaching role and many participants felt grateful to be part of these experiences, which they classed as unique opportunities for themselves, and their students. Many participants described how service users influenced student education and their own roles, because of the rare insights service users provided. Participant's teaching did not have the service user 'voice' to promote this raw emotion and authentic representation, and therefore the working relationship was one of significant admiration, yet total respect from the academics.

Participants noticed how a beneficial relationship existed between service users and themselves, with the 'banter' that existed. This demonstrated a relaxed atmosphere where service users felt at ease, and a mainly positive relationship amongst service users and participants was identified (Trish). This appeared to promote a 'fun' aspect and made the roles sociable. Therefore, participants felt the social side of service user work helped the service users to combine their roles in a supportive atmosphere. Nadine identified:

> "We [lecturers] have a good relationship [with service users]" (Nadine).

and Ellie commented:

> "Service users enjoy coming and the social side" (Ellie).

Many participants acknowledged involvement of service users in interviews as a positive way for lecturers to work with service users (Tim, Simon, Leila, Rosa, Nadine, and Ellie). Ellie commented that academics valued service users and the contribution they made to nurse education:

> *"*You know I certainly think from listening to the academics on interview days… I think all of them appreciate that the service users have a part to play". (Ellie).

Ellie's recalling of staff appreciating service users' roles on interview days, demonstrated that other staff, as well as the participants of this study, felt they worked cohesively with service users, promoting constructive outcomes.

Participants of this study had some key areas which they thought important in service user involvement. These were making choices, knowing if service users would be relevant and ensuring students had a useful experience. Participants of the current study were keen to appropriately include service users, Nadine highlighted the importance of pitching content at the right level:

> "So, I think that's a drawback in managing the situation and the content and the pitch - the level it is pitched". (Nadine).

Participants' roles in this study included orchestrating appropriate content and building relationships with service users to fulfil the curricular demands, relevant to service user expertise.

Working with service users needed significant lecturer direction and participants observed that there were lots of stages in nurse training that service users can become involved, many of which helped facilitate positive working. From new service users who needed support and confidence building (Tim) to service users who attended following bereavement and undertook a new role (Ellie). Participants identified a 'steady team' (Rosa) and appeared to have an ability to create relationships with the service users that reflected participants feelings of valuing service user's commitment. This hidden area of responsibility for academics appeared to be tucked away within expected job roles but is important to highlight as the service user role appeared so reliant upon the academic's participation.

Participants of the current study were grateful for service users' involvement yet understood the complexities service users faced and understood why they sometimes had to cancel at short notice. Participants wanted to include service users, yet also treated them with respect and dignity, accommodating adjustments if necessary to partake in certain activities. Rosa described how service users may be unreliable but showed her compassion in realising that:

> "You can't really totally rely on them, even though they're reliable people – if that makes sense" (Rosa).

Participants of this study demonstrated their insight into working with service users, encompassing the vulnerabilities and limitations which might exist, yet promoting the role of the service user and undertaking authentic working relationships. Participants genuinely felt service users had an important role but were cognisant that these individuals had complex needs, requiring underlying care to support them. This could be neglected if service users were addressed as visitors, and their remit was not clearly defined to the students. This study illustrated that participants understood the fluidity of service user roles and the necessary readjustments to include them appropriately.

Simon described how he worked with service users and used his intuitive role in ensuring service users were genuinely well enough to attend sessions and take part. Simon stressed his concerns about service user's wishes of not wanting to 'let anyone down'. Simon had to advocate for the service user, making a decision of whether to postpone involvement, until the service user felt better:

> "I think, knowing what they're going through with their chemotherapy, they might act as if they are, y'know- full of energy and so forth [pause] but that's actually so draining and exhausting, so I'm conscious of that." (Simon).

Simon demonstrated how he took responsibility to support the service user in terms of their health and best interests, mirroring Rosa's reflections that service users 'need nurturing'. Simon stated:

> "I've put patients off [from attending service user sessions], while they were on chemotherapy, for example." (Simon).

Simon genuinely appreciated the service users' enthusiasm and commitment to take part yet was reactive enough to ensure the service users were capable of undertaking their role. Simon reflected upon his advocacy role, yet support and commitment to the service users, this again reflected the protective role participants described.

Participants had sought to provide comfortable environments for students and service users (Donald and Tim). This preparatory work built good relationships for everyone involved and facilitated learning processes:

> "I think that in relation to involvement of service users in particular classes – I think there is preparation in terms of the environment, making sure that it is a comfortable environment to work in. I think it is really important that it is comfortable for the students too ..." (Donald).

Nadine identified an interesting idea of promoting different ways to involve service users in teaching, instead of the more traditional styles that service users seemed to adopt. Nadine suggested:

> "…talk to them [service users] about what they deliver, how they do it differently, and different styles of teaching because actually whilst we're taught how to…how to try and change the learning in the classroom and make it more student engagement... I suppose our service users don't have…. When you talk about training, they don't- … you don't discuss with them about how they could do it differently… How could...different way, which might become more engaging for students… maybe more, lots more role play…(Nadine).

Nadine revealed that service users could use more innovative ways to support their sessions, perhaps adding more role-play or interactive experiences. Trish had similar views suggesting service users should have access to student virtual learning environments within the course online information, to enhance service user understanding and knowledge base of the areas in which they were involved. Participants showed real enthusiasm to work differently with service users but did not appear to have had time or capacity to really engage and think about these issues.

Leila highlighted the additional layers of education, that service users provided, which was a key point throughout this study:

> "Well, really I think…. I think it's just I feel it [service user involvement] adds…that extra layer … on the teaching, so you know we- we provide students …with a lot of knowledge, a lot of … discussion, about what we're doing, why we are doing it and how we're doing… what we can't do is say what it feels like to receive that, and what these things mean to individuals". (Leila).

Leila suggested her experience of service users' involvement provided some context for the realities nurses face, and how this can influence nurse's futures:

> "Y'know, it shapes who we are as nurses and the experiences we have shaped who we are..." (Leila).

Many participants felt service users added a significant foundation to their own nursing careers and perceived this could be the case for their students. Participants believed the importance of these service user relationships, moulded their own development and were keen to promote this for their students. These aspects could be considered as reflection, a vital part of student learning, and qualified staff's reflexivity within their roles.

Simon's thoughts supported Leila, and both felt service users were in a way, visionary in supporting nurse development:

> "They [service users] are the forefront of why we are doing this role …certain patients shape our vision but they also drive us on …and y'know- we remember particular patients that we've looked after, -yeah- and they help us along the way, and so if that's the case in practice, why can't we do it in education? And I think we [lecturers' and the university] need to recognise that a bit more…" (Simon).

Simon reflected his memories of service users who had 'helped' him in his career journey, promoting 'drive' and 'shaping our vision' and wanted this parity of recognition in educational environments too, which he felt was an understated area. This perhaps echoing frustrations that service user roles are not as widely accepted as they should be, throughout the university.

Participants thought service users engaged and promoted student learning in a way that was understated, yet essential. Trish described a 'wow' moment in her own education, related to a service user who was educating practitioners. Trish described this as 'I've 'seen the light moment' and she felt that her students demonstrated these same characteristics in her classes, when learning with service users. All of these areas seemed uniquely bound to the presence of service users, the working relationships cultivated by the participants of this study and the reflections on service user contributions. Continued involvement and positive working relationships between academics and service users appear as key requirements that participants expressed for the future and important areas for future development.

5.5.2 Participants emotions and compassionate care

Participants within this study discussed the many ways that student learning was facilitated by service users and lecturers working together, yet also became aware of emotional responses that were evoked for everyone, due to this work.

Participants discussed various emotional reactions they felt, due to working with service users. Some of these were expected such as laughter about situations, or sadness due to complex issues, others demonstrated the close bond participants developed with service users. Emotional responses are an implicit part of nurse education, yet sometimes overlooked, due to the stresses of the work, patient complexities and time available to debrief after a shift. Participants in this study found that service users prompted emotional responses from students and themselves, which were key areas of what worked well for lecturers and students. Emotional responses appeared important to participants of this study, to help guide their teaching and student's learning, but also as a source of reflection.

Leila described sessions where service users recounted their experiences of living with conditions, or facing adversity, and how this affected Leila in terms of her own reflections, and compassion for the service users. Leila described these feelings as 'Goosebumps moments,' when she described service user sessions, which evoked responses which possibly surprised herself:

> "… I would be lying if I didn't say that often I felt ...moved…And actually quite emotional… and often I would feel sort of 'Goosebumps', as the would talk about certain aspects…. or when perhaps they're talking about something, that didn't go very well…" (Leila).

Leila's use of language demonstrated her innermost feelings and how her emotions with service users were heightened by these relationships. The complexities of emotions and rawness of experience showed how powerful these descriptions were, and how lecturers

were drawn in, and almost enveloped in the service users' world. The value of the service user and the power of their presence in the classroom appeared to affect Leila, as a nurse, lecturer and a human-being, these experiences possibly becoming ingrained on Leila's consciousness/being. These aspects may help with lecturers' reflective practice and ability to engage with a more reflexive approach in their teaching.

Equally, service users provoked emotional responses from students and part of this response enabled students to develop emotional resilience, as part of their role. The findings of this study demonstrated students and lecturers had an ability to express their emotions and strengthen their empathy skills, something that in clinical situations can appear weakened or lost, due to other pressures. This highlighted the importance of role-modelling and discussions with students, focusing on the difficult, emotional impacts of nursing, which might be superficially discussed, yet not articulated as fully, without the service user presence.

Simon described one of his modules where he found his empathy skills were intensified, and he was aware of the importance of this, both for himself and his students:

> "I think I have a real opportunity in my unit to explore the art of nursing, and what it means to be a nurs-…. And getting across that empathy and understanding of your patient… So, I think I really encapsulate that, and that is really rewarding in itself..."   (Simon).

Although this again is linked to theme one, where service users are filling a gap, the emotional responses that service users provide supported nurse training and encapsulated a discovery of how to cope with emotional issues, especially if students have not been exposed to such emotions before.

Participants of this study did not have the ability to arouse these kinds of emotional responses, yet service users were able to induce these emotions, which participants were then tasked with supporting. Students and participants felt these emotions led to increased awareness of the patient's emotions and their own emotional labour, resistance, and empathy skills. Simon realised his own empathy and caring skills appeared to translate to his students in some areas, and he wanted to develop these critical resources for his students to ensure a good working and learning environment for students, now and for the future.

Nadine described her experience of working with service users and how she felt service users wanted students who were more compassionate in their care. This is an interesting point considering the 6C's that have been implemented, yet appear to show service users thinking students needed more compassion and to be more friendly:

"And I think if you talk to them [service users] it would be more about well they need to be more compassionate, more hands-… and a bit more friendlier…But how can you teach that?" (Nadine).

Nadine discussed how she often debated teaching compassion with students, but her reality was that service users wanted compassionate nurses, and this again appeared an important element to embed in nurse education. Participants discussed how service users provided the context for students to identify and practise these skills and ways of working, and hoped students developed a more compassionate skill set, for using in the real world of nursing, partly because of their exposure to service users within university settings.

Leila described the way that compassion seemed to be part of a different learning experience, when working with service users; one that might be more neglected or assumed to be integral to nursing, yet this essential area needed emphasising:

"It [service user involvement] offers a different element… ….at the end of the day as nurses… or the nurses we're teaching, we're all there to provide compassionate care… So actually, what you want to find out is… what it is really like to go through…that experience…rather than just the patho-physiology… or just the caring interventions… It's about what's it like for that individual".

Many participants highlighted 'what it is like for the individual' which was a key message from participants of this study that seemed to shine through all participants descriptions. These were the moments that appeared to be imprinted upon participant's minds and how they realised the service users and themselves both had significant parts to play in student education, as well as development of therapeutic relationships and understanding people.

Tim described the bravery of a service user, and how service users could overcome their emotions to reflect their message:

"…and they [students] find it extremely interesting. It was a bit macabre of course…but they found … that was interesting in his journey from being a fit young man… to being the person who lost his feet…" (Tim).

Tim's recollection described the patient journey and the emotional responses of the service user, including his bravery and emotional strength to describe his story. Tim felt this helped students learnt to accept these emotions in practice yet build upon their empathy.

The differing types of service users, different experiences, and valuable examples, all provided a rich context for discussion and enabled descriptions and questioning of care delivery, with real people. These rare opportunities were perceived by participants of the

current study as emotional learning, which at times participants found hard to verbalise. Leila described similar emotional responses, when listening to service users who described traumatic experiences:

> "That [service user session] was very emotional… and quite moving… the way they [the service user] talked about their experiences… and students asked quite open questions… but actually the way it was managed… by the service user, was y'know …very brave… in the sense that way they managed..." (Leila).

Leila described how this service user demonstrated a bravery and strength despite many complex and challenging situations. This affected the students and Leila, who appeared to admire the service users' coping mechanisms and professional way he shared his story. This demonstrated how individual vulnerabilities were shown to the students, and how service users were able to articulate such sensitive issues, and demonstrate management skills to communicate their story, which surprised participants.

However, participants also described a recognition of vulnerability of the students towards the service users who were able to field questions, in such a way that students felt permitted to ask, whereas in other contexts, they may have remained silent. Service users provided topical discussion and participants were able to use these key areas to highlight and discuss further with students, some of these more emotive subjects.

Trish summed up her feelings about service users and how they enhanced student learning:

> "You know its [service user involvement] so many opportunities for research also, and …how patients feel about being involved. And they like to think that they are sowing the…For the education of a new generation of practitioners… they tell you some fascinating stories…. only now…. are they being asked their views about something…" (Trish)?

Trish highlighted that service users are important for the future in their roles of education and that educationalists are 'only now' asking their views and acknowledging the magnitude of some of these areas. This signifies an important finding that perhaps there have been missed opportunities in the past when society was more paternalistic, and the service user voice was supressed. Participants in this study appear to be embracing these changes and becoming more willing to be educated by the service users and work in partnership with them to facilitate their dual roles within nurse education.

From the findings of this study participants appreciated working with service users and found their input genuinely helpful and supportive to students and their own roles, even if sometimes a challenging connotation was described.

This theme has identified what works well for lecturers and service users in nurse education, it has examined many areas that participants' value, demonstrating partnership-working, the need for lecturers to support service users and the realisation that service users have far reaching experiences, which may facilitate a better education for students and inform educational practice.

5.5.3 Exhaustive description

Theme three outlines that within service user involvement lecturers felt they generally had a good working relationship with service users and significantly valued their input and contributions to nurse education. Some elements of irritation were noted from lecturers if service user roles dominated discussions or their positions at times, therefore although passionate about involving service users, there were some challenges with this involvement.

Service users were described as having a relaxed demeanour by some academics, enjoying the social interactions and roles they played. The academics portrayed a sense of valuing service users, not just for their involvement in nurse education, but also as an integral part of a nurse's development. Academics felt their experiences with service users had "shaped" their careers and could visualise service user involvement having a similar impact upon their students.

The importance of the level of involvement was discussed and the way service users could be involved further, with innovative methods of involvement being a clear goal for some lecturers of this study.

Lecturers illustrated their nurturing and caring roles for service users and their need to assess whether service user involvement was the right avenue at particular times for service users. Therefore, again highlighting the protective element of service user involvement which seems to be a common thread amongst nurse academics.

Service users were considered to bring an additional component to nurse education, whether this was a minimal or major issue, service users appeared to be the people to highlight this to students. Lecturers felt able to stand back and let the service user voice capture these rare moments of real understanding for students. The art of nursing can be taught, but the crux of service user involvement is 'what it is like' for service users, what does this mean to this individual. Lecturers in this study felt service users provided the educational, emotional, and individual strengths to describe to students and academics what really matters to them, something all nurses should address, with each moment of service user interaction.
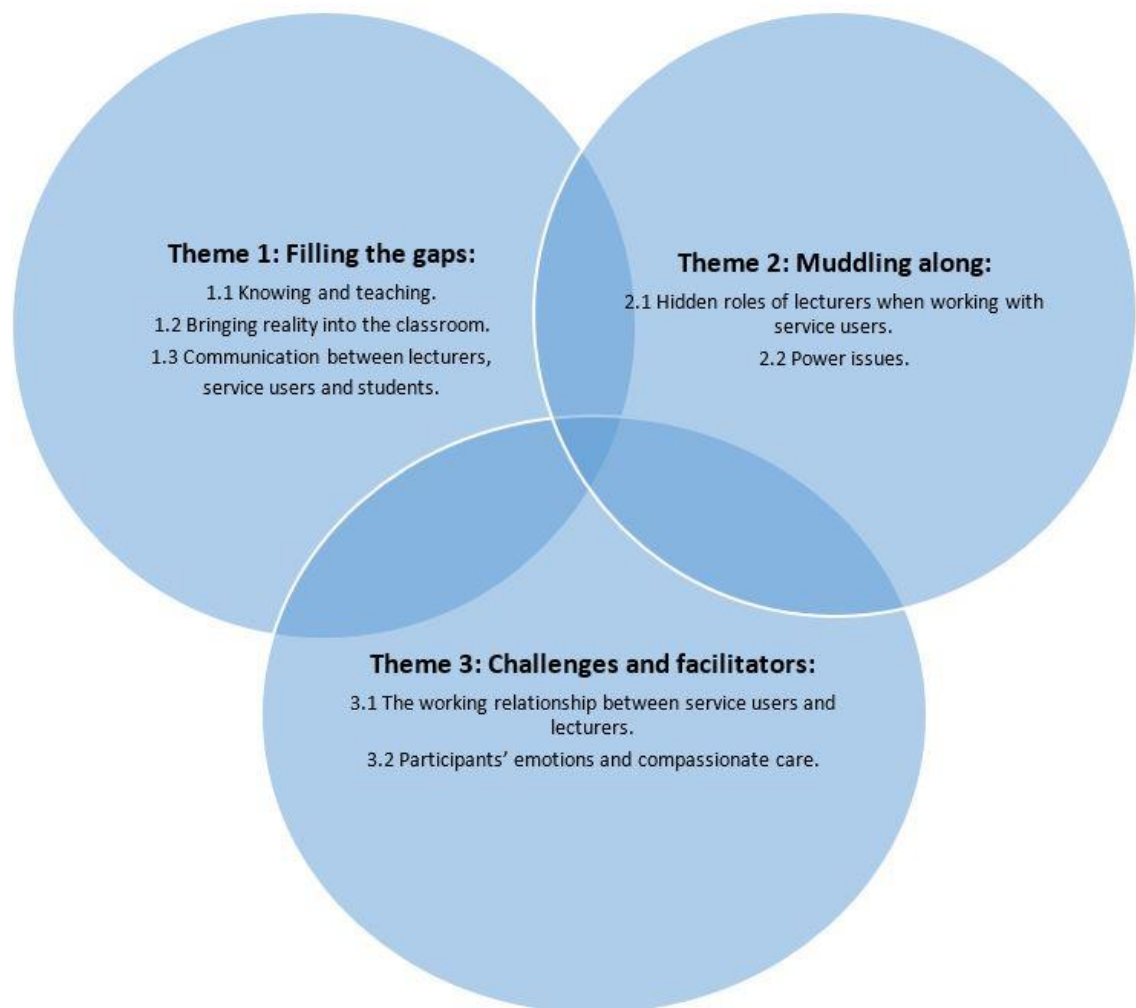
The fascination of service user stories, the opportunity to be involved in nurse education and the gathering impetus to include service users seems an important area for lecturers of this study and for future nurse education.

5.5.4 Fundamental structure

Lecturers of this study outlined how they felt privileged and enthused to work with service users. They felt service users importantly shaped their careers and could foresee this same theme emerging from their students. Rare moments of irritation were outweighed with the gems of service user contributions and academics felt service users added, much more than detracted from student learning. Lectures felt protective and supportive to service users and admired their realities of 'what it is like', such an important concept that only these individuals could define.

The diagram below illustrates how the integration of the themes found in this study contribute to participants' experiences of service user involvement in nurse education. Many of the findings overlapped within themes therefore this diagram aims to suggest that all three themes and subthemes inter-relate with one another to provide a holistic snapshot of participants' experiences.

Diagram 4: Diagram to represent the themes and subthemes of this study

Theme 1: Filling the gaps:
1.1 Knowing and teaching.
1.2 Bringing reality into the classroom.
1.3 Communication between lecturers, service users and students.

Theme 2: Muddling along:
2.1 Hidden roles of lecturers when working with service users.
2.2 Power issues.

Theme 3: Challenges and facilitators:
3.1 The working relationship between service users and lecturers.
3.2 Participants' emotions and compassionate care.

5.6 Summary

This chapter has identified three key themes which have also outlined relevant integrated subthemes. Theme one filling the gaps illustrated the significant involvement which service users portray according to the participants of this study. Service users appeared to provide a sense of holism to student learning, which adult nurse lecturers both acknowledged and respected. Service user presence signified crucial areas which might have been unexplored, lost or misunderstood, if service users were not involved in nurse training. Participants of this study felt service users provided their own unique insight and experience of health care journeys, which embedded a reality check for lecturers and students, and valued the importance of communication and understanding of service user needs and opinions. Theme two discussed the hidden roles undertaken by lecturers of this study to support and promote service user involvement in the nursing curriculum. The

complexities of power issues were discussed and subsequently how participants felt a change in the power dynamic occurred. Theme three identified the challenges and facilitators of service user involvement and how key issues need a joined-up approach. The emotional involvement of the participants was highlighted in this theme alongside the importance of compassionate care. Lecturers of this study outlined how they felt privileged and enthused to work with service users. They felt service users importantly shaped their careers and could foresee this same theme emerging from their students. Rare moments of irritation were outweighed with the gems of service user contributions and academics felt service users added, much more than detracted from student learning. Lectures felt protective and supportive to service users and admired their realities of 'what it is like', such an important concept that only these individuals could define. Service users helped to support nurse education and offered platforms for students to learn and translate this work into their future practice. Lecturers acknowledged the importance of working at grass roots with service users, and how service user presence, stimulated a more questioning, realistic, and important part of student learning. The experience of lecturers working with service users encompasses the challenges, facilitators, and hushed voices of these nurse lecturers, who value and cherish their service user involvement, yet expressed a need for more supportive cultures to embed this work further.

The next chapter discusses the findings in relation to the research question, existing literature and examines the limitations and underpinning conceptual framework of this study.

CHAPTER 6 DISCUSSION

6.1 Introduction

The aim of the study was to explore adult nursing lecturers' experiences of working with service users in two higher educational institution (HEI) settings.

These experiences were outlined in the findings chapter and will now be discussed in relation to the existing literature, comparing the new contribution to knowledge that has been identified from this study with the previous literature. Limitations of the study will be included and recommendations and implications for practice are also discussed.

The research question was:

"What are lecturers' experiences of service user involvement in nurse education?"

Research into lecturers' experience of service user involvement was suggested by Morgan and Jones (2009) as a topic for future research and has not been extensively highlighted within the literature so far. Until now, existing research has largely focused on service user and students, as the main groups who are affected by service user involvement, however the current study has identified the lecturer voice as a key contributor to this involvement, and emphasised areas specific to nurse education which might prompt further attention of lecturers and organisations, or changes to educational practices of nursing students.

This study has viewed adult nursing lecturers' experiences of working with service users utilising a descriptive phenomenological approach identifying lived experiences of lecturers in two universities. This has illustrated how adult nursing lecturers are affected by service user involvement and the impacts upon student education and academic roles. The subtle missed opportunities in other research to represent the academic voice which has appeared quietened, is represented in this study as a crucial area of discussion, which provides an essential contribution to the inclusion of service users, supporting students and facilitating a continued commitment to professional development for nurse education.

The findings chapter outlined three main themes with seven subthemes. The discussion is organised into sections to navigate the reader through the key findings across the themes. I have included some additional reflexive statements throughout this discussion to embed my reflexive process and outline my position and the newly found knowledge.

From a reflexive stance, my own initial assumptions based on my experiences as a lecturer in nurse education, were that service users were supportive to nurse education

and had a key role, for which they were included and trained, to fully support nurse education. This is the type of involvement, which is hoped for in policies, organisational directives and much of the literature. The findings from this study have required me to re-examine these ideas, challenged my initial assumptions, and re-orientate my views. There is a substantial amount of literature to support service users' involvement in nurse education and how this engages and facilitates student knowledge (Stickley et al, 2010; McCusker et al 2012; Scammell et al, 2016). Whilst some of the findings from this study complement the existing literature coming from the perspectives of service users and students, the unique perspective of adult nurse lecturers are examined in this study, which reveal the experiences of lecturers, the subtle differences which are important to lecturers and educational discourse and suggestions for future research and practice.

The findings of this study demonstrate the different ways service users contributed to pre-registration nurse education within university settings, filling gaps in educational need and professional development. This ranged from interviewing, classroom-based activities and to attending graduations. Many Higher Education Institutes (HEI) in the UK and internationally, demonstrate varied approaches to inclusion and acknowledge service user involvement as a key area for development and progression (Blackhall et al., 2012; Happell et al., 2015; Scammell et al., 2015).

6.2 Policy directives for service user inclusion

A lack of professional body or governmental directives for service user inclusion (NMC 2010; DOH, 2012), along with an absence of organisational infrastructure for participants of the current study, led to minimal directives and fragmented processes. This demonstrated complex experiences of service user involvement and highlighted challenges for HEI settings. Whilst participants of this study conveyed service user involvement was a necessary and valuable contribution to nurse education; they also expressed frustration at uncertainty of roles, lack of formalised processes, and described the inconsistencies which seemed prevalent in the culture and organisational approaches, of the two universities studied. Lecturers in the current study appeared duty bound to undertake service user involvement but lacked the foundational underpinning of support mechanisms and evaluation, which were regarded as missing links in this vital process. This was concurred in other literature (Speed et al., 2012; Felton and Stickley, Happell et al., 2016), and appears to be a consistent feature of service user work in some, although not all HEI's. These findings raise an important point which could suggest HEI's service user leads should undertake auditable processes, to check their service user status and examine individual cultural aspects, which may be supporting these fragmented areas of inclusion; with some areas providing a sticking plaster approach to service user involvement, instead of a more strategic overview, to encourage and support best practice. However, within the realities of

infrastructure, time, and resources, it is noted that some organisations appear to comply with non-standardised inclusion and continue with service user involvement, which may not fulfil everyone's expectations, but attempts at service user involvement are made. This appears to fuel the fire, of trying to accomplish service user involvement within its present confines, wanting to meet professional body requirements, strategic obligations and to demonstrate service user involvement in some way, however, rather points to the argument that this 'ad-hoc' inclusion exists and whether genuine service user involvement is undertaken (Happell et al., 2014). This could lead to a more detrimental process for staff, service users and students, if involvement remains tokenistic and weak in application. Lessons can be learnt from the literature and other organisations to provide more holistic overviews, which could help rectify current involvement, changing the ethos of inclusion to promote a more inclusive, appropriate, and suitable provision. (Terry, 2013). Organisations such as DUCIE (Developers of Users and Carers in Education) might provide solidarity for participants of the current study and support the continuous feelings of participants, who had similar reflections to the DUCIE report (2015), which mentioned service user co-ordinators feeling they had to 'spin too many plates,' in relation to roles and expectations, linked to service user involvement. The NMC guidance for including service users in nurse education suggests "Approved education institutions, together with practice learning partners, must…ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders" (NMC, p. 6. 2018). Whilst the HPC indicates: "Service users and carers must be involved in the programme… they could be involved in some or all of the following: Selection, developing teaching approaches and materials, Programme planning and development, Teaching and learning activities, Feedback and assessment, Quality assurance, monitoring and evaluation." (HCPC, p.31)

These two descriptors of inclusion leave a flexible, individual, and non-standardised interpretation for each individual organisation. Whilst this would see a logical, soft touch indication of what programme providers should be undertaking, it also leaves significant gap for disparities, differences amongst organisations and an individualised organisational application which will further create fragmentations of involvement. Including service users in nurse education appears incumbent upon academics, who face increased curricular roles and responsibilities; without additional service user stressors, which are evident during this involvement (Speed et al., 2012). As tensions rise within academic communities, due to occupational pressures, financial constraints, and staff shortages (Singh et al., 2019), service user involvement now, more than ever, needs to be an easily facilitated option. Academics appear as a key to unlocking this potential resource; but the realities for participants of the current study meant that although they were enthusiastic and mostly positive about service user involvement, many described an environment which demonstrated differences in service user inclusion, variations of academic

knowledge about service user involvement and disparities in support procedures. This was concurred by Terry (2013) and Scammell et al (2015) whilst also building on the work of Speed et al (2012) who reported challenges of logistical processes, training, renumeration, and support for service user involvement. Despite service user involvement becoming more widespread and imperative for nurse education (NMC, 2015), these challenges still remained for the lecturers in the current study. Without guidelines to support service user involvement, which are easily understood and implemented, and precise wording and directives, or examples of content, hours, and suggested outcomes; there will continue to be inequalities in service user involvement.

Implementing and understanding guidance remains a challenge in many areas of nurse education and healthcare. Appropriate guidance for many areas remains flexible and non-prescriptive, an example of this was the NMC fitness to practice proceedings (2019) who commissioned Traverse to undertake a public and stakeholder engagement report. This included stakeholders who were professionals, service users, registered nurses, and midwives, NMC staff and legal and union representatives. Challenges arose due to differences in opinion, culture, and organisational priorities. This reflects the complexities of providing appropriate guidelines for all situations and all individuals, which may reflect similar anomalies found in service user involvement, when implementing guidelines in different HEI's. Specific guidance for all individuals and situations, overlaps with the complexities of service user guidance, in providing explicit guidelines which can be implemented across the board. This reflects comparable dilemmas and uncertainty found in many situations, where guidelines are deemed essential to positively embed certain strategies, but when it comes to implementing these proposals, such as service user involvement, then a wider divide is noticed. This can lead to differences of opinion, understanding and disparities of implementation. This was something participants of the current study experienced and reflected in their feelings of inferiority, at times, whilst undertaking service user work. This may have been due to lack of guidelines or feeling a need for more guided support. Change management and implementation of new ways of working take time to embed within organisations and needs consideration (Sandström et al, 2011). This may reflect future needs of the organisations and participants who took part in the current study and a more strategic approach to change organisational cultures. Open discussion with everyone involved, to check for clear protocols, standards and how individuals feel about guidelines will be important topics to discuss in the future. A wider emphasis on service user inclusion with other disciplines and involving the broader university community may also help to promote an improved conversation about service user involvement. Conversely, other geographic locations which implement service user work in a more varied way, illustrate more diverse contexts of service user involvement and may be knowledgeable about how to implement guidelines more effectively. The

inclusion of PPI within universities may feature as a research tool, linking specific policy inclusion for service user programmes, with some areas being more forward thinking in their collaborative working with service users, whilst other organisations may lag behind.

These factors may contribute to disparities between the participants of the current study and other more established areas undertaking service user involvement. Another consideration is whether organisations have the strategic input to support research, and therefore have a difference in their culture and involvement of service user work. Specific leadership ideas, community engagement and interests may facilitate a more in-depth approach to service user involvement; all of which exist to support this inclusion but may be reflective of priority needs at certain points or organisational strategic plans. Participants of the current study did not appear to have this wider support or any type of motivation from other local or national university networks, community engagement or peers in other disciplines. Therefore, a continued more pragmatic engagement of service user inclusion, which did not appear to move forwards, as quickly as some of the other universities with a stronger service user programme, was portrayed. Perhaps, this inter- and intra-organisational approach needs reviewing more widely to firmly address priorities and reflect on current service user provision. This might help direct the service user voice within nurse education, check policy directives align with professional guidance and incorporate a more streamlined supportive approach, encompassing university and corporate strategy plans.

Interestingly, in some universities there appears to be a marked progress with service user involvement compared with the universities in the current study. For example, at Bournemouth University, there is involvement with service users who contribute to interviewing and developing questions for candidates, feedback, digital media, simulation activities involving role play in nursing and social work courses, involvement in practice learning and PPI in research. This appears more structured, compared with the current participants' experiences. Jack (2020) described an "impact testimony which highlights the influences of the story and storyteller to nurse education and beyond, demonstrating how service users' narration or stories can impact upon the storyteller and others. This was a similar finding from participants of the current study, but has not been so formally researched and recorded, and a number of other challenges with service user involvement were also identified by the current participants. The current study reflects differences in the way participants engage and converse within their organisations or management teams, which is afforded to some other universities who appear to have a more formalised infrastructure and progressive views.

Another successful involvement programme of service user inclusion is described by the PIER (Public Involvement and Engagement in Research) which has 107 core members

(Experts by Experience) and 103 organisational links who work together to provide service user involvement across the health and social care faculty at Bournemouth university. These service user innovations take time to embed and facilitate but are testimony to the sustained provision which can be provided with insight and commitment, both organisationally and culturally. This compares with the current study and participant experiences which demonstrates a committed team of lecturers and service users, but where expansion and progression does not appear to have been reached yet, and organisational and cultural barriers remain.

A successful initiative can be found in the University of Lancashire (UCLAN) which has advocated for and engaged service users since 2004.The COMENSUS service user and carer involvement group provides essential links with the community in Lancashire, again demonstrating strong links and established programmes to support service user involvement and sustain this momentum. The current study did not depict a community approach and lecturers appeared quite isolated in terms of the wider networks, which could be formed and strengthened to involve, embed, and facilitate service user involvement more adequately.

Swansea University actively promotes service user involvement with training sessions for new and current service user volunteers, and additionally taught sessions by service users and carers. The Health Volunteer's programme provides a link between local people and health care professional programmes linking service user involvement from interviewing, helping with course revalidation, and describing service user experiences to students. This reflects involvement strategies which demonstrate hard work and commitment of staff, service users and organisational structures to support a fuller engagement. Although participants in the current study were motivated and committed, the clear lack of cohesion to work more generically with other disciplines in the university and to share this knowledge was missing. This indicated that a wider acknowledgment of service user involvement could be more fully embedded throughout the university environments and community environment, suggesting this strategic engagement was vital.

Nottingham University partakes in regular service user involvement and has undertaken various initiatives including initiating mental health service user involvement and midwifery service user groups. Nottingham University has undertaken work in collaboration with other universities and service user groups, to try to improve service user involvement in mental health care benefitting service users and mental health professionals (The Equip study 2012-2017) which ultimately links theory to practice. Nottingham University was also pioneering in setting up The PINE project (Stickley et al, 2009) which involved service users in Participatory Action Research and is now fully implemented as a model of

involvement, including curricular design and teaching. There was no mention of research into service user involvement by participants of the current study, this progression could help staff and service users to conceptualise their position more clearly and give credence to the work that is being undertaken, demonstrating use of models, improvement of services and a more wider approach to service user involvement, which has been exemplified by many other institutions.

The work by Peter Bates is also highlighted in much of the service user literature. Peter Bates works as an associate fellow (freelance) at Nottingham University and has encouraged the service user voice for over 30 years. His service user resources are valuable in providing accessibility on many topics which have been or are being undertaken by organisations or individuals (Bates et al, 2021). Several 'How to…' guides which are relevant, and representative of various collaborative partnerships can be found on his website. Service user involvement and linking people to academics and the wider remit of NHS care, teaching, and learning for health care students remain as focal points of this work. Inclusivity and co-production are firmly embedded in this work and the service user voice is apparent throughout the many areas of work. Multiple resources, debate pieces and research papers have been undertaken to support and strengthen this continuing work and the need for service user involvement in training and healthcare remains a paramount concept. This illustrates some deficits within the experiences of participants from the current study and demonstrates the progress in other universities.

Differences with service user involvement in the current study indicates that activism was not a part of the culture or organisational acceptance or expectation, at the time of this study. This is compared with other universities which fulfil the service user movement more progressively (McKeown et al., 2104), many of which are indicated above. The need for a dialogue between nurse lecturers and the organisational management is reflected from the current study findings which tends to err on the side of caution instead of fully embracing and moving service user involvement in a more forward-thinking direction. Critical appraisal by academics would benefit service user involvement and McKeown et al, (2014) suggest the significance of "Are we ready? Are we with you?" which appear as a useful prompt for academics and organisations to consider, discuss and position within their service user remit and future developments. Nationwide contributions of service user involvement reflect the different approaches for service user involvement, which are currently being undertaken, with small pockets of excellence supporting service user involvement more actively as outlined above.

A change of culture and organisational recognition of service user involvement in the organisations studied appears necessary. This might help to demystify the present offerings and to shed a new light upon priorities of nurse education, what can be

undertaken and how this can be positioned to support students, staff, and service users. The possible lack of cohesive leadership or key person/ group to support service user involvement is missing for participants of the current study, which means at times there is tokenism, or a lack of innovation. This paints a landscape of service user involvement being 'ad hoc' and possibly limited or under-valued by some, despite participants' enthusiasm and motivation to involve service users in nursing programmes. The continued inclusion of service users, without formalising a more motivational service user involvement will continue and will mostly likely lead to continuing the current pattern of inclusion, instead of developing and mirroring the excellent examples of work being undertaken elsewhere. Participants and organisations from this study need to promote initiatives, network more widely and become proud of their achievements. The current study demonstrates a need to move from the existing structures and comfortable undertones to a more dynamic inclusion, which is forward thinking, appropriate and links to future strategic plans for each organisation.

From a reflexive point of view service user involvement can appear as an 'add on' activity at times, with little planned inclusion or discussion before, during or after involvement. This leads to a scanty inclusion which lacks depth and can raise the question of appropriate inclusive practice. A more standardised approach appears to be the ultimate goal, with collaborative work between service users, academics and an organisation that recognises, supports and advocates for service user involvement more fully. However, it is recognised that cultural and organisational priorities, agendas, and ethos need careful management to facilitate this, if indeed standardisation is ever achievable.

This study recognised the differences within the two institutions which took part in this study, such as formalised training only being mentioned by one participant and others not being aware. This study observed how implementing a standardised model to improve involvement requires time, organisational and professional body guidance, and commitment to instil a level of acceptance and confident application. At the time of this study this management appeared obscured from practice, with more tenuous or flimsy approaches being the accepted norm. The following sections now explore the outlined themes identified within this study and discuss them in relation to the available literature.

6.3 Increased Knowledge and understanding

A clear finding from the current study was that participants thought service users had valuable experiences which could be translated into classroom settings and provide unique opportunities of knowledge for both students and academics. Service users were also identified as gaining from this involvement, in terms of reflecting about their patient journeys and the cathartic experiences which took place in these sessions, alongside service users being accepted as part of the university community.

The value of the lived experience in service user involvement has been identified in previous studies (Gutteridge & Dobbins, 2010; Tremayne et al., 2014; Eleanor, 2020) and participants of the current study felt service user involvement added a different flavour to knowledge, providing rich contextualised information, and enabling students to view health, well-being, and care from a service user's world. This was concurred by Eleanor (2020) in a focus group study of 38 final year mental health student nurses who found service user experiences both transformative in their education and practice, yet also enabled the inclusion of service user "impact testimonies," to support students and learning and evidence the realities of lived experience. Findings from the current study resonate and reflect a similar contribution to Eleanor's (2020) description: lecturers described the 'impact' of service users in their teaching, reflections, and future concepts for discussing care. These insightful descriptions from service users seemed to provide a diversity which would not be found without the service user presence and challenges to academic practice which lecturers felt enhanced their teaching, as well as student knowledge.

Findings from this study highlighted the perceived role of expert knowledge, which lecturers felt was gained from service users. Differences between service user experiences of their condition and treatment, compared with lecturer perceptions of a more condition-based or academic focused discussion, meant a complimentary framing of essential knowledge. Tremayne (2014) stipulates the importance of academic knowledge not being overridden by service user involvement and lecturers from the current study had similar views.

Lecturers felt students were able to learn from service users and that this would help students provide person-centred care in future. This is described by Granger (2016) who formed the "Hello my name is…" campaign which evolved from simple core communication values, and their importance to patients that can be missed by healthcare workers. Granger's campaign advocates healthcare workers introducing themselves to service users, a simple small step, which transforms patient experience and enhances professional understanding.

Findings from this study illustrated that lecturers felt service users had a certain expertise which academic and healthcare staff could not achieve or impart. Experts by Experience (Anghel & Ramon, 2009) is the title given to service users who are classed as having knowledge that is as important, as clinical, or professional expertise (Pathway, 2017). Chambers and Hickey (2012) expanded this point, whereby they included 'experts by experience,' as individuals bringing the impact of their experiences, to the fore; not being reliant upon academic qualifications or specialist professional input into a course, which would provide a different contribution. Findings from the current study concur with this

idea, with one participant giving service users the title of 'the expert in the room'. Lecturers appeared to suggest that service users were entitled to this address, due to their intricate knowledge base and openly admitted service users' knowledge in some cases surpassed their own. Conversely, Wilson et al (2006) suggest some nurses are threatened by service users superseding professional knowledge but suggest this reflects individual nurses and a paternalistic emphasis on care. Tremayne et al (2014), argued service users cannot supersede educator's knowledge collectively, but suggested partnership formations develop different perspectives, which may strengthen student learning. However, it could be argued that this reflects an academic dilemma over what is classed as expertise. If the service user is an expert in a particular medical field and has substantially more academic knowledge, such as a professor in medicine, or similarly a service user who has learnt to cope with activities such as daily pacing for their individual needs and can elaborate on this more fully than an educator; then this may displace academic knowledge, or provide a different facet of knowledge or information that academics are not aware of. El-Enany et al (2013) concur that service users can be complicit in providing layers of inclusion dependent upon their experiences, education and training and this mix can become comfortably embedded in relationships between service users, organisational and professional interests. El-Enany et al (2013) also suggested service users drew upon prior experiences to reflect their occupational, life and managerial experiences, which acted to position the service user at a specific level. Tremayne et al (2014) make a salient point regarding educator's knowledge as being perceived as stronger than a service user, but care should be taken to ensure educators are not implying an academic arrogance in their perceptions and therefore diluting the service user knowledge and facilitating obstacles to inclusion as discussed by Speed et al (2012) and Rooney et al (2018). From the findings of the current study lecturers appeared to recognise the strengthening of knowledge which service users offered both to students and lecturers. There was an enthusiastic association from the participants, that service user presence provided something that the participants could not emulate or rival. This emphasised the more welcoming and consistently appreciative undertones from participants reflected in their views, indicating that service user involvement added significant value to nurse education. Participants from the current study viewed service users as a complementary strand to student and academic knowledge, not a threat or substitution. Participants appeared humble enough to identify these differences and encapsulate service user wisdom within their teaching. The differing levels of service user wisdom were discussed by Fox (2016), who highlighted experiential learning in social work, and its' positive and influential impact on student education. Traditional views by academics have considered service user involvement to be storytelling or discussing experiences, emphasising the service user as 'the helped' and the students as 'the helper', these roles are reversed in many service

user learning experiences (Fox, 2016). This illustrates the altered balance of traditional power, which is replaced as service user involvement progresses. Findings from the current study suggests there have been changes in academic opinions about service user involvement, as lecturers comfortably admitted they did not 'know it all'. This is an important statement to demarcate the boundaries between academics and service users but may be missed due to the assumption by academics, service users and students, that academics have an expertise in all subjects. In the current study lecturers positioned themselves openly to learn, reflect and assimilate service user experiences, alongside the students, a finding which is not always openly expressed in other literature. Therefore, this could be identified as new knowledge or knowledge which is often not highlighted, yet vitally exposes these participants' feelings about their symbiotic relationship with service users. Happell et al (2016) identified the need to 'share a vision' between academics and consumer academics, where partnership-working and gaining knowledge and support from peers was undertaken, which in most academic roles is assumed and not highlighted in its entirety (Happell et al., 2016). Participants of the current study described their academic naivety in some areas, an honesty which is often not implicit, and could be deemed as a new finding from this study.

An interesting area discussed in the literature supported professionals and service users combining their ideas to construct a symbiotic relationship, which enabled experiential knowledge (from the service user) and technical expertise (from the professional) to flourish (Slomic et al., 2016). This knowledge forms an important collaborative experience, where academics' and service users' understanding differ due to lifeworld experiences, socio-cultural and professional backgrounds. Fox (2016) identifies that 'we value the different types of wisdom derived from experience, practice and education by highlighting the impact of experiential knowledge on student learning…" (Fox, 2018 p 961). Lecturers of the current study felt service user and academic knowledge provided a complementary cushion of experience, informing and developing student's education.

In the current study specific dimensions of learning for students were accredited to service users who provided their individual idiosyncrasies and perspectives and offered a comparison against healthcare practitioner views. This diversity enriched student education, with vital areas which might have been missed or compromised without service user involvement. Therefore, service user presence was viewed as a key component to academic experiences of adult nurses in pre-registration nurse education.

Lecturers described how students appeared to extend their knowledge and asked service users different questions, as if the service users permitted student interest and engagement, to develop curiosity and allow in-depth conversations, which may never occur in practice. This important finding demonstrated that students felt comfortable to

ask, and service users felt able to answer. Similar findings were highlighted by Strudwick and Harvey-Lloyd (2013) who found that radiography students were able to listen, gain service user perspectives and learn about giving time to service users in clinical settings.

Findings of the current study reflected the significance of time for service users, as an essential, unique yet often understated component in nurse education. This appears as an easier win, within the confines of the university setting, but crucially different in the realities of practice. Quality of time spent with service users highlighted an essential contribution to nurse education by lecturers of this study.

Quality of time spent with service users highlighted an essential contribution to nurse education by lecturers of this study. The current study described how service users provided specific, unique opportunities to undertake discussions or work with students, which may not be found in other areas of the course, or practice settings. This made the reality of lived experience something the lecturers valued and appreciated, and felt enhanced their teaching skills, as well as learning for students.

6.4 Communication

The importance of communication skills is an essential component in nurse education and was supported by the findings of this study. Lecturers were aware that the communication skills and relationships with service users were paramount to nursing education and practice and marvelled at their student's confidence and ease to develop therapeutic relationships with service users.

These skills were identified as important moments of learning by lecturers strengthened by the diversity of service user situations, and student abilities to develop resilience and professional boundaries. Service users were important contributors to different facets of student communication, including verbal, non-verbal and empathy skills prepared students for the realities of practice. Poor care was discussed by service users, and lecturers of the current study negotiated the careful tightrope of support to embrace these difficult topics of communication for everyone. Lecturers provided students with the realities and consequences of conversations, which unfortunately still appear in practice settings, and need additional context of the nurse's role and professionalism, advocacy for service users and support for students in clinical practice. Therefore, service users alongside the university setting were deemed a supportive, significant environment by lecturers to establish student confidence of communication and therapeutic engagement, vital skills for nursing.

Conversely, a new insight from this study was that lecturers experienced difficulties themselves with communication and service user work. Some lecturers emphasised challenges if service users did not understand the requirements of sessions or if they were

over -zealous in their approach. Lecturers felt although they had the vocabulary and skills to discuss these issues with service users, often difficult communication topics were not tackled, because lecturers thought challenging service users was not in their remit and they appreciated service user involvement, therefore did not want to jeopardise future involvement or cause offence to service user roles in any way.

Other lecturers mentioned difficult conversations, such as self-disclosure or sensitive topics revealed by service users which they felt comfortable to address. Tremayne et al (2014) discussed how healthcare practitioners do not always embark on a conversation with service users, due to feeling embarrassed or uncertain about topics. Findings from the current study described similar reticence amongst students, who lacked confidence to adopt frank, candid communication styles with service users. Lecturers identified these unexpected conversations which were used to role model to students and acknowledged how the service user presence helping to facilitate such examples. However, lecturers recognised their own hesitancy with the challenges of service user behaviours or feeling comfortable to approach issues which might reflect a negative connotation to service users. This portrayed a stress for academics which was magnified because service users were visitors and not members of staff and could choose to continue or terminate their involvement at any time. Therefore, a sense of discomfort was revealed by lecturers of this study which again linked to further supportive organisational needs for academics. This is a unique finding and illustrates academics feeling ill prepared and awkward with regard to managing service users. This further highlights the need for supportive environments and cohesive practice to implement service user involvement more strategically and underpin this with organisational support. Terry (2013) discussed these issues and suggested many organisations require a firm underpinning to resolve organisational complexities, Happell et al (2016) and Scammell et al (2015) all include organisational infrastructure as key points to note for service user involvement to work. Participants of this study lacked a more formalised inclusion of support, which may have been due to no service user lead being identified in one organisation and may reflect service user involvement as being seen as important, but a lesser priority in the organisations studied. This may be due to multiple issues but as suggested an organisational approach could help further support this area.

Service user communication work facilitated a framework for students, which could be translated into in practice. Without learning the fundamentals of communication and working in partnership with patients, it seems higher education could be at risk of encouraging a breed of less compassionate nurses, who are inadvertently driven by the non-humanising nature of healthcare. This can eventually override the development of therapeutic relationships, and lead to complaints and poor care reflecting a different lens on nursing (Francis, 2013). Service user involvement and communication skills, therefore,

appears a key driver to diverting this acceptance of inappropriate healthcare behaviours where communication issues are often ignored and supporting students to engage with the 6C's, identify appropriate communication and learn how to advocate and provide patient centred care more effectively.

6.5 Service user presence

In the current study lecturers indicated that the service user presence mesmerised students who appreciated the service user role, appeared to engage more and were grateful for the critical conversations and feedback that took place. A study by Edwards and McCormack (2018) reflected comparable findings and described students working with service users in university settings, having practice in classroom settings which improved their confidence, communication, and skills in the clinical environment. Conversely, some studies have found service user interactions in practice and clinical environments provoke anxiety for students (Haycock- Stuart, 2014). This may be linked to not knowing service users well, or misunderstanding service user roles and the need for student nurses to position themselves and service users in their respective roles. Terry (2013) advocated nurturing roles of service users and students and preparation as important features of this work. Lecturers in the current study supported service user involvement wholeheartedly, yet there appeared minimal preparation of students and service users to undertake and sustain these roles. These findings do not necessarily reflect the wider sector; however, this echoes other studies where more preparation of students was discussed as a necessary addendum to service user involvement (Ward and Benbow, 2016). Participants of the current study wanted more structured inclusion of service user involvement, but this appeared lacking in terms of student preparation, in terms of working with service users in university or clinical settings. This is considered an important feature of service user inclusion (Stickley et al, 2010) and warrants further inclusion, which is at present missing from this discussion.

Service user presence provided useful feedback which students applied during sessions, reflecting genuine moments of learning, reflecting the realities of professional values and lived experience. This was reflected by Kuti and Houghton, (2019). The key skills of listening, engaging, and learning from service users reflected a different level of interaction and engagement from students of the current study. This was described by Rush (2008) as transformative learning whereby 46% of student nurses undertook their future clinical practices with significant learning from mental health service users. Findings from the current study echoed similar views, describing students acknowledging service user impacts upon theory and practice learning. Lecturers valued the varying degrees of knowledge that their students displayed, realising the intricate relationships formed with service users and to a degree, the level of trust which materialised. This linking of human

perspectives is a common finding within service user work and participants of this study acknowledged the additional human dimension, which service user involvement commanded.

This study highlighted a distinct impact of service user presence upon students, but also in relation to academic roles. This included the deeper levels of learning and acceptance of service users by academics. Previous studies have identified that working with service users developed key skills for students, including communication, empathy and understanding of patient journeys (Morgan & Jones, 2009; Unwin et al, 2018). However, the academic position has been less apparent, whereas the current study acknowledged an academic honesty and insight into service user involvement, which demonstrated an appreciation and admiration of service users and their contribution to academic roles. Atkinson and Williams (2011) suggested that "the knowledge student's gain from service users often far outweighs any insights lecturers could have given." (Atkinson and Williams, 2011). However, lecturers in the current study recognised the significant academic roles they provided, appropriately checking content for students, and being key to supporting service users to articulate their delivery; in terms of quality and training, and to ensure content was understandable and relevant to students. This was discussed by Livingston and Cooper (2004) who concur the importance of balancing academic and service user knowledge, yet also suggested training of professionals to understand and acknowledge service user issues. In a study by Happell et al (2014) lived experience academics led a cohort of students in a mental health course, to identify student attitudinal changes towards mental health service users. This was compared with an academic led cohort. Questionnaires were completed which showed that professional and service user collaboration and working together in these roles helped to facilitate practitioners of the future with collaborative goals and more equality within the relationships. This resonates with the current study illustrating that equality and collaboration were to some degree met, however participants described more conclusively that they felt significant gaps in learning were filled by service users, and participants related to the service user experiences supporting their teaching. This highlighted that participant of the currents study felt service user presence was an additional, vital, and interesting layer of learning, bridging important gaps for student learning, which was not achievable without service user involvement.

A key finding from the current study was that lecturers felt service users strengthened and consolidated key moments of learning, from both theory and practice perspectives for students, offering an insight into future implications of nursing and potentially changing practice. Much of this appeared linked to effective communication and shared goals for inclusion, as well as service user presence, an openness from participants to involve them and some reflective moments to collaborate, work together and view learning in a more holistic way.

6.6 Shaping academic and student roles

Lecturers in this study felt service users had helped shape their professionalism and reflected how this translational knowledge had steered their academic and professional paths. Lecturers highlighted their perceptions of the importance of service user roles and how this should be more widely accepted within nursing cultures and incorporated throughout the curriculum.

Findings from the current study described how some academics may not have had experience of all service user conditions or treatments or be as up to date with specific issues service users faced. Two participants described service user sessions as keeping them grounded, in the realities of practice, as concurred by Rooney et al, (2018). This was further highlighted by King-Owen (2020) in social work where service user presence helped students identify real world links. Lecturers discussed how service users acted as a counterpart to equip academics with credible experiences, some discussed how this additional experience supported their teaching as they had not been working clinically for several years and positively contributed to academic course revalidation. This was concurred by Rooney et al (2018) who highlighted the supportive role of service users within the academic field (Rooney et al, 2018). In a study by Atwal et al (2018) working with service users in a coaching style, was deemed a positive contribution to nurse education. This is implicit for future practice of nurses in their roles of qualified nurses, not only emphasising person-centred care but also a style of learning currently being adapted for supporting students in some areas of clinical practice. Therefore, similar pedagogical styles could be included in theory and practice settings, providing similar tools for nurses and students. Lecturers of the current study could draw upon similar coaching models in their service user involvement, which may remove some of the paternalistic emphasis and embed an easier approach for academics and service users to follow.

6.7 Bringing reality to the classroom

Lecturers in the current study discussed how service users brought their lived realities into the classroom and described the impact of their conditions upon their lives. This is concurred in much of the literature predominantly from the service user and student perspective (e.g., Atwal et al., 2018; Unwin et al., 2015; Tremayne et al., 2014; Happell et al., 2012; Rush, 2008; Collier & Stickley, 2010; Felton & Stickley, 2004). Participants in this study found these lived realities influenced their teaching, extended student knowledge, and brought authenticity to the classroom. Bollard et al., (2012) felt that students learnt more deeply when working with marginalised groups such as individuals with learning disabilities and that investment of time was important to facilitate suitable activities for specific service user groups. Lecturers from the current study suggested an improvement in the diversity of service users they included, emphasising marginalised

groups as key individuals to access. However, the harsher realities seemed to imply that service user populations were sparse, and lecturers were reliant upon their current pool of service users. This illustrated the challenges of recruitment faced by participants of the current study and their mixed loyalties towards the current service user population who had supported them previously. This depicts the possibility of organisational issues in accessing service users and warrants further consideration.

Lecturers in the current study described service users as adding an authenticity and reality to the classroom, which was welcomed as a vital part of learning, this is concurred by Rooney et al (2018). Lecturers in the current study wanted service users to portray a realism in their representations and not 'sugar coat' the realities of practice. Speed et al (2012) described how service users were concerned about being allowed to be 'real' during their involvement and lecturers within this study concurred this was an essential element of their inclusion. This meant not diluting service user experience or discussions, despite the need to sometimes realign the focus which lecturers in this study suggested was an occupational hazard.

A loss of authenticity amongst service users can be detrimental to students' training because it removes the core factor providing the raw insight into lived experience. Andreassen et al (2016) and O'Shea et al (2016) discussed service users who are exposed to charities or stakeholders and adopt a more professionalised persona. This represented different perspectives due to the training and guidance on how to promote their lived realities. Participants of the current study wrestled with the need to provide some type of instruction to support service users in their role, but the complications that perhaps some service users who might become over enthusiastic and lose some of their authenticity. Research by Felton and Stickley (2004) and Clarke et al (2007) suggests service users who become more professionalised are unable to promote an authentic patient insight and may represent alternative models such as institutional patterns and behaviours, instead of their own journey. Lecturers in the current study were aware of service users adopting professionalised behaviours yet strived to keep the authentic "off the street" characteristics that service users owned. This was a difficult area to rationalise as lecturers wanted articulate, semi-professional roles to exemplify useful contributions, yet struggled with negotiating an organic contribution from service users, and not becoming trapped in a single narrative, echoing the findings of Happell et al, (2014). However, it has been argued that by becoming a service user involved in education, then perspectives, roles and interpretations are unintentionally changed, which may facilitate an interprofessional relationship more easily, or conversely add barriers due to professional issues and misalignment of roles (Solbjør and Steinsbekk, 2011; Bee et al, 2015). This adds to the continuing debate of authenticity balanced against training and inclusion needs of service users. It remains important not to patronise service users who

may have academic qualifications or have worked in healthcare, it is important to realise the value and authenticity of this involvement in a sensitive and progressive way to promote authentic inclusion and expand the differences of lived experiences of service users from all backgrounds.

Lecturers in the current study did not discuss in-depth how to progress service user involvement. Several participants mentioned innovative ideas from service users which remained ignored or not acted upon, with one participant describing these ideas as a "missed opportunity".

Reflexively I have witnessed service users wanting more involvement in nurse education, not being acted upon due to limited capacity of academics to support service users in relation to time, organisational issues, and payments. This can appear to be an unintentional rejection of service user enthusiasm and involvement, therefore requires careful handling and sensitive negotiation, to promote further activity and sustain service user roles in a more collaborative way are needed.

6.8 Student progression

This study described how lecturers saw a change in their students' attitudes, adoption professional behaviours and confidence levels increase due to service user work. Stigma, stereotyping, and inequalities were identified by Beresford (2005) as factors in marginalisation, which unfortunately have translated into clinical practice. Stigmatisation in mental health nursing has been found in professional practice (Bertram & Stickley, 2005; Gormley and Quinn, 2009) and Blackhall et al (2016) argue that healthy discussions early in nurse training are vital, to challenge this acquired behaviour. This conceptualises a non-judgemental approach, essential to nursing (NMC, 2018). Lecturers of this study credited service users with diminishing stereotypical preconceptions and experienced changes in attitudes from their students, whilst working with service users. This reflected findings by Perry et al (2013) and Unwin et al (2018) who suggested that some students modified their behaviours and perceptions, whilst developing novel skills and understanding, when working with service users. This was concurred by Happell et al (2014) who described the importance of attitudinal change and decreasing stigma about individuals with mental health conditions, thereby fostering recovery models. Whilst the current study did not examine mental health student nurse experiences, there are parallels which can be drawn from this research, in that engagement and working alongside service users meant students were exposed to authentic interactions which decreased stigmatizing attitudes; however, participants also reflected that service users could be stereotypical and judgemental at times, which could be an additional stressor for academics when working with service users and students.

This is in opposition to potential student attitudes in practice, where unwanted behaviours from qualified practitioner's role modelling may promote stereotypical behaviours. Acceptance of stereotyping and stigma in some healthcare settings (Happell et al., 2011) can lead to negative associations between professionals and service users, which detracts from professional behaviours and embeds an unacceptable culture, which can be difficult to change (Francis, 2013). The current study highlighted the positive aspects that service users brought, breaking down the barriers and misconceptions and allowing students to dismiss their preconceived ideas and form new ideas of the differences between individuals and working together.

Lecturers felt service user involvement was pivotal to student's development as future nurses. However, many participants felt service user involvement needed threading throughout the course, instead of concentrated application in year one, which seemed to be common practice in the current study.

Linking theory and practice was an area that service users helped to embed in student learning. This was reflected in the literature by Felton and Cook (2018) who acknowledged service users helped students correlate nursing theory and policies more easily. From the current study it appeared that students were already including elements to strengthen the potential theory and practice gap. Students described memories of service user work in practical learning, academic writing and in the clinical environment. Lecturers in the current study visualised students accessing service users and acting as future role models to progress service user involvement in education and clinical practice more proactively. Therefore, service user involvement was suggested as a change agent for current and future nursing practice, compared with previous more paternalistic curriculums.

6.9 Lack of training and organisational support

Findings from this study demonstrated that many of the lecturers were not aware of opportunities for formalised training for service users, academics or students. However, this does not reflect practice at some other HEIs, with many other studies discussing greater availability of training (Speed et al., 2012; Terry et al., 2012; Casey & Clark, 2014; Bee et al., 2015). And despite the findings cited above, Stickley et al (2009) and Happell et al (2015) also reported more 'ad hoc' training in relation to social work and mental health service user inclusion.

Training and preparation of service users, students and academics has been viewed as an important aspect for service user involvement in all areas (Speed et al., 2012; Terry et al., 2012; Casey & Clark, 2014; Bee et al., 2015) and participants of the current study described their frustrations of the perceived disparities in training between adult and

mental health disciplines, within their own organisations. This disparity reflects existing research which identified service user involvement in mental health nursing and social work disciplines more readily leading to positive practice and consolidated methods of training, compared with other disciplines lagging behind (Scammel et al., 2016; Happell et al., 2015).

Despite noting these differences in training between disciplines, lecturers in the current study did not appear to highlight these inequalities or ask for comparative training resources from their organisations. It appeared almost as if the current situation was an accepted state of affairs and an insurmountable issue for lecturers to endure.

Hesitancy to raise issues to the wider organisations was influenced by current accepted academic practices and the role of the lecturer soaking up any areas of service user involvement which required their input. A continued emphasis on informal strategies for training were illustrated, with only one participant mentioning annual formalised training, which other lecturers appeared unaware of.

Informal training via peer-to-peer techniques from service users or brief discussions, prior to service user involvement, seemed the accepted norm, according to the findings of this study. This differs from findings by Terry (2013) who indicates the importance of preparation and training of service users. It could be argued that training processes within this study, may be detrimental in progressing service user development, if they remain at the current level of provision, due to lack of standardisation, monitoring and evaluating.

Some HEI's showcase their efforts for training, enabling service users to develop good practice and exemplary involvement. Most of the literature (Speed et al, 2012; Terry, 2012: Unwin et al 2020) reflects a significant need for training and support for service users, to embed a feeling of ownership for service users, which importantly could affect training demands and expectations of service users and academics. Many organisations provide specific training for service users as discussed by Hanson and Mitchell, (2001) and Terry (2013) who support this ethos to facilitate an overall knowledge of administrative tasks, preparation to work in the university and general logistical elements. Participants in the current study were hesitant to escalate their concerns more widely which transpired as a barrier to service user work which could be examined further to enhance service user and provide more supportive involvement in the future for academics and service users.

Lecturers of the current study wanted a more unified working strategy to develop sustain and improve service user programmes yet required some level of organisational and structural support to undertake and implement this change. Service user involvement appeared embedded in course requirements, yet was an unexplored phenomenon, in

terms of limited inclusion in curricular planning or further roles for service users. This reflected a gap in collaborative involvement by academics or faculties working together. This left a large training void for participants of this study which could be implemented more effectively. The singular, isolated practice of undertaking service user involvement without multi-disciplinary mixing with other branches and fields of nursing, allied health, social work, and education within organisations, appears as a missed opportunity for participants and organisations of the current study.

Patient and Public involvement in nurse education (2014) which illustrated Health Education England's good practice, explained that service users should be included in areas to define, map, and design service user involvement and linked with the NMC, GMC and HCP professional bodies, to ensure service users are at the "heart of education, training and workforce planning" (HEE, 2019). This emphasised the significant cultural change and adoption of newer strategies by participants and organisations of the current study, which would take time and commitment to implement.

McKeown et al (2010) described specific individuals promoting service user inclusion, without strategic and organisational sustainability, which appears to partially reflect findings of the current study with individual lecturers bearing the burden and responsibility for service user involvement.

An interesting finding of the current study was that lecturers had good ideas about training needs and appeared enthused to incorporate these; yet the willingness was unexplored, along with potential service user suggestions for developing involvement, which participants noted as "missed opportunities". This was possibly due to a lack of resources, organisational pressures, and support issues, combined with ineffective partnership working between faculties, service users and academics. This study highlighted the potential skills from lecturers, but the lack of resources which acted as further frustrating barricades, to more effective service user involvement.

Lecturers from the current study described advocating for their service users, dismissing formalised training as an unnecessary burden. This is in stark contrast to the literature where service users wanted to attend training and acknowledged training as positive support (Felton et al., 2018, Strudwick -Lloyd, 2013). However, it may be the case that lecturers are not in tune with the needs/desires of service users, or it could be that due to the small group of participants in the current study this was not a representative view of lecturers more widely. Findings from this study reflects a possibly limited understanding of service users' identity from participants and illustrates the different cultural experiences which can be found in various organisations.

Terry (2013) states some universities are members of the Developing User and Carer Involvement in Education (DUCIE) group, providing a supportive group for interested parties in UK approved HE institutes (MHHE, 2011) This is contrasted with some of the more turbulent approaches that are faced by lecturers of the current study, who did not identify with such groups. This is contrasted with participants of the current study who did not access or engage with wider networks, therefore somewhat diluting their exposure to networking and support. Rooney et al (2018) highlights the lecturers' role of engaging, supporting and sustaining service user involvement, often as a hidden barrier for academics (Rooney et al, 2018; Lathlean et al., 2006). Findings from this study construct some underlying tension which needs dissolving before further measures can be undertaken.

Terry (2013) suggests an essential process cycle in user and carer involvement, this includes recruitment with community links and relationships; agreed ethos and model of working together; Discussion, support of structures, payment, and training; student and staff preparation; finally, feedback and evaluation. This reflects the vital aspects which are needed for service use involvement which in the current study seem to be fragmented in approach, compared with the best-practice cyclically driven process above.

Lecturers from the current study did not mention any student training or specific preparation of students to facilitate service user involvement, despite descriptions by lecturers of some inappropriate behaviours from students, who perhaps needed firmer rationales for service user work. This is concerning given that student training and preparation is considered an important feature for support, recognition of boundaries and a safe setting (Stickley et al., 2010). Interestingly, participants described wanting students to take advantage of service user sessions, yet perhaps the lack of training to support service user involvement, reflected a missing link in this process. Preparation of everyone involved with service user inclusion appears key to successful service user work and indicators such as baseline measurements, agreed evaluation and protocols help to negotiate this complex landscape. Without this service user work is at risk of continuing with its 'piecemeal' provision (Chambers & Hickey, 2012).

An interesting alternative to the term training was suggested by Skoura-Kirk et al (2013) as an important consideration. Skoura-Kirk et al., thought 'education' as opposed to 'training' was a more palatable description for service users, suggesting a less patriarchal approach, and a more generalised assessment of knowledge. This might help service users feel more comfortable and provide a less daunting approach. Findings from the current study seemed to describe lecturers adopting their preparation of service user styles flexibly and around similar philosophies to Skoura-Kirk et al. Participants of this study viewed training with mixed opinions. Some participants advocated standardised training, whereas others were

unsure about its potential. Perhaps a wider examination of training needs or educational needs would be useful to consider, linked to academics' views and would help to further support student, service user and academic understanding in this area.

Findings from the current study suggested that one organisation lacked a key figurehead to discuss or direct service user work. Therefore, this may be adding to the stresses felt by lecturers to facilitate further service user involvement. This meant there was a lack of support described for service users and academics. Participants suggested individual lecturers, or an administrator supported service users. This would ultimately affect the culture of the organisation and embed further organisational values and practice to support service user work.

The importance of a central figure or group to inform, discuss and centralise service user issues was viewed as a necessary part of service user involvement (Speed et al., 2012). This may help protect academics facing solitary roles and endorse a more supportive culture for participants in the current study. This point is discussed further below.

Therefore, to summarise, training and organisational support reflected a difficult position for participants of this study, who at times appeared balancing between organisational need and service user advocacy; yet appeared frustrated at the lack of information, signposting and advice which was available for both service user and academics to fulfil these requirements.

6.10 Protecting service users

Findings from this study illustrated participants adopting an over-protectiveness of service users at times, it could be argued that participant responses about training reflected an academic arrogance and non-collaborative approach. However, lecturers were genuinely concerned about "their" service user's needs and limitations of inclusion, instead of more pedagogical involvement which could be burdensome. The concept of ableism was discussed by Unwin et al (2020). Ableism can be defined as discrimination in favour of non-disabled people (Scope, 2021). Unwin et al (2020) suggested that perhaps this was unconsciously integrated into planning by academics which inadvertently excluded service users. This was possibly linked to professional rationale, resources, and the ability to have open conversations in service user's presence. This reflected similar findings from the current study, with lecturers placed in a precarious position of protecting service users, maintaining their own professional discourse, and possibly prevented independence and autonomy of service user development. This again reflects a need for adequate infrastructure to support academics and a re-examination of the hidden barriers which may exist.

Interestingly large organisations with procedures of successful service user involvement have described how consumer academics or Chair roles have been implemented within one university (Happell et al., 2014; Scammel et al., 2016). Findings from the current study reflected a gap between service user knowledge and course details which was described by Skilton et al (2011). This identified service user academics who did not understand students adequately, and had higher expectations from students, compared to academics. This illustrates the need for simplistic overviews of the curriculum linked to service user involvement and for this to be available for service users to access. This could help service users identify where they fit within the curriculum and where they feel most comfortable, as well as providing an overview of what students are learning at specific points in their training. Therefore, providing an insight and understanding of student learning and potential needs for each session. An induction process and recognition by academics that service users have completed consistent training would support inclusion for participants of the current study. Hanson and Mitchell (2001) concur that service users were not being made aware of programme content for the nursing curriculum, or the consequential effects of service user involvement on student learning. These findings suggest investment is necessary to preclude challenges at later dates, justify the service user position and ensure information giving is relevant and appropriate. Therefore, providing firmer evidence of roles and responsibilities for service users, and linking course content to this inclusion, facilitating a more collaborative source of inclusion.

6.11 Collaboration

Findings from the current study indicated collaborative work between lecturers and service users in various forms, but lecturers appeared to differ in their interpretation and application of collaborative working. A suitable definition of collaboration might be a starting point for participants of the current study, with examples to instil confidence and processes to unify their experience. However, this again appeared unsupported by professional body statements (NMC, 2015) and organisational support. A collaborative approach has been shown to facilitate open engagement, as suggested by SCIE (2007a). This forms a key to future working relationships and promoting holistic care, all of which are necessary attributes for students to acquire.

Successful collaboration and meaningful engagement advances service user involvement (Rush, 2008; O'Donnell & Gormley, 2012; Race, 2015; Maher et al, 2017). However, several studies illustrate the difficulties of clearly articulating meaningful engagement, illustrating findings from this study were not alone. Meaningful engagement was a key area in Unwin et al's research (2017) linked to increased inclusion of service users over a period of time, compared with a one-off superficial visit in many areas. Lecturers in the current study faced similar dilemmas with one off service user visits, linked to time,

resource and timetable constraints, compared with the associated enthusiasm from participants, to encourage and provide service user involvement throughout the curriculum.

As a key point in the Francis report (2013) and to facilitate an open honest dialogue with service users, as partners in their care, strategic planning and wider recognition of partnership values is necessary (McCutcheon & Gormley, 2014). This should not be underestimated as part of service user involvement in nurse education and findings from the current study described a frustrated workforce, despite the literature suggesting collaborative work between service users and academics which informs better practice and improves partnership working (Felton et al, 2018; Strudwick & Harvey-Lloyd, 2013). Atwal et al (2018) highlighted the need to accept collaborative co-production with service users, as part of this process and Collier and Stickley (2010) described a need to acknowledge the differences between individuals, before collaboration took place. These steps appear necessary to introduce a pragmatic approach embedding a collaborative work ethos, possibly within continued collaborative training throughout service user programmes, to ensure understanding and recognition of roles and responsibilities are firmly acknowledged.

The importance of collaboration and partnership working can be a unifying experience, but also corrosive, if there are areas of undervalued knowledge. Findings from the current study described lecturers always felt there was always something to learn from service users and wanted students to be able to see, hear and reflect upon authentic interactions and collaborations, which Rhodes (2013) exemplified, as adding authenticity, and understanding for nurse and academic education.

The literature suggested service users want to be included in educational perspectives of design and integrated more than just telling their story (McKeown et al, 2014). However, the concept of co-production appeared missing from findings of the current study, in relation to research or service users working collaboratively in curriculum development or assessment, and further support may be needed to justify collaboration more effectively. Until these roles are formalised and adopted participants of the current study continue to face the educational challenges of involvement, collaboration and co-production, continuing in the unstructured format which illustrates a deficiency in the current system.

Terry (2013) suggests collaborative working and models of involvement to engage service users are positively recognised and that students taught by rather than about, service users, may gain more value in terms of effective work strategies (Tew et al, 2004). However, Terry (2013) argued that achieving a cultural agreement for involvement was complicated, and it appears that trust is complicit in this arrangement. This is not just by

the service users, academics, and students, but more widely reflecting organisational positions. This was echoed within the findings of the current study where lecturers who felt a loyalty to the service users, organisations, and the students, appearing caught in the crossfire, to provide successful service user programmes and embed collaborative experiences. However, in reality were confined, due to organisational limitations and resources.

Key to all collaborative practice is advice and guidance from organisations and professional bodies, as well as how these requirements are interpreted, which appears to be a missing element for participants of this study and for the wider community. This finding denotes an area for discussion at senior levels within organisations and professional bodies, to address needs, implementation and cascade these findings to lower organisational levels, prompting adequate understanding and implementation.

Academic networking with other universities or groups could stimulate a more inclusive, diversified approach, making collaboration easier to facilitate and expand. This is reflected in the findings of Happell et al (2014) and adds a reassurance to academic processes, facilitating networking and discussion to promote support for academics. Participants of the current study also described the enhanced social network provided for service users from their roles and this would certainly reflect a wider recognition of collaborative experiences.

Higher Education Institutes can no longer adopt approaches of insignificant inclusion or non-collaborative work with service users which is reflected by the HEI's in the current study. More supported directives of how this work can be undertaken might help policies and procedures to be implemented and is necessary to firmly anchor inclusive practice within the university culture. Whilst passion and interest for service user involvement appeared to be highlighted from the participants of this study, the lack of identifiable solutions was emphasised.

Notably to pass validation in nursing courses, service user involvement has to be demonstrated (NMC, 2018), however specific instructions remain elusive and therefore collaboration remains unchallenged and with varied approaches tainting its application. This reflects the difficulties faced by lecturers at the time of this study and how the strategic aims of service involvement appear to be met, but the tactical application was missing. Future ideas for collaboration were discussed in this study but lecturers were reliant upon resources, funding and the need for a closer examination of current practice.

6.12 Support needs and coping

6.12.1 Support for service users and students

Linking to service users and their collaborative inclusion is the need to provide adequate support for service user involvement. Findings by McKeown et al, (2012) reflect service users feeling stressed and negative towards their involvement and developing feelings that felt similar to stressors in a work role. Findings of the current study identified lecturers supporting service users and students if they became stressed. This warrants further examination, given the busy academic roles and the diversity of support that was expected, for example supporting service users during their involvement if they became emotional, similarly supporting students with the realities that service users described. Academics suggested improved systems were key to sustainability of service user work, and adoption of a wider team to support various elements of service user inclusion might be helpful, yet at the time of this study the solitary roles of the participants were noted. This reflects the differences of working with service users in a multi-disciplinary team, where there is wider scope for team approaches for management of these issues, compared with the more isolated roles that lecturers described in this study.

6.12.2 Support for academics

A great deal of investment by academics is necessary to obtain satisfactory inclusion of service user involvement programmes for everyone involved (Happell et al., 2003; Byrne et al., 2013b; Scammell et al., 2016). Participants in the current study were expected to undertake these tasks, with little guidance, or institutional support which could be suggestive of a lack of investment in the academics, from their individual organisations.

Participants described feelings of being overwhelmed or feeling guilty at times, if service users appeared to need more support. The main emphasis highlighted a lack of consistent contact or feedback with service users, which triggered participants to question whether a more sustained relationship might help both academics and service users.

One participant of this study suggested a key person with overall responsibility for all aspects of service user involvement could improve the current system and decrease academic pressures. This concurs with Terry's (2013) research who discussed 'Involvement champions' as part of service user involvement and highlighted the need for more than one person or focal point, within organisations to share and fulfil responsibilities, disseminating best practice. This would counteract the 'Guru' style of management described by Terry (2013) which has evolved in some areas, where one person is identified as the sole person responsible and the only individual with service user knowledge Participants in the current study appeared further challenged with no

overall leadership for service user involvement, yet they sustained this vital programme of inclusion.

Happell et al, (2009) suggested a need for academics to incorporate commitment, partnership working, support, scope, and autonomy, into service user involvement. Lecturers of the current study appeared willing to engage with these areas yet lacked the fundamentals to integrate this process fully. They appeared overly keen to protect their service users from any stress, and ultimately appeared to internalise any forms of stressors themselves, yet they did not reflect an academic voice to question, challenge or debate these longer-term issues.

Findings from this study noted how participants did not appear to have any support themselves with service user involvement. Whilst the requirements of a supportive community who promoted service user inclusion was an expectation of lecturers, the findings of this study described an isolated working experience for participants. This could reflect the lecturers being part of smaller organisations where service user involvement was less extensive, and their descriptions being their own individual accounts instead of a more collaborative experience. However, there appeared to be minimal discussion of the wider university community embracing or undertaking service user involvement in a collegial way, or any multi-disciplinary exchange of ideas or service user involvement, which would provide support and development of these programmes.

Nurse academics are used to engaging in teamwork either in multi-disciplinary healthcare situations or in academic work environments, therefore this study highlighted a discrepancy in normal practices and service user involvement seemed to be included as a solitary part of nurse education, instead of linked to all modules of learning. This isolating existence for lecturers could be argued to infer a depleted strength and confidence in the current service user programme and staff morale. Lecturers were unaware of whom to turn to for support or who to signpost the service users to, during the facilitation of service user work or afterwards. Therefore, this study highlights a need for appropriate support to sustain service user involvement more efficiently.

The isolated experience of academics is one of the original contributions that this study makes to the current literature, however in comparison, many areas undertaking service user involvement promote a more supported environment, with possible overlaps of disciplines and wider organisational support (Scammell et al., 2015; Terry, 2013). Professional socialisation has been described by Zarshenas et al (2014) as an adoption of professional identity, socialisation, and internalisation, to demonstrate the norms and expectations for professional development. This is an important consideration for participants of the current study both individually, and at an organisational level, to ensure there are not feelings of low self-esteem and assertiveness (Mooney, 2007). Nurses often

adapt to cultural expectations and norms (Salisu et al, 2019), which may be reflected in the participants of the current study and their descriptors of isolation. These may be linked to lack of organisational support and professional identity issues, whilst carrying out service user work. In a study identifying professional socialisation in undergraduate nurses, Salisu et al (2019) suggest that barriers and challenges are collaboratively managed by professional bodies and the academy of training. Similar practice could be adopted for participants of the current study, strengthening organisational support, and recognising professional socialisation more effectively. Participants who undertook service user involvement appeared set apart from the rest of the university disciplines, which actively engaged service users, such as social work or midwifery. These groups did not join together to support, enhance, or motivate each other and this portrays separate areas of service user involvement which might be easily joined, strengthening the current position of academics and service user inclusion. This appeared as a missing opportunity to work cross- faculty as well as professionally to strengthen the current service user voice.

Findings of the current study described how lecturers at times felt shocked or overwhelmed by what service users disclosed in sessions, and their role adapted from a listening ear to fully supporting these difficult glimpses of reality. Whilst lecturers of the current study appeared to have good reflective skills, the overwhelming lack of de-briefing for academics was a missing component of this study. Psychological and peer support remain as a hidden issue, which at the time of the study appeared to be managed, but warrants further attention, forestalling issues with resilience and coping. The literature supports service users undertaking de-briefing sessions (Tremayne et al., 2014) and participants of the current study concurred with this. However, there is scant literature to reflect a universal academic support mechanism, from a psychological perspective, which as a result of this study could be researched further. Many areas will consider this an in-house facility, but lecturers of the current study lacked infrastructure of this kind, therefore could be deemed disadvantaged. This point of originality found from this study is important for academics, organisations, and professional bodies to consider when implementing service user involvement and provision of further support may be appropriate.

Findings from this study reflect that lecturer did not appear to have had the opportunity or time to develop service user involvement or work in collaboration with colleagues, to raise the profile of service user involvement within their organisations. Participant's descriptions illustrated undercurrents of uncertainty, exasperation and lack of direction subtlety hidden by the on-going commitment to service user involvement, which seemed at times tokenistically applied. Networking with colleagues or the wider university disciplines was a missed opportunity for participants of the current study, which could enhance informal

discussions with peers, or meetings to support service user development. These key areas may prevent potential stressors and promote a more resilient approach for participants of this study.

Both academics and service users have been shown to find service user involvement stressful. Management of these issues could improve support and monitoring, to ensure safe, optimal inclusion (Omeni et al, 2018). This may provide a blending of approaches and successfully help to promote service user inclusion more effectively from an academic's perspective. Stressors for academics have been noted to be different compared with service users (Anthony & Crawford, 2000). Therefore, this study from a lecturers' perspective is a vital contribution to the existing body of literature of service user involvement in nurse education.

In the current study academics were clearly expected to lead the way with service user work and did not appear to address the negative impacts for themselves, in terms of stress levels. As found in the literature stress and academic life may require a more evaluative approach (Singh et al, 2019), which was not undertaken in the current study. This could possibly change the way service user involvement is pursued in the future and may develop new opportunities for a more negotiated involvement, understanding of roles and responsibilities, and reduce current stressors for academics. This reflects many organisations' forward planning schemes and staff welfare programmes and illustrates further discussion and decision-making with participants of this study.

According to McKeown et al (2012) health and social care staff need to be provided with sufficient details to facilitate their roles. This links to Felton and Cook (2018) and findings of the current study, which reflected similar disproportionate knowledge and as with many institutions, there appears scope for improved understanding and implementation.

6.13 Academic challenges and stressors

The university environment has led to many discussions within the literature about adequate facilities, timetable constraints and ensuring a comfortable area for service user involvement (Speed et al, 2012; Gutteridge and Dobbins, 2010 and Rhodes, 2012).

Adult nurse lecturers in the current study found many similarities in the barriers they faced; one additional finding was the hesitancy to challenge organisational approaches further. Lecturers in the current study appeared to undertake their roles without question yet appeared frustrated and dissatisfied with the continued arrangements for service user work. This may have been due to the lack of a figurehead as discussed earlier or perhaps issues of time and workload, which reflected a keep 'calm and carry on' approach.

Adult nurse lecturers in this study were not included with the higher-level information and seemed to approach service user work with an on-going compliance, instead of implementing change. This was an unexpected finding, given lecturers' influential status regarding their personal investment in service user work and their grass root level knowledge of working with service users. Participants of the current study were trusted by organisations to engage and facilitate service user work yet appeared to lack an organisational recognition that the academic voice mattered, in terms of developing service user involvement or evaluating current procedures. This finding highlighted the missed opportunities by participants of this study, which organisations are potentially losing, because they are not engaging with their staff in conversation about their experiences of service user involvement. The quiet voice of academics, who appear to beaver away in the background, undertaking service user work, accomplishing input and results are measured in terms of service user and student satisfaction. Yet a missing element from the participants of this study was their role in providing feedback about service user work and identifying future expansion and ideas to promote this work more accurately.

Stress, burn out and resilience are topics that could be useful indicators for future research of academics working with service users. Although the participating academics in this study appeared to be coping with the pressures of service user inclusion, there appeared to be significant trigger points, which were stressful and challenging when working with service users and students. This reflects the findings Bassett et al, (2006) user involvement in nurse education.

Academics were clearly expected to lead the way with service user work and did not appear to address the negative impacts for themselves, in terms of stress levels. As found in the literature stress and academic life may require a more evaluative approach (Singh et al, 2019), which was not undertaken in the current study. This could possibly change the way service user involvement is pursued in the future and may develop new opportunities for a more negotiated involvement, understanding of roles and responsibilities, and reduce current stressors for academics. This reflects many organisations' forward planning schemes and staff welfare programmes.

6.14 Power Dynamics

This study observed power dynamics and how it affected individual lecturers in relation to their work with service users. The power 'to work' with service users (Heywood, 2007; Thompson 2007) is recognised, as well as the power 'over' others (Heywood, 2007). Both types of power are useful to discuss in relation to this study because they link to healthcare and how practitioners limit or encourage 'power to' attain specific goals (Ryden and Willis, 2013).

In this study lecturers described the power imbalances that both academics and service users faced at different times and how this appeared as a conscious or unconscious power. Almost as if fluctuations were a normal expectation, there appears a professional choice in exerting or rationalising power in service user relationships, with academics holding substantial power, which they may or may not relinquish (Fox, 2016). Much of the literature now emphasises partnership working as a key to success and redressing the balance of power (Ryden and Willetts, 2013; Fox, 2016), instead of including service users in a defined way and constraining their development (Fox, 2016). Participants of this study exerted a power in terms of their professional dominance or personal power as academics, which has been noted in the literature (Felton and Stickley, 2004). Although traditional powers have changed and a less paternalistic culture now exists, participants described how power always appeared to be tipped in the favour of the academics (Fox, 2016); a situation that participants felt was uncomfortable, at times; yet necessary to sustain appropriate curricular content and service user involvement.

In classroom situations power was exerted by participants to ensure appropriate facilitation of service user involvement and educational needs were met. Professional dominance was necessary in some situations, especially if participants were faced with unpredictable situations when working with service users. This appeared to add stress to the academic role yet remains a hidden dialogue within the literature.

Conversely, participants described the power of service users in classroom settings, whereby a reversal of power for academics and students, was reflected, due to service user knowledge and experience as was described by Rush, (2008) and Schneebeli (2010). This was reflected as a positive aspect of power, providing service users kept to agreed agendas. Respect and authority were discussed by Ion, Cowan and Lindsay (2010) who suggested service users earnt these accolades when they undertook successful contributions to training mental health professionals. Participants of the current study mirrored this respect, yet it was unclear if the service users were able to accept or be accepted as authoritarian, and whether this power was retained or just in-situ for the session. Again, further training to examine these areas could be beneficial for both the service user and academics.

Equally, participants described their need to adjust power requirements, if service users became overwhelmed by a session or felt unwell, or required support from academics, if stressful memories were provoked. This was described by O'Donnell & Gormley (2012), and participants of the current study described similar situations when working with service users. Felton & Stickley (2004) suggested that service users do not always cope well with their service user involvement and Fox (2016) argues that experts by experience may accomplish transient power, instead of a fuller permanent discourse; both of which

appear unsettling. This again emphasised a need for academics to be on hand and finely attune power issues, highlighting a significant 'on call' role for academics, when working with service users, which could facilitate an underlying stress level.

Perhaps episodes of power is a more accurate descriptor in relation to service user powers, which are given by lecturers. This is reflected in Driessen et al (2018) who observed lecturers' roles of stepping back and forth in social work situations with service users, in terms of lecturers exercising power.

In some of the literature autonomous roles are discussed (Happell et al., 2015), but participants of the current study seemed to follow a more negotiated, supported approach for their service users (as found by Maher et al., 2017). Lecturers were not comfortable with full autonomy for service users and represented an underlying need to balance paternalistic and nurturing attitudes, with an overall hesitancy about exerting any additional power. This was concurred by Bee et al (2015) who described professional trust and respect for service users as significant markers for promoting autonomy in service user work. A difficult dividing line between full engagement, promoting autonomy and power issues which develop for service users exists, possibly linked to service user's unclear employment status, emotional capacity, and unpredictability in terms of how they feel on the day. Clearer boundaries and terms of engagement appeared necessary to support lecturers of the current study, as suggested by Ocloo et al, (2016), yet remain a challenge within the current culture.

Unfamiliar surroundings make relationship-building and confidence levels for service users difficult initially, however the literature reflects this improves significantly in time (Rooney et al., 2018). Lecturers concurred with these findings, and it appears academics have a positional power and cultural power, due to the need to provide appropriate content for learning and their role in supporting service users.

Participants recognised themselves as equals in some service user situations, such as interviewing, where the power balance of decisions appeared more matched. This can create a false sense of security for both parties and boundaries should remain in place to address this. However, curriculum planning, and defined partnership-working, still seemed to be in academic favour, with tokenistic involvement of service users, widely evident in the literature (Gutteridge and Dobbins, 2010). Agendas were another uncertain area which participants mentioned as a power issue, service users were often able to promote their own itinerary. Therefore, lecturers of the current study struggled with some aspects of management of service users, whilst trying to remain professional, polite and serving student interest.

Situational power and applicable power issues are widely acknowledged in the literature where academics hold power both intentionally and unintentionally, and pedagogic undertones remain (Felton and Stickley, 2004). Repper and Breeze (2007) concur with this discussion, stating partnership working would reduce these imbalances of power. However, participants of this study wrestled to facilitate more effective partnership working, requiring organisational power to address this further.

Trust from academics to support and monitor involvement was an over-riding power concept threaded throughout this study. Participants noted a sense of trust between service users and students which they thought developed therapeutic relationships, along with the need for academic control to build this trust (echoing findings of Tomlinson, 2007; Walker, 2005). Therefore, participants remained a key part of all processes with unconscious, underlying power or more overtly expressed power, being applied at different times.

Participants could see the development of power base for students and service users and exchanges of power that took place, which were delicately encouraged to ensure confidence was slowly built up.

Participants did not seem concerned that service users had power over their expertise about certain conditions. A study by Griffiths et al (2012) reflected similar attitudes of service users who did not expect nurses to have knowledge of all aspects of specialisms, preferring honesty and signposting to find information; as well as asking service user opinions if nurses were not sure about an issue.

All of these descriptions demonstrate the complexities of involvement and the imbalances which can occur throughout service user involvement. A fine tuning of power appears necessary, not just for academics, service users or students; but on a much wider level which will eventually infiltrate into the micro levels of service user involvement within organisations.

6.15 Relationships between academics and service users

Lecturers in the current study found service users were helpful at diminishing stereotypes both in university and in practice. This cultural change towards stereotypical behaviour may permeate into practice, and affect the professionals of the future, academic environments, and consequential attitudes of student nurses. Participants appeared to be paving the way in the current study with their inclusion of service users, breaking down the stereotypical barriers and encouraging diversity.

One of the key areas which arose from this study was academic reflections, the participants described their experiences, yet would often reflect on situations and

articulate their feelings where unexpected emotions arose. The study seemed to give an opportunity for participants to express long hidden examples of service user work, and memories of their experiences which they had probably unconsciously supressed. This stimulated an act of self-awareness and meant a unique insight into lecturers' emotions, thoughts and importantly self-actualisation were provided. Lecturers felt service users were able to voice their experiences and concerns about care, to hopefully inform future care or 'nudge' participants to critically discuss difficult issues with students. This demonstrated a culture of openness and emphasised the professional duty of candour (NMC, 2015), role modelling to students and important aspects of professionalism. The literature debates evidence of service user involvement influencing future care (Scammell et al., 2016), but places service users as 'shaping' prospective practitioners (Happell and Roper 2003, Chapman, James, & McMahon-Parkes, 2011; Rhodes, 2012; Scammell et al, 2016; Atwal et al, 2018). Lecturers in this study noted students' recollections of service user sessions, reflecting on care given or future care needs, as a consequence of service user involvement and acknowledged how this strengthened their roles, reflexively contributing to academic knowledge. This was reflected by Holtuum and Hayward (2010) who found cross-disciplinary practice and professional values were stimulated when working with service users.

6.16 Finances

Knowledge about finances may seem a bureaucratic arrangement which lecturers do not need to consider, but with university economic sanctions and viability of courses, these issues are becoming more relevant to lecturers' roles (DOH 2006; NHS, 2015.). Participants acknowledged recent changes in the systems of payment for service user work and described their despondency about lack of payments, or meagre amounts and conversely over payments, with concerns about equality amongst service user payments. There is no standardised payment structure for service users so many HEI's rely on their own budgetary processes (SCIE, 2019). There is more up to date guidance which includes the issues of benefits and earning limits which may affect service users (NHS, INVOLVE, 2016).

Investment in terms of finance, money and resource management have been identified in the literature as important factors for service user involvement (Tew, Gell & Foster, 2004; Scammell et al, 2016). Similarly concerns over notional payments and exceeding levels of benefit have been discussed and are explained more fully to support service users who wish to undertake such work or be included in research activities (SCIE, 2019; INVOLVE ,2021). Supportive mechanisms to facilitate transparency appear central to the successful inclusion and the sustainability of service users (INVOLVE, 2013; Crossley, 2004). Organisational approaches and clear priorities, to illustrate the importance placed upon

service user involvement was outlined in Clarke and Holtuum's study (2013). Yet, in the current study variable payments or expectations of voluntary involvement, left participants with complex decisions and ethical challenges. The current system identified a tokenistic and tick-boxed approach, which lecturers were not consulted upon. Lecturers felt uneasy to question economic sanctions yet were aware of service users comparing amounts paid. This led to a sense of mistrust and further stress and discomfort for lecturers.

In the current study, some participants described an over-reliance on volunteering by service users, or the choice of not involving them. This seemed weighted against service users taking part for the right reasons and not just seeing involvement as a financial gain, or 'cash nexus,' which was described by Speed et al, (2012). These stark options seemed a difficult concept for lecturers, and they described frustration at the system and budgetary constraints, yet gratefulness if service users who could attend, undertaking this in a voluntarily capacity. This posed a catch-22 situation and participants exhibited their discomfort, as moral principles were over-ridden by bureaucratic arrangements. This may consequentially affect future commitment by service users negotiating a more strategic process appeared necessary. Participants in the current study noted the university setting as a 'privileged space for enacting involvement' (McKeown et al., 2010), yet concurred with McKeown et al's (2012) findings that organisational infrastructure illustrated the complexities and issues, which constitute boundaries to involvement. Further engagement between organisations, service users and academics would provide more transparency and clarity about financial issues.

6.17 Assessment processes and curricular inclusion

Participants of this study tried to include service users in assessment procedures, yet even within this small group of participants, differing views identified complex questions. In the literature, the NMC (2010) clearly identifies the need for service users to be included in assessment of practice and other assessments. However, there appears to be limited instruction of how this should take place, reflecting professional body ideals of involvement. Casey and Clark (2014) argued that assessment involvement may be complex, and should not just be about individual practitioners, but with a wider remit, considering contextual elements such as organisations and service requirements. Haycock-Stuart et al (2014) undertook an examination of student's perspectives of user involvement in practice assessment. Findings from this study challenged the input of service user assessment as a formalised tool. Similar findings by Duygulu and Abaan, (2013) showed student views on service user involvement in assessments led to concerns, regarding service user objectivity. Chapman et al (2011) described patient testimonies which can be affected by issues such as patient well-being, relationships and intellect/ abilities at specific times. These findings reiterate findings from the current study

where participants felt service users should be limited and protected from summative assessments, undertaking formative or skills assessment only.

Clinical competencies undertaken with mentors in practice reflect care and communication, care given, comfort and respectful treatment in the clinical situation (Turnbull & Weeley, 2013). However, some of the literature refutes even these assessments (Haycock- Stuart et al 2014) suggesting service users are not qualified to undertake such assessments or teaching (Happell et al, 2014). Participants of the current study agreed service users need more specific training and more enhanced knowledge about assessment if they were to be involved in formal assessments. Gray & Donaldson, (2010) have similar thoughts, and Casey and Clark advocate the softer skills of assessment for service user involvement, such as privacy, dignity and communication appear more appropriate to student assessment.

Although professional body recommendations suggest:

> "Programme providers must make it clear how service user and carers contribute to practice assessment " (NMC, 2010).

The continuing theme of how to include service users is missing. Similar directives regarding assessment from the NMC in terms of theory assessment within the NMC code are also not provided, yet educational frameworks standards suggest:

> "Ensure programmes are designed, develop a, delivered and evaluate and co-produced with service users and other stakeholders." (NMC, 2010).

However, minimal guidance accompanies this statement which leaves academics and students feeling perplexed and unsupported, and it could be argued to a degree, vulnerable and despondent.

Service user guidelines include their involvement in assessments and advocate using

> "A range of people including service users contribute to student assessment." (NMC, 2018).

This reflects a paucity in the guidance to signpost academics and organisations, with minimal clarification and only individual interpretations suggested. This leads to variations in practice, non-standardised assessments and potentially could disadvantage service user involvement for students, academics and service users.

Participants of the current study add to the continuing debate, but this study signifies a need for directives which are simplified and provide a more standardised inclusion. This is suggested more widely in the literature (Terry, 2013; Haycock-Stuart et al, 2014; Scammell et al, 2015; Happell et al, 2016) who advocate for educational initiatives to fulfil

professional body requirements and align with a more cohesive interpretation of professional body guidance.

6.18 Emotional impact of service user involvement

A key finding of this study was that participants seemed surprised at the emotions highlighted when they worked with service users. Despite years of training and working as nurses and lecturers, the service user presence appeared to encourage a more reflexive way of teaching which participants and students engaged with. Participants described a kaleidoscope of feelings towards service users which surprised them, and almost caught them off guard at times. Empathy, frustration, and difficulties managing these emotions were common themes from participants. A more sensitive side when one participant felt 'Goosebumps' was described, when service user's presence and emotional outpouring filled the room. These emotions concur with much of the literature (Speed et al, 2012; Scammell et al, 2016) and demonstrated the rollercoaster of emotions that lecturers experienced.

Participants of this study found that they spent time dealing with sensitive emotions that could be triggered by a service user and affected students, academics or service users. Interestingly Christiansen (2011) examined learning and emotional identities through skilled reflective facilitation. Lecturers of the current study described how they undertook reflective sessions with students and concurred this helped students identify with emotive situations. This possibly included hidden cathartic effects for academics too.

Heidke et al (2018) discussed empathy in nursing for students and qualified nurses. Surprisingly, some studies (Ward et al., 2012; Nunes et al., 2011) found that empathy wanes after a year in student nurse's practice and education, suggesting the importance of incorporating the 6C's comprising of Care, Compassion, Competence, Communication, Courage and Commitment (Cummings and Bennet, 2012). These are all vital components of nurse training and service user involvement, which might to recognise the position of service user involvement in supporting the 6C's and embedding this in a more opportunistic way. This cultural necessity might then infiltrate the practice area, from its university inclusion progressing to an accepted norm, in practice and clinical areas, therefore becoming a key facet of nurse training and beyond.

Evans et al (1998) suggested learned empathy is not continued once qualified and may be linked to altered perspectives of newly qualified nurses, who want to 'fit in' to the workplace and team, sometimes compromising empathetic and reflective values. Tanner et al (2017) suggest service user involvement needs more application within the workplace, therefore collaborative work between the HEI and clinically employing areas, may be advisable to embed this cultural change in the workplace. This is an interesting

thought for sustaining service user roles and integrating sustained knowledge about service user involvement in both academic and clinical situations.

6.19 Summary

This discussion has identified the many central tenets of service user involvement which draw upon the experiences of nurse academics. It has highlighted specific areas with common themes such as communication, role –modelling and professionalism which link to nurse education. This discussion adds to the current literature by examining lecturer experiences in depth and identifying some new findings, such as lecturer isolation and the potential stress that service user involvement brings to the academic role. The underlying message from participants of this study was not to put service users on a pedestal but to negotiate the complexities of service user involvement in the ever-changing educational landscape. Lecturers recognised service user impact upon student nurses and required a committed organisational infrastructure. This would support the role of nurse lecturers facilitating future service user inclusion and prevent further academic isolation and lack of support.

Participants of the current study found students became engaged with more analytical views, applied a critical focus and related to individual accounts from service users. Yet, they also recognised the profound learning that took place and "added value" this brought (Bell and Bray, 2014). The significance of time, place and service users was described by participants as essential components to student learning, or as one participant described, these were 'wow' moments.

This discussion has provided an overview of the rich context that was provided by lecturers who work with service users. The inclusion of service users and experiences of academics according to participants of this study appears to highlight significant boundaries to inclusion which are organisational, financial or workload restricted. This study has demonstrated the innate enthusiasm from participants to engage, include and advocate for the service user voice, yet there are still missing links in the chain, to join together and align a consistent approach. Fragmentation of service user involvement includes hesitancy in academic behaviours, unsupported infrastructure, and isolated ways of working which represent lecturer characteristics from the findings of this study. Further research to address these areas are needed, more specifically analysing academic views and defining needs and ideals for future service user planning and engagement, to facilitate a supported environment for everyone and further enhance student, service user and academic learning.

This chapter has outlined and discussed the key findings of this thesis. Service user involvement as an experience for lecturers portrays a complex picture of various

approaches which it seems are continually adjusted and adapted over time. The situational context of involvement, negotiation of processes and support mechanisms illustrate a challenging feat for academics and organisations. These constantly moving goals describe snapshots of service users' lives which could inform larger parts of nursing careers or future patient journeys. Participants of this study found service users' lived experience the ultimate companion for their lecturers' teaching and student learning. Participants expressed the limitations of involvement, frustrations of working in time-bound, constrained environments, yet the optimism of future directives and improved involvement. Participants found that as lecturers their experiences were enhanced by service user involvement, yet they were aware of the realistic implications of over-developing involvement, without underlying support. Service user experiences seemed to stay with participants and this brief window of lived experience described an important opportunity to embrace and share academic views for future service user involvement.

CHAPTER SEVEN CONCLUSIONS

This study arose from my position as a university lecturer working with undergraduate student nurses. With an ongoing requirement of nursing curricula that service users are engaged in the educational process, particularly but not exclusively in the classroom. There is a body of literature that has reported on the experiences of students and the service users themselves, but not from the lecturers' perspectives, who have responsibility to ensure that classes meet the requirements of the academic award that the students are working towards. This descriptive, qualitative phenomenological study was undertaken with nine lecturer participants, recruited from two universities, to answer the following research question:

> 'What are adult nurse lecturers' experiences of working with service users in nurse education in the HEI setting?'

This study was undertaken to conceptualise the apparent gap in the literature which demonstrates a varied literature base that supports student and service user voices yet does not recognise the academic voice so significantly. My own interest in service user involvement stemmed from working as an academic and seeing how service user involvement was embedded into the current culture of academics. This prompted my enquiring mind and I wanted to find out more about what lecturers experiences were, when undertaking service user work from an academic perspective.

Data were collected through semi-structured interviews with individual lecturers. Recruitment issues, my role as an 'insider' researcher, and being a novice researcher, presented a number of challenges for me and study findings should be considered alongside limitations, but also strengths, arising from those challenges.

Conclusions can be drawn from the individuals and collective experiences, of adult nurse lecturers who took part in this study, who worked with service users and students, providing a unique insight into their perspectives, lived experiences and views. There were various intra and inter-organisational differences portrayed by the participants of this study, which reflects the work of other studies (Speed et al, 2012; Terry, 2013; Scammell et al, 2016; Gossen and Austin, 2017) This has added an important contribution to the literature because it represents a defined group of adult nurse lecturers describing their personal experiences of their everyday work, and attitudes to service user involvement, focusing solely on the lecturer voice. Although not representative of other institutions, this study raises key points for discussion because it reflects the academic perspective in one conversation, instead of the wider dialogue reflecting other aspects of service user involvement in nursing courses. Participants of the current study recognised the importance of service user involvement, the realities and the challenges, which they all

encountered, which has been suggested in other studies (Speed et al, 2012; Terry, 2013; Scammell et al, 2016; Happell et al, 2015; Gossen and Austin, 2017). For some participants of the current study, this was a bitter-sweet experience and the longing for more involvement, was confined by organisational approaches and cultural limitations, as also found by Happell et al, (2016). Joined up discussions between the higher echelons of university frameworks and the grass root level workings of academics and service users, seemed to be missing for many participants within the current study, and this is a key factor which could affect service user involvement in the organisations studied. The practice of collaborative conversations, open communication and reflective decisions as suggested by Happell et al (2016) were missing from the current study. This meant lecturer views were hushed, and the quietened voice of the academic, central to service user involvement, went unheard. An interesting point made by Happell et al (2016) pertains to service users having peer support, comparatively in this study it appears that nurse academics might also relish this opportunity. What follows below is consideration of the implications of the findings for key stakeholders: researchers, policy makers and education settings.

Research and service user involvement

Further research is necessary to seek out the answers to questions raised from this study, for instance why some areas of service user involvement in nurse education appear more focused and engaged (such as social work or mental health) even within the same institutions. This raises the question of is this affected by disciplines, academic staff, or a more accepting view from the organisations. The stifling of this involvement or tokenistic inclusion represented in some areas of the current study is surprising, when compared with other organisations which undertake these processes more efficiently. This study represents lecturer perspectives, but a larger number of participants who were for and against service user involvement would have portrayed a more rounded evaluation and added interest to the debate. Inclusion of larger, more established universities would have also been interesting to seek out whether this phenomenon is continuing to gain pace, or has slowed in its progression, because it is now established and accepted. This would provide a more updated context and could lead to insights of academics who have already reached significant stages in their service user inclusion. A deeper exploration could stimulate future research including lecturer experiences, service user and student comparisons of adult nursing course involvement. Specific strands of the curriculum could focus upon where academics think service users fit and how best to involve them. This would inform educational need, resources and provide a more in-depth observation of how service users and lecturers can best support nurse education. Research could identify the need for further studies which address service user involvement in nurse education more specifically. This study has contributed a small, but significant part to the

on-going dialogue for participants of the current study and reflects the importance that the nurse lecturer voice needs to be part of ongoing conversations to facilitate, update and establish good practice.

Implications for practice

Policies

To inform policy development this study has illustrated that within the current organisations studied, more information and policy application is necessary to be applied on a wider basis. Happell et al (2015) suggested that service user policy and its inclusion in practice was non-standardised and that further exploration is needed to support and implement policies more appropriately.

Some further directives from professional bodies could enhance this and help facilitate this process more easily for organisations and individuals, with a possible checklist and examples of inclusive practice; to define and streamline practice and policy application more effectively for the nursing curriculum and all professional courses. Wider discussions within the organisational cultures could be undertaken to examine policies and whether these are useful or in need of further additions, analysis and evaluations. Further engagement with networks such as DUCIE and reviewing documents available such as "Involving Service Users and Carers in Education: The Development Worker Role Guidelines for Higher Education Institutions" (DUCIE, 2009), as well as inclusion of service users in teaching policies (PINE, ND) are pertinent to service user inclusion and developing this further. Interestingly some guidelines have not been updated more recently (DUCIE, 2009; CLINKS, 2016) and therefore policy developments which may have changed since COVID, require further consideration, to address service user inclusion with COVID as an on-going situation.

Many key features from numerous guideline documents could inform current or future practice, including collaboration, best practice examples and more joint partnership working. CLINKS (2016) offer a comprehensive review of "Service user involvement and co-production" which highlights many relevant and well thought out concepts to support service user involvement of families and people who have had direct experience of the criminal justice system. This illustrates the complexities of equality and diversity, organisational resistance, staff apprehension, resources, ethics and service user policy implementation. Policy statements and guidelines appear to be used in the background in some institutions, which are minimally applied or in sparse contrast to the policy directives which have been written (Happell et al., 2016), this warrants a discussion and participants from the study seemed to struggle to articulate their views versus organisational expectations. A more regular perusal and implementation of policies which fit, to check

how these infrastructures could support involvement, would enhance service user involvement, add a baseline of knowledge, from which to grow these initiatives and re-invest experience and good practice.

Implications for educational settings

Nurse education appears to engage well with service user involvement (Terry, 2012; Scammell et al., 2016). However, there are significant differences in approaches and styles, with some organisations being more inclusive and others less so (Terry et al, 2012; Scammell et al., 2016). The current study outlined that service user involvement in pre-registration nurse education is valued as a rich tool to support, promote, and facilitate teaching and learning. However, this study realistically identified participants wanting improvements such as wider recruitment, more inclusion and progression of service user involvement, throughout the curriculum, yet participants from this study lacked the formalised approaches to support this endeavour.

Training, time and commitment for service users, students and academics are necessary requirements to reduce unpredictability or unrealistic expectations. A 'one size fits all' training or education session needs careful consideration, participants of this study recognised the challenges this might pose, describing their feelings of wanting some improvement in this area, yet protecting their service users against unnecessary burden and additional stressors. Different agendas from service users and lecturers to ascertain specific educational requirements of sessions, needs discussion, planning and a clear context. The credibility which service users bring, and academics can apply to their teaching, alongside lecturers' own self-awareness of how they include and can learn from service users was an important finding from this study and links to future educational input. However, fundamentally an organisational approach and not a departmental ideology, as appears in some institutions, is required. This could help reduce the isolated feelings from academics in this study, reduce any potential anxiety and sustain a more cohesive inclusion. Conversely, Happell et al (2016) discussed how service users felt isolated in this context and the need for a 'shared vision' about user involvement. Partnership-working and collaborative inclusion both with service users and in a multi-disciplinary way throughout the organisational structures appears as a defining feature within service user involvement. Different schools and departments of the organisations studied could contribute more widely, and could define, break down and raise awareness to simplify and strengthen the current inclusion. This is an important insight gained from this study, one which participants and the organisations seemed to miss. Lessons from other departments and institutions with more historical inclusion, might be useful to incorporate and apply, facilitating a cross-fertilisation of ideas, experiences, and educational perspectives.

Implications for management

The management of service user involvement continues to be a challenge for participants of this study, it is vital that nurse lecturer voices are listened to, as well as students, service users, organisations, and stakeholders. From this study it seemed that organisations did not recognise the golden opportunities which service users and lecturers were able to bring to nurse education. Another important factor which was missing for the nurse lecturers in this study was a conversation about time, management, support and infrastructure to develop and maintain service user involvement effectively and efficiently. Lecturers described the additional support for service users and students and the additional time this took and how support for lecturers to discuss this in any forum seemed a missing need in this study. The infrastructure in the current study was carefully managed by the lecturers and this raises the question of whether this is appropriate. Organisations did not appear to discuss the finer details of finances, recruitment or future aspirations of lecturers involved in this work. This missing link is a gap in nurse education for the organisations studied, which could be addressed and evaluated in a positive way. Nurses historically appeared to keep on task, and not complain in their roles (Ten Hoeve et al, 2014), often problem-solving issues as they occur. This might be an influential factor in the current study about how the nurse lecturers managed situations, did not ask for help and consequently kept this quieter voice within their role. Adult nurse lecturers in this study often felt unsupported and alone in their quest for service user inclusion, without a wider organisational support to manage, fulfil and lead service user involvement. This is in contrast to other areas who have a more unified approach (Terry, 2013). It appears that the participants who took part in the current study are at risk of being under-valued by the organisations that they are involved with because their opinions are not heard at an organisational level. Participants of this study represented a sounding board for service users, students and the wider organisations, whereas in reality it seems they described a taken for granted asset, which sustained the current levels of service user involvement and enhanced the educational experiences for nursing students. No organisation wants a return to paternalistic values or less inclusive practice for service users; therefore it is important that an appropriate management of service user involvement is partnership worked between the organisations and nurse lecturers to support this process.

One participant of the current study could recognise "the expert in the room," identifying the service user and not the academic. On a similar parallel, the organisations in this study could reflect this in their organisational culture, to look at the expertise of the nurse academics in orchestrating service user involvement, and proactively engage with these nurse lecturers to recognise these proficiencies, seek out an improved understanding and effectively collaborate to apply their institutional visions, as well as academic expertise with implementing service user programmes. Nurse lecturers in the current study need to

know that the wider organisation is interested, listening and engaging, to hear what is being described; act upon these experiences and embed a culture that appreciates not only service user involvement on a wider scale, but the academic opinion which motivates and sustains this vital inclusion.

7.1 Challenges, limitations and strengths of the study

This study collected the views of nine participants who were a small sample and self-selected, therefore some findings such as their enthusiasm about the subject was not entirely surprising. A larger number of participants from a wider disciplinary community such as lecturers from midwifery, child, mental health or learning disabilities may have provided more expansive contributions. Also, inclusion of other multi-disciplinary academics, i.e., occupational therapists, paramedics, physiotherapists, medics. However, this was outside the specific focus of this research, which was pre-registration adult nurse education.

Participants were recruited from two universities which did not seek to capture organisational differences or similarities but concentrated upon the focus of this study which was describing the perspectives of lecturers working within two organisational models of user involvement, therefore widening the scope of the data. Inclusion of several universities from further geographical areas may have facilitated even wider reflections, particularly on organisational aspects that may differ between institutions. The area chosen and number of universities accessed reflects feasibility of the study within time and travel constraints. However, qualitative research is recognised to provide in-depth analysis of a phenomenon and the interviews undertaken captured experiences and depth of information that provided valuable insights into the lecturer perspective likely to at least resonate with lecturers elsewhere.

Recruiting participants raised a number of challenges. Firstly, issues with gatekeepers (such as delays in obtaining permission initially) curtailed the initial data collection phase and the accessibility issues became protracted and increasingly difficult. Reasons for this were unclear, one gatekeeper was absent for a period of time and potentially academics may have missed initial emails due to busy workloads. Secondly, an initial lack of respondents meant a second wave of sending out information about the study to potential participants, so extending the recruitment period to almost a year (such as delays in obtaining permission initially) but demonstrates the realities of research. However, the process was expedited to a degree by identifying only a few individuals who did not meet inclusion criteria.

Trying to keep within my ethical framework in the recruitment process meant I could not be seen to chase or coerce participants; therefore, I was reliant upon those who put

themselves forward as being interested in taking part. However, I could have organised awareness raising sessions or leaflet drops or similar and this could be an interesting idea for future studies. This could be construed as introducing a bias by engaging only academics who were interested in service user work, or in supporting studies about service users, compared with other staff who may not have had such a vested interest and potentially could have given different views. However, identification of lecturers who were passionate about user involvement ensured that I was able to obtain a wealth of data that provided a detailed analysis of issues, good and bad, that user involvement presented them with. Similarly, it is also acknowledged that speaking to people who were not passionate about service user involvement would have supported this study and would have provided a further useful rhetoric. However as with any research study, it is challenging to recruit individuals without some form of interest in the research topic.

Experiences of service user involvement may be very different when comparing new and more experienced academics. Recruitment issues meant it was not possible to consider a comparative analysis, but all participants had been at the university and engaging with service user involvement for a minimum of one year. This ensured that all had knowledge of working with service users in an academic environment and therefore suitable to include within the study.

My own position as a novice researcher meant I felt uncomfortable at times and lacked confidence for example in initial interviews or in visiting other organisations. A participant-researcher relationship had to develop over a small amount of time, and in only one interview, and this may have been reflected in a more guarded approach to interviews perhaps meaning that I did not probe as deeply as I could have. I was aware that my interview technique improved over the first few meetings and subsequent interviews increased my confidence in the data having the breadth of detail required to provide a meaningful analysis.

I have felt very loyal to the participants of this study, and this led to me not wanting to discuss the research and appearing quite protective of all information. I wasn't anticipating this as I was enthused by what I was doing, and that reluctance was in conflict with that enthusiasm. This posed a dilemma in my own development as a researcher, as it meant I did not feel comfortable in expanding my own discussions, at times feeling reticent about giving too much away and aware of 'insider' researcher implications of these from an ethical and research stance. This occurred when colleagues would ask me about the research study or in my work where service user involvement was highlighted, and I had to keep the research study separate from any other potential other interests which might be conflicting. This could have limited my research experience but a positive aspect of this is that I became highly reflexive. Reflexivity was complex for me, and I realised I needed

to incorporate this but only after I had bracketed my experiences prior to data collection. Nevertheless, it was a challenge to put participants to the forefront and for me to remain at the back, listening and reflecting but not interjecting in any way.

Limitations of my inexperience of descriptive phenomenology meant that initially I felt challenged by participants' views in which they expressed their own subjectivity. The realisation that qualitative research presented a dilemma for me as I had to grasp the notion that my study would not be generalizable to other work. However, I soon realised that these subjective views produced a rich context to examine the lecturers' experiences and viewpoints and was a strength because it represented a new, meaningful and original discussion. Therefore, although not generalizable, the study outcomes are likely to have relevance for all university lecturers working alongside service users in their teaching and so should be transferable to other settings and universities.

I have found ethical dilemmas regarding using outcomes from my study in everyday work for my employer regarding service users, so have carefully approached any other work with a bracketed approach and reflexively incorporated available literature outcomes, but fiercely protected my study outcomes.

7.2 Original contribution to the research field

This study has discussed numerous themes depicting lecturers' experiences of service user involvement in adult pre-registration nurse education. Lecturers in this study demonstrated their reflexivity and I perceived a sense of self-actualisation being described by the participants, questioning their pedagogical stance, prior practice and acknowledging service users as a vital part of student and professional learning, shaping future nurses.

This study captured rare moments of the inner world of lecturers, their feelings of isolation and segregation from the usual multi-disciplinary way that nurses work. Lecturers differed in the support they received for their role in facilitating service user inclusion, with support appearing lacking and minimal. This signifies a need for firmer infrastructure and organisational responses to underpin service user work and acknowledge the important role that nurse lecturers provide.

Professional bodies, HEI's and nurse lecturers need to examine their roles and responsibilities in facilitating service user involvement, contemplating adequate advice and information to ensure support mechanisms for everyone involved. This study highlighted the hidden roles which lecturers undertake and the need for a more

collaborative approach to successfully implement a wider cross-faculty programme of involvement.

Academic hesitancy to discuss service user involvement more fully appears as a barrier of communication between organisations, lecturers and service users. Academics are centrally placed as the go-between for students, service users and programme providers, this study highlighted the crucial need for engagement with everyone involved, to provide a culture which supports and recognises the importance of lecturers and gives them a voice to communicate their needs.

7.3 Recommendations for practice and future research

The inclusion of service users and experiences of lecturers, according to participants of this study, highlights significant boundaries to inclusion which are organisational, financial or workload restricted. Service user involvement elsewhere, including within the UK and globally, identify different examples of inclusion and practice. This study set out to identify adult nurse lecturers lived experiences of working with service users in higher educational practice and was based upon findings from a small sample size in two UK universities. This study does not propose to change service user involvement overnight in either of the two universities studied, and it would be wrong to make any such assumptions, Hopefully, this study will add relevance to contribute academic perspectives and to reflect upon adult nurse lecturers' experiences, feelings and lived experiences, which will help to promote discussion, awareness, and question some of the current practices being undertaken. The current study findings suggest 'food for thought' and has demonstrated the innate enthusiasm from participants to engage, include and advocate for the service user voice, yet there are still missing links in the chain. Fragmentation of service user involvement includes hesitancy in academic behaviours, unsupported infrastructure, and isolated ways of working which represent lecturer characteristics from the findings of this study. Further research to address these areas are needed, more specifically analysing academic views, and defining needs and ideals for future service user planning and engagement, to facilitate a supported environment for everyone and further enhance student, service user and academic learning. Recommendations and suggestions for further research and practice following on from these findings are as follows:

1. Evaluation of current methods and future involvement of service users, students and academics / organisations to decide how service user involvement is progressing. Utilising a model of involvement to acknowledge and measure service user involvement from service user, student and academic perspectives, which clearly addresses meaningful engagement and understanding.

2. An educational initiative or proposal of a training programme that is monitored and evaluated for everyone – students, staff, and service users, to describe inclusion, expectations, and current systems. This would require input from everyone involved to confirm overall acceptability and collaboration, with regular evaluation and partnership-working, to amend, change and evaluate everyone's needs regularly.

3. Support systems and an overall key member of staff responsible for service user involvement with a structured committee made up of academics, service users, students and a wider representation of organisational members who could deal with areas such as finance, policies, administration, support, recruitment. Therefore, effectively including all aspects under one umbrella.

4. Regular feedback from lecturers, students, and service users to the wider university community to facilitate a feeling of unison and reflection at the integration of service users.

5. A raised awareness amongst staff, students and service users of multi-disciplinary input of service user provision, facilitating possible nursing, social work and education service users who could interact and construct a service user bank of experience.

6. Developing a more widely inclusive experience for service users and promoting their input to suggest innovative inclusion and realistic interpretations of this untapped resource.

7. Collaborative working as a team between organisations, academics, service users and students. This would reduce any misunderstandings, promote a more focused team to utilise service users and support and strengthen academic roles and service user sustainability.

8. Organisations to join support networks such as DUCIE and to consider establishing links with other institutions and work collaboratively to support co-production together. To engage more fully with other areas who are already undertaking this such as PIER partnership work.

7.4 Summary

Service user involvement as an experience for lecturers portrays a complex picture of various approaches which it seems are continually adjusted and adapted over time. The situational context of involvement, negotiation of processes and support mechanisms illustrate a challenging feat for academics and organisations. These constantly moving goals describe snapshots of service users' lives which could inform larger parts of nursing careers or future patient journeys. Participants of this study who were adult nurse lecturers found service users' lived experience provided the ultimate companion for their teaching and in student learning. They expressed the limitations of involvement,

frustrations of working in time-bound, constrained environments, yet the optimism of future directives and improved involvement. Participants found that as lecturers their experiences were enhanced by service user involvement, yet they were aware of the realistic implications of over-developing involvement, without underlying support. Service user experiences seemed to stay with participants and this brief window of lived experience described an important opportunity to embrace and share academic views for future service user involvement.

Academic hesitancy was an important finding in this study, both in terms of how academics felt in managing service users, and how they managed their own working situations. The caring attitudes of participants reflected an honesty and nurturing of the academic environment, for students and service users and a commitment to service user involvement. This was shown as an allegiance to their respective organisations. It is important that this loyalty is not taken in vain and is reflected from the organisations to support and sustain this commitment and motivation, from the academics who described how they wanted the best for their service users and students. On a more cautionary note, academics did not appear to recognise their hesitancy and were happy to 'muddle on' with this work. If this is not recognised or dealt with further stress, frustration and less resilience of lecturers could be found. An important investment of time, understanding and recognition for participants of the current study, appears necessary, to review current practices and identify best practice and how to move forward.

Service user involvement for the participants of this study illustrated important learning points for students, lecturers, and service users. It is hoped that this study will promote discussion to consider where service user involvement sits within each organisational framework, how organisations and cultures support and embed this inclusion and how the academic voice can be involved as part of this conversation.

The emergent themes have explicated significant findings from lecturers who work with service users. The themes inform future directions for service user engagement in academia and highlight areas for continued inclusion or change. This study did not seek to find answers to questions, but it has illustrated the lived experience of nurse academics who work with service users in a higher educational setting.

7.5 Final reflections

Reflexively, for myself this has been an interesting but challenging journey, I have explored various areas of service user involvement, identified the wider scopes of including service users in educational practice and become aware of the diversity of involvement which is currently available. Significant challenges such as recruiting participants and learning how to work with new methodological principles have supported

my progress as a developing researcher. A key area which I have found important is the ability to focus on a topic in depth and question different ways of working, researching, and evaluating practice. This study will make me more aware as a reflexive practitioner of the need to pursue further meanings, to look beyond my practice area and to learn from other examples which can which practice and add to my skill mix.

Importantly, this study has provided original insights into the lived experiences of lecturers who, whilst enthusiastic as to the value of involving service users, and to the learning by student nurses, also have to face challenges associated with such in initiatives. It was evident that practice has yet to fully embrace those challenges both in terms of process and organization.

This thesis therefore ends with some final reflections as to implications arising from the research:

- Service user involvement in pre-registration adult nurse education needs defining, establishing, and evaluating regularly.
- A supportive infrastructure with training or education related to service user involvement for service users, academics and students are paramount to successful inclusion.
- Academics can be part of a modelled approach which is implemented, but not always usefully applied.
- Academic roles should be regularly supported to prevent isolation and increased stress levels of academics.
- Service user involvement is a multi-faceted area, which relies upon organisations, professional bodies, academics, students, and service users. These individuals and structures need to work together to promote fuller, appropriate inclusion to enhance service user involvement, supporting service users, students, and academics on their educational and individual journeys of the future.

References

Abalos, E., Rivera, R.R., Locsin, R.C. and Schoenhofer, S.O., 2016. Husserlian Phenomenology and Colaizzi's Method of Data Analysis: Exemplar in Qualitative Nursing Inquiry Using Nursing As Caring Theory. *International Journal for Human Caring,* 20(1), pp.19-23. Doi: 10.20467/1091-5710-20.1.19.

Adams, M., 2001. Practising Phenomenology -some reflections and considerations. *Existential Analysis,* 12, pp.65-84.

Almalkawi, I., Jester, R. and Terry, L., 2018. Exploring mentors' interpretation of terminology and levels of competence when assessing nursing students: An integrative review. *Nurse Education Today*, 69, pp. 95-103. doi: 10.1016/j.nedt.2018.07.003.

Andreassen, T., A., Breit, E., and Legard, S., 2014. The making of "professional amateurs": Professionalizing the voluntary work of service user representatives. *Acta Sociologica*, 57(4), pp. 325–340. doi:10.1177/0001699314552736.

Angelin, A., 2015. Service User Integration into Social Work Education: Lessons Learned from Nordic Participatory Action Projects. *Journal of Evidence-Informed Social Work*, 12(1), pp.124-138. doi: 10.1080/15433714.2014.960248.

Anghel, R. and Ramon, S., 2009. Service users and carers' involvement in social work education: lessons from an English case study. *European Journal of Social Work*, 12(2), pp.185-199.

Anthony, P. and Crawford, P., 2000. Service user involvement in care planning: the mental health nurse's perspective. *Journal of Psychiatric Mental Health Nursing*, 7(5), pp.425–434.

Arnstein, S., 1969. A ladder of citizen participation. *Journal of the American Institute of Planners*, 35, pp.216–224.

Ataro, G., 2020. Methods, methodological challenges and lesson learned from phenomenological study about OSCE experience: Overview of paradigm driven qualitative approach in medical education. *Annals of Medicine and Surgery*, 49, pp.19-23. doi: https://doi.org/10.1016/j.amsu.2019.11.013.

Atkinson, S. and Williams, P., 2011. The involvement of service uses in nursing students' education. *Learning Disability Practice*, 14(4), pp.18-21. doi: 10.7748/ldp2011.04.14.3.18.c8441.

Atwal, A., Da Costa, H., Mantall, A., Mobbs, S., McCulloch, J. and Barclay, J., 2018. Service users and academics teaching together in nurse education. *Nursing Times* [online], 114(6), pp. 47-51.

Audi, R., 2001. The Cambridge dictionary of philosophy. 2nd ed. New York: Cambridge University Press.

Aveyard, H., 2010. Doing a literature review in health and social care. Open University Press. McGraw- Hill Education. London.

Aveyard, H. and Sharpe, P., 2009. *A beginners guide to Evidence Based Practice in Health and Social Care* (2nd edition) Open University Press McGraw-Hill Education London.

Babaei, S. and Talgehani, F., 2019. Compassionate care challenges and barriers in clinical nurses: A qualitative study. *Iranian Journal of Nursing and Midwifery Research,* 24(3), pp. 213-9.

Baille, L., 1996. A phenomenological study of the nature of empathy. *Journal of advanced nursing*, 24(6), pp.1300-1308, doi: https://doi.org/10.1111/j.1365-2648.1996.tb01038.x.

Barnes, D., Carpenter, J. and Dickinson. C., 2006. The outcomes of partnerships with mental health service users in interprofessional education: a case study. *Health and Social Care in the community*, 14(5), pp.426-35.

Barnes, M., and Wistow, G., 1994. Achieving a strategy for service user involvement in community care*. Health and social care in the community*, 2(6). pp. 347-356.

Basset, T., Campbell, P., and Anderson, J., 2006. Service user/survivor involvement in mental health training and education: Overcoming the barriers. *Social Work Education*, 25(4), pp.393-402. Doi: http://dx.doi.org/10.1080/02615470600593675/.

Batalden, M., Batalden, P., Margolis, P., Seid, M., Armstrong, G., Opipari-Arrigan, L. and Hartung, H., 2015. Coproduction of healthcare service. BMJ Quality & Safety 2016; 25, pp.509–517. Available at < http://qualitysafety.bmj.com/> [Accessed November 16, 2020].

Bates, P., 2021. Peter Bates, *Service user and carer involvement in nurse education.* [online] Available at: <https:// peterbates.org.uk/home/service-user-and-carer-involvement-in-nurse-education/>.

Bee, P., Price, O., Baker, J. and Lovell, K., 2015. Systematic synthesis of barriers and facilitators to service user-led care planning *The British Journal of Psychiatry* 207, 104–114. doi: 10.1192/bjp.bp.114.152447. Available at <https://www.cambridge.org/core. 07 Aug 2020>.

Bell, A. and Bray, L., 2014. The knowledge and attitudes of student nurses towards patients with sexually transmitted infections: Exploring changes to the curriculum. *Nurse Education in Practice,* 14(5), pp.512-517.

Benner, P., 1994. The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices. In P. Benner (Ed.), *Interpretive phenomenology: Embodiment, caring and ethics in health and illness* (pp. 99–127). Thousand Oaks, CA: Sage. doi:10.4135/9781452204727.n6.

Bennett, L. and Baikie, K., 2003. The client as educator: learning about mental illness through the eyes of the expert. *Nurse Education Today*, 23, pp.104-111.

Beresford, P., 2002. User Involvement in Research and Evaluation: Liberation or Regulation? *Social Policy and Society* 1(2) pp.95–105.

Beresford, P., 2005. Developing the theoretical basis for service user/survivor-led research and equal involvement in research *Epidemiologia e Psichiatria Sociale*, 14(1), pp. 4-9.

Beresford, P., 2007. The Changing Roles and Tasks of Social Work. A literature informed discussion paper. Shaping our lives National User Network. [online] Available at:<http://www.shapingourlives.org.uk/documents/SoLSUliteraturereviewreportMarch07.doc> [accessed 10June 2012].

Beresford, P., 2013. From 'other' to involved: user involvement in research: an emerging paradigm, *Nordic Social Work Research*, 3:2, pp139-148. doi: 10.1080/2156857X.2013.835138. Available at: <https://www.tandfonline.com/doi/pdf/10.1080/2156857X.2013.835138?needAccess=true > [accessed on 8 January 2021].

Beresford, P., 2013. *Beyond The Usual Suspects*. London: Shaping our lives. Available at: <https://www.shapingourlives.org.uk/documents/BTUSReport.pdf> [Accessed 20/01/18].

Beresford, P., 2019. Public Participation in Health and Social Care: Exploring the Co-production of Knowledge. *Front. Sociol.* 3(41). doi: 10.3389/fsoc.2018.00041.

Bertram, G. and Stickley, T. 2005. Mental health nurses, promoters of inclusion or perpetuators of exclusion? *Journal of Psychiatric & Mental Health Nursing, 12*, pp.387–395.

Berwick, D., 2013. The Berwick report: A promise to learn a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the safety of patients in England. London: Department of Health.

Bevan, M.T., 2014. A Method of Phenomenological Interviewing. *Qualitative Health Research*. 24(1), pp.136-144. doi:10.1177/1049732313519710.

Bhaskar, R. and Danermark, B., 2006. Metatheory, Interdisciplinary and Disability Research: A Critical Realist Perspective. *Scandinavian Journal of Disability Research*, 8(4), pp.278–297. doi: http://doi.org/10.1080/15017410600914329.

Blackhall, A., Schafer, T. and Nightingale, M., 2012. Service user involvement in student nurse's training. *Mental Health Practice*, 16(1), pp.23-26.

Bocking, J., Happell, B., Scholz, B., Horgan, A., Goodwin, J., Lahti, M., Platania-Phung, C., MacGabhann, L., Greaney, S., Granerud, A., Griffin, M., Russell, S., Bjornsson, E., van der Vaart, K.J., Ellilä, H., Hals, E., Doody, R., Vatula, A., Pulli, J., Manning, F., Allon, J. and Biering, P., 2019. 'It is meant to be heart rather than head'; International perspectives of teaching from lived experience in mental health nursing programs. *International Journal of Mental Health Nursing,* 28(6), pp.1288-1295. doi: 10.1111/inm.12635. Epub 2019 Jul 28. PMID: 31353779.

Boger, E., Ellis, J., Latter, S., Foster, C., Kennedy, A, Jones, F., Fenerty, V., Kellar, I. and Demain, S., Self-Management and Self-Management Support Outcomes: A Systematic Review and Mixed Research Synthesis of Stakeholder Views. *PLoS One*, 10(7). doi: 10.1371/journal.pone.0130990.

Bollard, M., Lahiff, J. and Parkes, N., 2012. Involving people with learning disabilities in Nurse Education: Towards an inclusive approach *Nurse Education Today.* 32(2), 173-77.

Bolton, G. and Delderfield, R., 2018. Reflective Practice: writing and professional development. 5th edition. Sage.

Bonner, A. and Tolnhurst, G., 2002, Insider/ outsider perspectives of participant observation. Nurse Researcher, 9(4), pp.7-19.

Bradshaw, C, O'Connor, M., Butler, M.P., Fahy, A., Tuohy, D., Cassidy, I., Quillinan, B., Egan, G., McNamara, M.C. and Tierney, K., 2012. Nursing students' views of clinical competence assessment. Br. J. Nurs., 21(15), pp. 923-927. doi: 10.12968/bjon.2012.21.15.923.

Bradshaw, P.L., 2008. Service user involvement in the NHS in England: genuine user participation or a dogma-driven folly? *Journal of Nursing Management* 16, pp. 673–681.

Breeze, J. and Repper, J., 2007. Consumer Involvement: Collaborative Working in Post Basic Mental Health Education. In Teaching Mental Health (eds T. Stickley and T. Basset). Wiley. https://doi.org/10.1002/9780470713617.ch8.

Brookes, H., Lovell, K., Bee, P., Fraser, C., Molloy, C. and Rogers, A., 2019. Implementing an intervention designed to enhance service user involvement in mental health care planning: a qualitative process evaluation. *Social Psychiatry and Psychiatric Epidemiology*, 54, pp. 221-223. doi: https://doi.org/10.1007/s00127-018-1603-1.

Brookes, J., 2015. Learning from the lifeworld: Introducing alternative approaches to phenomenology in psychology. *The Psychologist*, 28(8), pp.642-643.

Brown, I. and Macintosh, M.J., 2006. Involving patients with coronary heart disease in developing e-learning assets for primary care nurses. *Nurse Education in Practice* 6, pp. 237-242.

Busari, J., 2013. The discourse of generational segmentation and the implications for postgraduate medical education. *Perspect on Medical Education,* 2 (5-6), pp. 340–348. doi: 10.1007/s40037-013-0057-0.

Bryman, A., 2012. Social Research Methods. Oxford University Press.

Byrne, L., Happell, B., Welch, T. and Moxham, L.J., 2013b. 'Things you can't learn from books': teaching recovery from a lived experience perspective. *International Journal of Mental Health Nursing*, 22(3), pp.195–204.

Byrne, L., Stratford, A., and Davidson, L., 2018. The global need for lived experience leadership. *Psychiatric Rehabilitation Journal*, 41, pp.76–79.

Cal, A. and Tehmarn, A., 2016. Phenomenological epistemology approaches and implications for HRD research and practice. *International Journal of HRD Practice, Policy & Research,* Available at: <www.ufhrd.co.uk/wordpress/critical-approaches-to-hrd/>.

Carr, S., 2004. SCIE Position paper 3: Has service user participation made a difference to social care services? London: Social Care Institute for Excellence. Available at: <www.scie.org.uk/publications/positionpapers/pp03.asp>.

Carr, J., Pitt, M., Midgley, K. and Baker, H., 2017. Obtaining service user feedback for student nurses in the community setting. *British journal of community nursing*, 22(5). doi: https://doi.org/10.12968/bjcn.2017.22.5.248.

Carter, S.M. and Little, M., 2007. Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies and Methods in Qualitative Research. *Qualitative Health Research.* 17(10), pp.1316-1328. doi: 10.1177/1049732307306927.

Casey, D., Clark, L., 2014 Involving patients in the assessment of nursing students. *Nursing Standard.* 28, 47, pp.37-41. doi:10.7748/ns.28.47.37.e8164.

Chambers, M. and Hickey, G., 2012. Service User Involvement in the Design and Delivery of Education and Training Programmes leading to Registration with the Health Professions Council. London: Health and Care Professions Council.

Chambers, M., McAndrew, S., Nolan, F., Thomas, B., Watts P. and Kantaris, X., 2017 Service user involvement in the coproduction of a mental health nursing metric: The Therapeutic Engagement Questionnaire. *Health Expectations.* 20(5), pp.871-877. doi: 10.1111/hex.12526.

Chapman, L., James, J., and McMahon-Parkes, K., 2011. Involving patients in assessments of students. *Nursing Times*, 107(34), pp.17–19.

Christiansen, A., 2011. Storytelling and professional learning: a phenomenographic study of students' experience of patient digital stories in nurse education. *Nurse Education Today,* 31, pp. 280–293.

Clarke, J., Newman, J., Smith, N., Smith, N., Vidler, E. and Westmarland, L., 2007. Creating Citizen-Consumers: Changing Publics and Changing Public Services. London: Sage. doi: dx.doi.org/10.4135/9781446213551.

Clarke, M., Hunter, D. and Wistow, G., 1997. For Debate. Local government and the National Health Service: The new agenda. *Journal of Public Health Medicine,* 19(1). doi: 10.1093/oxfordjournals.pubmed.a024584.

Clarke, S. and Holtuum, S., 2013. Staff Perspectives of Service User Involvement on Two Clinical Psychology Training Courses. *Psychology Learning and Teaching*, 12(1). doi: https://doi.org/10.2304/plat.2013.12.1.32.

Cleminson, S. and Moesby, A., 2013. Service user involvement in occupational therapy education: an evolving involvement, *The Journal of Mental Health Training, Education and Practice*, 8(1), pp. 5-14.

CLINKS Supporting the voluntary sector working in the criminal justice system, 2021. *Service user involvement.* [online] Available at: <https:// www.clinks.org/our-work/service-user-involvement>.

Colaizzi, P.F., 1973 Reflection and research in psychology: a phenomenological study of learning. Dubuque, IA.: Kendall/Hunt.

Colaizzi, P.F., 1978. Psychological research as the phenomenologist views it. In: Valle, R., King, M. (Eds.), Existential- Phenomenological Alternatives for Psychology. New York: Oxford University Press, pp. 48–71.

Collier, R., and Stickley, T., 2010. From service user involvement to collaboration in mental health nurse education: developing a practical philosophy for change. *The Journal of Mental Health Training, Education and Practice.* 5(4), pp.4-11.

Collins, H., 2014. Are We All Scientific Experts Now? Polity Press, Cambridge.

Cooksey, R. and McDonald, G., 2011. *Surviving and thriving in postgraduate research,* Prahran, VIC, Tilde, University Press.

Corbin, J. and Morse, J.M., 2003. The unstructured interview issues of reciprocity when dealing with sensitive topics, *Qualitative inquiry*, 9(3), pp.335-354. doi: https://doi.org/10.1177/1077800403009003001.

Corbin Dwer, S., and Buckle, L., 2009 The space between: on being an insider Outsider in Qualitative Research, *International Journal of Qualitative Methods*, 8(1), pp.54-63. doi: doi.org/10.1177/160940690900800105.

Costello, J. and Horne, M, 2001. Patients as teachers? An evaluative study of patients' involvement in classroom teaching. *Nurse Education Practice*, (1)2, pp.94-102.

Costley, C., Elliot, G. and Gibbs, P., 2010. Doing Work Based Research. London: Sage Publications.

Coulter, A. and Collins, A., 2011. Making shared decision-making a reality: no decision about me, without me. [pdf] London: The King's Fund. Available at: <www.kingsfund.org.uk/sites/default/files/Making-shared-decision-making-a-reality-paper-Angela-Coulter-Alf-Collins-July-2011_0.pdf>.

Crawford, M.J., Aldridge, T., Bhui, K., Rutter, D., Manley, C., Weaver, T., Tyrer, P. and Fuplop, N., 2003. User involvement in the planning and delivery of mental health services: a cross-sectional survey of service users and providers. *Acta Psychiatrica Scandinavica*, 107(6), pp. 410–414. doi: https://doi.org/10.1034/j.1600-0447.2003.00049.x.

Creswell, J. W., 2007. Qualitative inquiry and research design: Choosing among five approaches. 2nd ed. Thousand Oaks, California: Sage Publications.

Crotty, M. 1996. Phenomenology and Nursing Research. Melbourne: Churchill Livingstone.

Crotty, M., 2003. The Foundations of Social Research: Meaning and Perspectives in the Research Process. London: Sage Publications.

Cummings, J. and Bennett, V., 2012. Compassion in Practise Nursing Midwifery and Care Staff Our Vision and Strategy. [pdf] NHS Commissioning Board. Available at: <www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>.

D'Alessandro, D.M., Lewis, T.E. and D'Alessandro, M.P., 2004. A pediatric digital storytelling system for third year medical students: the virtual pediatric patients. *BMC Medical Education,* 4(10). doi: https://doi.org/10.1186/1472-6920-4-10.

Dahlberg, K.M.E. and Dahlberg, H.K., 2004. Description vs. interpretation—a new understanding of an old dilemma inhuman science research. *Nursing Philosophy*, 5(3), pp.268–273. doi: https://doi.org/10.1111/j.1466-769X.2004.00180.x.

Dahlberg, K., 2006. The essence of essences – the search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Well-Being*, 1(1), pp.11-19. doi: 10.1080/17482620500478405.

Darzi, A., 2008. High Quality Care For All report NHS Next Stage Review Final Report. The Stationery Office. Available at: < High Quality Care For All NHS Next Stage Review Final Report CM 7432 (publishing.service.gov.uk)>

Davidson, D., 2000. A Coherence Theory of Truth and Knowledge. In S. Bernecker, & F. Dretske (Eds.).Knowledge, readings in contemporary epistemology, Oxford Press.

Davis, D. and McIntosh, C., 2005. Partnership in education: The involvement of service users in one midwifery programme in New Zealand. *Nurse Education in Practice,* 5, pp.274-280.

Debyser, B., Grypdonck, M., Defloor, T. and Verhaeghe, S., 2011. Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: can it benefit clients and students? *Nurse Education Today,* 31, pp.198-203.

De Marco, R., 2010. Palliative care and African women living with HIV. *Journal of Nurse Education*, 49(8), pp.462-465.

Denham, M. and Onwuegbuzi, J., 2013. Beyond Words: Using Nonverbal Communication Data in Research to Enhance Thick Description and Interpretation. *International Journal of Qualitative Methods*, 12(1), pp 670-696. doi: https://doi.org/10.1177/160940691301200137.

Denzin, N.K. and Lincoln, Y.S., 2017. The Sage handbook of Qualitative Research. 5th ed. Thousand Oaks, CA: Sage.

Department of Health, 1991. *The patient's charter*. London: HMSO.

Department of Health, 1998. *Independent inquiry into inequalities in health Acheson Report.* London: The Stationery Office. Available at: < https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/265503/ih.pdf>.

Department of Health, 1999. The National Service Framework for Mental Health. London: Department of Health.

Department of Health, 1999a. Patient and public involvement in the new NHS. London: The Stationery Office.

Department of Health, 2000. *The NHS Plan: A plan for investment, a plan for reform.* London: Department for Health. Available at: <www.bsuh.nhs.uk/library/wp-content/uploads/sites/8/2020/09/The-NHS-plan-2000.pdf >.

Department of Health, 2001. Involving patients and the public in healthcare: response to the listening exercise. London: Department of Health.

Department of Health, 2001. The expert patient: A new approach to chronic disease management for the 21st century. London: Department of Health.

Department of Health, 2002. Requirements for social work training. London: Department of Health. Available at: <www.scie.org.uk/publications/guides/guide04/files/requirements-for-social-work-training.pdf?res=true>.

Department of Health, 2002. The NHS plan The NHS Modernisation Boards Annual Report. Department of Health.

Department for Health, 2003. Our Health, Our Care, Our Say: a new direction for community services. Norwich: The Stationary Office. Available at: < www.gov.uk/government/publications/our-health-our-care-our-say-a-new-direction-for-community-services>.

Department of Health, 2004. The ten essential shared capabilities. A Framework for the whole of the mental health workforce. London. Department of Health, Available at: <http://www.cmecic.org/resources/Education_Training_and_Development/The%20ten%20essential%20shared%20capabilities%20-%20a%20framework%20for%20the%20whole%20of%20the%20mental%20health%20workforce.pdf> [Accessed on 10 January 2020].

Department of Health, 2004. The NHS improvement plan: Putting people at the heart of public services. London: The Stationery Office.

Department of Health, 2005a. Commissioning a patient-led NHS. London: The Stationery Office.

Department of health, 2005b. Independence, well-being and choice: Our vision for the future of social care for adults in England. London: The Stationery Office.

Department of Health, 2006a. Our health, our care, our say: A new direction for community services. London: The Stationery Office.

Department of Health, 2006b. From values to action: The chief nursing officer's review of mental health nursing. London: Department of Health.

Department of Health, 2007. Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century. London. The Stationary Office.

Department of Health, 2008. Real involvement: Working with people to improve health services. London: The Stationery Office.

Department of Health, 2009a. *Putting patients at the heart of care: the vision for patient and public engagement in health and social care*. London: Department for Health.

Department of Health, 2010. Equity and Excellence: Liberating the NHS. Norwich: TSO (The Stationery Office).

Department of Health 2010 *Health and Social Care Bill* factsheet [online] available at< http://www.dh.gov.uk/health/files/2012/02/B3-Greater-voice-for-patients1.pdf> [accessed 24 September 2012].

Department of Health, 2010a. A Vision for Adult Social Care: Capable Communities and Active Citizens. London: Department of Health.

Department of Health, 2010b. Healthy lives, healthy people Impact Assessments. Department of Health. Available at: www.legislation.gov.uk/ukia/2010/280/pdfs/ukia_20100280_en.pdf.

Department of Health, 2011. The Health and Social Care Bill. London, Department of Health.

Department for Health, 2012. NHS plan Liberating the NHS –No decision about me, without me". London: Department of Health. Available at: < assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216980/Liberating-the-NHS-No-decision-about-me-without-me-Government-response.pdf>

Department for Health, 2013. A promise to learn – a commitment to act Improving the Safety of Patients in England National Advisory Group on the Safety of Patients in England. Department for Health. Available at: <

assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/fil e/226703/Berwick_Report.pdf>.

Department of Health and Social Care, 2012. NHS Constitution for England. Department of Health and Social Care. Available at: < www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>.

Department of Health and Social Care, 2013. *A promise to learn – a commitment to act Improving the Safety of Patients in England National Advisory Group on the Safety of Patients in England* (Berwick review into patient safety). London: Department of Health and Social Care. P.18. Available at < A promise to learn – a commitment to act – Improving the Safety of Patients in England (publishing.service.gov.uk)>.

de Zulueta, P.C., 2015. Developing compassionate leadership in health care: an integrative review. *Journal of Healthcare Leadership*, 18(8), pp.1-10. doi: 10.2147/JHL.S93724. PMID: 29355200; PMCID: PMC5741000.

DiCicco-Bloom, B. and Crabtree, B. F., 2006. The qualitative research interview. *Medical Education,* 40(2), pp.314-321. doi: https://doi.org/10.1111/j.1365-2929.2006.02418.x

Diekelman, J., 2005. The retrieval of method: the method of retrieval. In Ironside PM (Ed) *Beyond Method: Philosophical Conversations in Healthcare Research and Scholarship.* Volume IV. Madison, WI. University of Wisconsin Press, 3-57.

Doel M., Deacon, L. and Sawdon, C. 2007. Curtain down on Act One: practice learning in the first year of the new social work award. *Social Work Education*, 26(3), pp.217-232.

Downe, S., McKeown, M., Johnson,E., Koloczek, L., Grunwald, A. and Malihi-Shoja, L., 2007. The UCLan Community engagement and service user support (Comensus) project: valuing authenticity and making space for emergence. *Health Expectations*, 10(4), pp 392-406. doi: https://doi.org/10.1111/j.1369-7625.2007.00463.x

Dreissens, K., McLaughlin, H. and Van Dorn, L. 2016. The meaningful involvement of service users in social work education: Examples from Belgium and The Netherlands, Social Work Education. *The international Journal*, 35(7), pp.739-751.

Driessens, K. and De Clerck, W., 2014. Ervaringsdeskundigen als tandempartners in hogesschoolopleidingen (Experts by experience as tandem partners in professional bachelor programmes in University colleges), *Welwijs*, 25(4), pp.30-33.

Duffy, J.M.N., Chequer, S., Braddy, A., Mylan, S., Royuela, A., Zamora, J., IP, J., Hayden, S., Showell, M., Kinnersley, P., Chenoy, R., Westwood, O.M., Khan, K.S. and Cushing, A., 2016. Educational effectiveness of gynaecological teaching associates: a multi-centre randomised controlled trial. *BJOG : an international journal of obstetrics and gynaecology*, 123, pp.1005-1010.

Duffy, K., 2003. Failing Students: a Qualitative Study of Factors that Influence the Decisions Regarding Assessment of Students' Competence in Practice. nmc-uk.org.

Dunne, C., 2011. The place of the literature review in grounded theory research. *International Journal of Social Research Methodology*, 14(2), pp.111–124. doi: 10.1080/13645579.2010.494930.

Duygulu, S. and Abaan, S., 2013. Turkish nursing students' views on practice assessments and service user involvement. *Contemporary Nurse,* 43(2), pp.201–212.

Edward, K.L. and Welch, T., 2011. The extension of Colaizzi's method of phenomenological enquiry. *Contemporary Nurse*, 39(2), pp.163-171. doi: 10.5172/conu.2011.163.

Edwards, S. and McCormack, S., 2018. Simulation using 'live' adult service users and moulage in a variety of settings. *Nursing Management.* 24(9), pp.33-40. doi:10.7748/nm.2018.e1674.

Eggenberger, E., Heimerl, K. and Bennett, M.I., 2013. Communication skills training in dementia care: a systematic review of effectiveness, training content, and didactic methods in different care settings. *Int Psychogeriatr*, 25(3), pp.345-58. doi: 10.1017/S1041610212001664.

Eleanor, J., 2020. Service user involvement in an undergraduate nursing programme. *The Journal of Mental Health Training, Education and Practice*, 15(3), pp.125-140. doi: 10.1108/JMHTEP-12-2018-0073.

El-Enany, N., Currie, G. and Lockett, A, 2013. A paradox in healthcare service development. Professionalization of service users. *Social Science & Medicine,* 80, pp.24-30. doi: https://doi.org/10.1016/j.socscimed.2013.01.004.

Englander, M., 2012. The Interview Data Collection in Descriptive Phenomenological Human Scientific Research. *Journal of Phenomenological Psychology.* 43(1), pp.13-35. doi: https://doi.org/10.1163/156916212X632943.

Evans, G., Wilt, D. and Alligood, M.R. and O'Neil, M., 1998. Empathy: A study of two types. *Issues in mental health nursing*, 19(5), pp.453-61. doi: 10.1080/016128498248890.

Fallon, D., Warne, T., McAndrew, S. and McLaughlin, H., 2012. An adult education: learning and understanding what young service users and carers really, really want in terms of their mental wellbeing. *Nurse Education Today,* 32, pp.128-132.

Farrell, C., Towle, A. and Godolphin, W., 2005. Where's the Patient's Voice in Health Professional Education? A report from the 1st International Conference, organised by the Division of Health Care Communication, College of Health Disciplines, The University of British Columbia.

Faulkner, A., 2004. The Ethics of Survivor Research: Guidelines for the Ethical Conduct of Research Carried out by Mental Health Service Users and Survivors. Policy Press, in association with JRF. Available at: <https:// www.jrf.org.uk/report/ethics-survivor-research-guidelines-ethical-conduct-research-carried-out-mental-health>.

Felton, A., Cook, J. and Anthony, R., 2018. Evaluating a co-facilitation approach to service user and carer involvement in undergraduate nurse education. *Nursing Standard*, 32(20) pp.47-54. doi: 10.7748/ns.2018.e10620. PMID: 29319274.

Felton, A. and Stickley, T., 2004. Pedagogy, power and service user involvement. *Journal of Psychiatric and Mental Health nursing.* [e journal], 11(1), pp.89-98. doi: https://doi.org/10.1111/j.1365-2850.2004.00693.x.

Finefter-Rosenbluh, I., 2017. Incorporating Perspective Taking in Reflexivity: A Method to Enhance Insider Qualitative Research Processes. *International Journal of Qualitative Methods,* Volume 16(1). doi: https://doi.org/10.1177/1609406917703539.

Finlay, L., 2002. "Outing" the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, 12(4), pp.531–545.

Finlay, L., 2005, Reflexive embodied empathy: a phenomenology of participant-researcher intersubjectivity. *The Humanistic Psychologist.* 33(4), pp.271-292.

Finlay, L. 2008. A dance between the reduction and reflexivity: explicating the 'phenomenological psychological attitude'. *Journal of Phenomenological Psychology,* 39(1), pp.1-32.

Finlay, L., 2009. Debating phenomenological research methods. *Phenomenology & Practice*, 3(1), pp.6-25.

Finlay, L., 2014. Engaging Phenomenological Analysis. *Qualitative Research in Psychology*, 11(2), pp.121-141. doi: 10.1080/14780887.2013.807899

Flood, A., 2010. Understanding Phenomenology. *Nurse researcher*, 17(2), pp.7-15. doi: 10.7748/nr2010.01.17.2.7.c7457.

Fontana, A., and Frey, J.H., 2000. The interview – From structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 61-106). Thousand Oaks, CA: Sage Publications..pdf. Available at: <https://chip.uconn.edu/wp-content/uploads/sites/1245/2019/05/Fontana-Frey-2000-in-Denzin-Lincoln-Eds-The-Interview-From-Structured-Questions-to-Negotiated-Text.pdf>.

Fox, J., 2016. Being a service user and a social work academic: balancing expert identities. *Social work education*, 35(8), pp.960-969. doi: https://doi.org/10.1080/02615479.2016.1227315.

Franchimont, M. and Haarsma, L., 2013. *Leren van medeonderzoekers. Medeonderzoekers leren. Dubbelparticipatief onderzoek door zwerfjongeren and HBO-studenten*t [Learning from fellow researchers/Fellow researchers learning: A dual participation study of homeless young people and university-college students]. Project management: Lia Van Doorn. Utrecht: Kenniscentrum Sociale Innovatie, Hogeschool Utrecht.

Francis, R., 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive Summary. The Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office.

Fraser, C., Grundy, A., Meade, O., Callaghan, P. and Lovell, K., 2017. EQUIP training the trainers: an evaluation of a training programme for service users and carers involved in training mental health professionals in user-involved care planning *Journal of Psychiatric and Mental Health Nursing,* 24, pp. 367–376.

Frisby R., 2001. User involvement in mental health branch education: client review presentations. *Nurse Education Today*, 21(8), pp.663-669. doi: 10.1054/nedt.2001.0669.

Fry, J., Scammell, J. and Barker, S., 2017. Drowning in Muddied Waters or Swimming downstream?: A Critical analysis of Literature reviewing in a Phenomenological Study through an Exploration of the Lifeworld, Reflexivity and Role of the Researcher. *Indo-Pacific Journal of Phenomenology* [e-journal], 17(1), pp.1-12. Available through: ARU library website <library.aru.ac.uk website> [accessed 12/11/19].

Fudge, N., Wolfe, C. D. and McKevitt, C., 2007. Involving older people in health research. *Age and Ageing, 36*(5), pp.492–500. doi: https://doi.org/10.1093/ageing/afm029

Gallagher, P., Smith, T. and Ousey, K., 2012. Problems with competence assessment as it applies to student nurses. *Nurse Educ. Pract.*, 12(6), pp.301-303.

Galvin, K. and Todres, L., 2012. Phenomenology as Embodied Knowing and Sharing: Kindling Audience Participation, *Indo-Pacific Journal of Phenomenology*, 12(2), pp. 1-9. doi: 10.2989/IPJP.2012.12.1.9.1122.

Gearing, R.E., 2004. Bracketing in Research: A Typology. *Qualitative Health Research,* 14(10), pp.1429-1452. doi: https://doi.org/10.1177/1049732304270394.

General medical Council, 2011. Patient and public involvement in undergraduate medical education. This Advice was originally produced to supplement our previous standards for undergraduate education contained in *Tomorrow's Doctors.* Available at: <https://www.gmc-uk.org/-/media/documents/Patient_and_public_involvement_in_undergraduate_medical_education___guidance_0815.pdf_56438926.pdf>.

General Medical Council, 2015. Promoting excellence standards for medical education and training. Manchester: General Medical Council. Available at: < www.legislation.gov.uk/ukia/2010/280/pdfs/ukia_20100280_en.pdf>.

Gerrish, K. and Lathlean, J., 2015. The Research Process in Nursing. 7th ed. Wiley Blackwell.

Giorgi, A., 1970. Psychology as a Human Science: A Phenomenologically Based Approach. New York: Harper & Row.

Giorgi, A. 1978. Journal of Phenomenological Psychology. *Journal of Humanistic Psychology,* 18(2), pp.62-62. doi:10.1177/002216787801800212.

Giorgi, A., 1984. Phenomenology and Psychological Research, Pittsburgh: Duquesne University Press.

Giorgi, A., 1985. Sketch of a psychological phenomenological method. In: Giorgi, A. (Ed.), Phenomenology and Psychological Research. Duquesne University Press, Pittsburgh, pp. 8–22.

Giorgi, A. 1994. A phenomenological perspective on certain qualitative research methods. *Journal of Phenomenological Psychology*, 25(2), pp.190-220. doi: https://doi.org/10.1163/156916294X00034

Giorgi, A., 2000a. Concerning the application of phenomenology to caring research. *Scandinavian Journal of Caring Sciences,* 14, pp.11–15.

Giorgi, A., 2000b. The status of Husserlian phenomenology to caring research. *Scandinavian Journal of Caring Science*, 14(1), pp.3-10.

Giorgi, A., 2008a. Concerning a serious misunderstanding of the essence of the phenomenological method in psychology. *Journal of Phenomenological Psychology, 39,* pp.33-58.

Giorgi, A., 2008b. Difficulties Encountered in the Application of the Phenomenological Method in the Social Sciences, *Indo-Pacific Journal of Phenomenology*, 8(1), pp. 1-9. doi: 10.1080/20797222.2008.11433956.

Giorgi, A., 2009. The Descriptive Phenomenological Method in Psychology A modified Husserlian Approach. Pittsburgh: Duquesne University Press.

Glaser, B., and Strauss, A., 1967. The Discovery of Grounded Theory: Strategies for Qualitative Research. Mill Valley, CA: Sociology Press.

Gordon, M., Gupta, S., Thornton, D., Reid, M., Mallen, E. and Melling, A., 2020. Patient/service user involvement in medical education: A best evidence medical education (BEME) systematic review: BEME Guide No. 58. *Medical Teacher*, 42(1), pp.4-16. doi: 10.1080/0142159X.2019.1652731.

Gormley, D., and Quinn, N., 2009. Mental Health Stigma and Discrimination: The Experience Within Social Work, *Practice: Social Work in Action*, 21(4), pp. 259-272. doi: 10.1080/09503150902993621.

Goss, S. and Miller, C., 1995. From margin to mainstream: Developing user- and carer centred community care. York: Joseph Rowntree Foundation.

Gossen, C. and Austin, M.J., 2017. Service User Involvement in UK Social Service Agencies and Social Work Education, *Journal of Social Work Education*, 53(1), pp.37-51.

Gould, D., Kelly, D. and White, I.D., 2004. Training needs analysis: an evaluation framework. *Nursing standard: official newspaper of the Royal College of Nursing,* 18(20), pp.33-6. doi: 10.7748/ns2004.01.18.20.33.c3534.

Gray, M.A. and Donaldson, J., 2010. National approach to practice assessment for nurses and midwifes. Edinburgh, UK: Edinburgh Napier University.

Green, S., 2007. Involving People in Healthcare Policy and Practice. 2nd ed. Boca Raton: CRC press Taylor and Francis group.

Green, G., 2016. Power to the people: To what extent has public involvement in applied health research achieved this? *Research Involvement and Engagement,* 2(28). Doi: https://doi.org/10.1186/s40900-016-0042-y.

Granger, K., 2021, #hello my name is…. [online] Available at: https://www.hellomynameis.org.uk/.

Griffiths, J., Speed, S, Horne, M. and Keeley, P., 2012. 'A caring professional attitude': what service users and carers seek in graduate nurses and the challenge for educators. *Nurse Education Today,* 32(2), pp.121-127.

Grigsby, S., 2017. Aroma: aromatherapy to reduce oxytocin use for maternal augmentation in labour. *European Journal of Integrative Medicine.* 7(6), pp. 679-88. doi: https://doi.org/10.1016/j.eujim.2015.07.017.

Guba, E.G. and Lincoln, Y.S., 1994. Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 105-117). Thousand Oaks, CA: Sage.

Guba, E.G., 1990. The alternative paradigm dialog in EG Guba (Ed) The paradigm dialog pp.17-30. Newbury Park, CA Sage.

Gutteridge, R. and Dobbins, K., 2010. Service user and carer involvement in learning and teaching: A faculty of health staff perspective. *Nurse education today*, [e-journal], 30(6), pp.509-514 [Available through : ARU library website <library.aru.ac.uk website>] [accessed 05 January 2021].

Hache, C., Honoré, S. and Hache, G., 2020. Active involvement of patients in pharmacist education has a positive impact on students' perspective: a pilot study. *BMC Medical Education,* 20, 322 (2020). doi: https://doi.org/10.1186/s12909-020-02241-y.

Hammersly, M. and Atkinson, P., 1995. Ethnography principles in practice. 2nd ed. London: Routledge.

Hanson, B. and Mitchell, D.P., 2001. Involving mental health service users in the classroom: A course of preparation. *Nurse Education in Practice*, 1(3), pp.120-126.

Happell, B., Pinikahana, J. and Roper C., 2003. Changing Attitudes: The Role of a Consumer Academic in the Education of Postgraduate Psychiatric Nursing Students. *Archives of Psychiatric Nursing,* 17(2), pp 67-76.

Happell, B., Byrne, L., McAllister, M., Lampshire, D., Roper, C., Gaskin, C.J., Martin, G., Wynaden, D., McKenna, B., Lakeman, R, Platania-Phung, C. and Hamer, H., 2013. Consumer involvement in the tertiary-level education of mental health professionals: A systematic review. *International Journal of Mental Health Nursing.* 23(1), pp.3-16. doi: https://doi.org/10.1111/inm.12021.

Happell, B., Pinikahana, J. and Roper, C., 2002. Attitudes of postgraduate nursing students towards consumer participation in mental health services and the role of the consumer academic. *International Journal of Mental Health Nursing*, 11, pp.240–250.

Happell, B. and Roper, C., 2002. Promoting consumer participation through the implementation of a consumer academic position. *Nurse Education in Practice*, 2, pp.73–79.

Happell, B., Bennetts, W., Platania-Phung, C. and Tohotoa, J., 2015. Consumer involvement in mental health education for health professionals: feasibility and support for the role *Journal of clinical nursing*, 24(23-24), pp.3584-93.

Happell, B., Byrne, L., Platania-Phung, C., Harris, S., Bradshaw, J. and Davies, J., 2014. Lived-experience participation in nurse education: Reducing stigma and enhancing popularity. *International Journal of Mental Health Nursing, 23*, pp.427–434.

Happell, B., Platania-Phung, C., Byrne, L., Wynaden, D., Martin, G., and Harris, S., 2015. Consumer participation in nurse education: A national survey of Australian universities. *International Journal of Mental Health Nursing,* 24(2), pp. 95–103.

Happell, B. and Roper, C., 2009. Promoting genuine consumer participation in mental health education: A consumer academic role. *Nurse Education Today*, *29,* pp.575–579.

Happell, B., Bennetts, W., Tohotoa, J. and Platania-Phung, C., 2016. Nothing without vision! The views of consumers and mental health nurses about consumer involvement in mental health nursing education. *Collegian,* 23(2), pp.241-248.

Happell B., Waks, S., Bocking, J., Horgan, A., Manning, F., Greaney, S., Goodwin, J., Scholz, B., Jan van der Vaart, K., Allon, J., Granerud, A., Hals, E., Doody, R., Russell, S., Griffin, M., MacGabhann, L., Lahti, M., Heikki,. E., Pulli, J., Vatula, A., Platania-Phung, C., Bjornsson, E. and Biering, P. 2019. There's more to a person than what's in front of you': Nursing students' experiences of consumer taught mental health education. *International Journal of Mental Health Nursing,* 28, pp. 950–959. doi. 10.1111/inm.12596.

Happell, B., Platania-Phung, C., Scholz , B., Bocking, J., Horgan, A., Manning, F., Doody, R., Hals, E., Granerud, A., Lahti, M., Pullo, J., Vatula, A., Koski, J., van der Vaart, J., Allon, J., Griffin, M., Russell, S., MacGabhan, L., Bjornsson, E. and Biering, P., 2019. Changing attitudes: The impact of Expert by Experience involvement in Mental Health Nursing Education: An international survey study. *International Journal of Mental Health Nursing*, 28, pp.480–491. doi: 10.1111/inm.12551.

Haycock-Stuart, E., Darbyshire, C. and Donaghy, E., 2014 Nursing students perspectives of user/carer involvement in the practice assessment across Scotland. HEI: Report to NHS Education for Scotland (NES).

Haycock-Stuart, E., Donaghy, E. and Darbyshire, C., 2016. Involving users and carers in the assessment of preregistration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement? *Journal of Clinical Nursing*, 25 (13-14) pp. 2052–2065. doi: 10.1111/jocn.13279.

HCPC health & care professions council, 2018. Standards of education and training. [online] Available at: <www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/>.

Health Education England, 2015. Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants (the Willis Report). Health Education England in partnership with the Nursing and Midwifery Council. Available at: < www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>.

Heaslip, V., Scammell, J., Mills, A., Spriggs, A., Addis, A., Bond, M., Latchford, C., Warren, A., Borwell, J. and Tee, S., 2018. Service user engagement in healthcare education as a mechanism for value based recruitment: An evaluation study. *Nurse Education Today,* 60, pp.107–113.

Heidke, P., Howie, V.T. and Ferdous, T., 2018. Use of healthcare consumer voices to increase empathy in nursing students. *Nurse Education in Practice, 29, pp.*30-34. doi: https://doi.org/10.1016/j.nepr.2017.11.007.

Helminen, K., Coco, K., Johnson, M., Turunen, H. and Tossavainen, K., 2016. Summative assessment of clinical practice of student nurses: a review of the literature. *Int. J. Nurs. Stud.,* 53, pp. 308-319. doi: 10.1016/j.ijnurstu.2015.09.014.

Heslop. C., Burns, S. and Lobo, R., 2018. Managing qualitative research as insider-research in small rural communities. *Rural Remote Health.* 18(3). doi: 10.22605/RRH4576.

Heywood, A., 2007. Politics. 3rd ed. Basingstoke: Palgrave Macmillan.

Hickey, G. and Kipping, C., 1998. Exploring the concept of user involvement in mental health through a participation continuum. *Journal of Clinical Nursing*, 7(1), pp.83-8. doi: 10.1046/j.1365-2702.1998.00122.x

Higgins, A., Maguire, G., Watts, M., Creaner, M., McCann, E., Rani, S. and Alexander, J., 2011. SUI in mental health practitioner education in Ireland. *Journal of Psychiatric and Mental Health Nursing*, 18, pp.519-525.

Hoddinott, P., Pollock, A., O'Cathain, A., Boyer, I., Taylor, J., MacDonald, C., Oliver, S. and Donovan, J.L., 2018. How to incorporate patient and public perspectives into the design and conduct of research. *F1000 Research 2018,* 7(752). doi:10.12688/f1000research.15162.1.

Holmes, S., 2017. Experts By Experience Involvement Handbook. London: Pathway. Available at: <www.pathway.org.uk/wp-content/uploads/2013/05/EbE-Involvement-Handbook.pdf>.

Holloway, I. and Wheeler, S., 2002. Qualitative research in nursing. Oxford: Blackwell Science.

Holloway, I. and Wheeler, S., 2013. Qualitative research in nursing. Oxford: Blackwell Science.

Hook, M. L., 2006. Partnering with patients-a concept ready for action. *Journal of Advanced Nursing*, 56(2), pp.133-43. doi: 10.1111/j.1365-2648.2006.03993.x.

Horgan, A., Manning, F., O'Donovan, M. and Doody, R., 2020, Expert by Experience involvement in Mental Health Nursing Education: the co-production of standards between Experts by Experience and Academics in Mental Health Nursing. *Journal of Psychiatric and Mental Health Nursing.* 27(4). doi:10.1111/jpm.12605.

Hovey, B., 2017. Occasionally a Patient: Always a Person. *Journal of patient experience*, 5(1), pp.63-64. doi: https://doi.org/10.1177/2374373517726074.

Howells, J., 2019. Training students to care for people with learning disabilities. *Nursing Times* [online], 115(4), pp.32-33.

Hycner, R.H., 1985. Some guidelines for the phenomenological analysis of interview data. *Human Studies*, 8 (3), pp.279–303. doi: 10.1007/BF00142995.

Ikkos, G., 2003. Engaging patients as teachers of clinical interview skills. *Psychiatric Bulletin,* 27, pp.312–315. doi: https://doi.org/10.1192/pb.27.8.312.

INVOLVE; 2012. Briefing notes for researchers: Involving the public in NHS, public health and social care research. Eastleigh: Public Health and Social Care Research.

Ion, R., Cowan, S. and Lindsay, R., 2010. Working with people who have been there: The meaningful involvement of mental health service users in curriculum design and delivery. *The Journal of Mental Health Training, Education and Practice*, 5(1), pp.4-10. doi: 10.5042/jmhtep.2010.0214.

Jack, E., 2020. Service user involvement in an undergraduate nursing programme. *The Journal of Mental Health Training, Education and Practice*, 15(3), pp.125-40.

Johnston, C.M., Wallis, M., Oprescu, F.I. and Gray, M., 2017. Methodological considerations related to nurse researchers using their own experience of a phenomenon within phenomenology. Journal of Advanced Nursing, 73(3), pp.574–584. doi: 10.1111/jan.13198.

Karnieli-Miller, O., Strier, R. and Pessach, L., 2009. Power Relations in Qualitative Research. *Qualitative Health Research,* 19(2), pp.279-289. doi: 10.1177/1049732308329306.

Kazdin, A. E. 2003 Methodology: What it is and why it is so important. In A. E. Kazdin (Ed.), *Methodological issues & strategies in clinical research* (pp. 5–22). American Psychological Association.

Keogh, B., 2013. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England. National Quality Board How to ensure the right people, with the right skills, are in the right place at the right time. London: The Stationery Office.

Khoo, R., McVicar, A. and Brandon, D., 2004. Service user involvement in postgraduate mental health education. Does it benefit practice? *Journal of Mental Health*, 13(5), pp.481-92.

King-Owen, J., 2020. Service user involvement in social work education. A case study. A discussion paper from the centre for welfare reform. Available at: < oro.open.ac.uk/73577/6/service-user-involvement-in-social-work-education.pdf>.

Kivunja, C. and Kuyini, A., 2017. Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education,* 6(5). doi: https://doi.org/10.5430/ijhe.v6n5p26.

Korstjens, I. and Moser, A., 2018. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing, *European Journal of General Practice,* 24(1), pp.120-124. doi: 10.1080/13814788.2017.1375092.

Kuhn, T. S., 1962. *The structure of scientific revolutions*. 1st Ed. Chicago, IL: University of Chicago Press.

Kuti, B. and Houghton, T., 2019. "Service user involvement in teaching and learning: student nurse perspectives", *Journal of Research in Nursing*, 24(3/4), pp. 183-194.

Kvale, S., 1996. Interviews: An Introduction to Qualitative Research Interviewing. Thousand Oaks, California: Sage.

Kvale, S. and Brinkmann, S., 2015, Interviews: Learning the Craft of Qualitative Research Interviewing. 3rd ed. Thousand Oaks, CA: Sage Publications.

Lathlean, J., Burgess, A., Coldham, T., Gibson, C., Herbert, L., Levett-Jones, T., Simons, L., and Tee, S., 2006. Experiences of service user and carer participation in health care education. Nurse Education Practice, 6(6), pp.424–429. doi: 10.1016/j.nepr.2006.07.012.

Leckey, J., Walters, P. and Holt, B., 2008. "Service User Involvement: Enriching the Learning Experience", *Mental Health and Learning Disabilities Research and Practice,* 5(1). doi: https://doi.org/10.5920/mhldrp.2008.5135.

Legard, R., Keegan, J. and Ward, K., 2003. In-depth Interviews. In: Richie, J. and Lewis, J., Eds., *Qualitative Research Practice*, Sage, London, pp.139-168.

Leppa, C.J. and Terry, L.M., 2004. Reflective practice in nurse ethics education: international collaboration. *Journal of Advanced Nursing,* 48 (2), pp.195–202.

Lester, S., 1999. An introduction to Phenomenological research. Taunton: Stan Lester Developments.

Lewis, L., 2014. User involvement in Mental Health Services: A case of power over discourse. *Sociological Research Online, 19(1), pp.1-15.* doi:10.5153/sro.3265. Available at: <http://www.socresonline.org.uk/19/1/6.html>.

Lincoln, Y.S. and Guba, E.G., 1985. *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

Lipsky, M., 2010. Street-level bureaucracy: dilemmas of the individual in public services. 30th Anniversary expanded edition*.* New York: Russell Sage.

Livingston, G. and Cooper, C., 2004. User and carer involvement in mental health training. *Advances in Psychiatric Treatment.* 10(2), pp.85-92. doi: http://apt.rcpsych.org/.

Lloyd, M. and Carson, A., 2011. Critical conversations: Developing a methodology for service user involvement in mental health nursing. *Nurse Education Today,* 32 (2012), pp.151–155.

Mackenzie, N. and Knipe, S., 2006. Research dilemmas: Paradigms, methods and methodology. *Issues in Educational Research*, 16(2), pp.193-205.

Mackey, R., and Millar, J., 2012. "Involving Service Users in the Classroom with Social Work Students." *Nurse Education Today,* 32(2), pp.167–172. doi: 10.1016/j.nedt.2011.10.004.

Maher, L. and Baxter, H., 2009. Working in partnership with service users. *British Journal of Healthcare Management*, 15(4), pp.172-175. doi: 10.12968/bjhc.2009.15.4.41719.

Maltby J Williams G McGarry J Day L 2010 Research Methods for Nursing and Healthcare. Abingdon, Oxon: Pearson Education Limited/ Routledge.

Marion, J.L., 2002. Being given: Toward a phenomenology of givenness. Stanford, California: Stanford University Press.

Marshall, B., Cardon, P., Poddar, A. and Fontenot, R., 2013. Does Sample Size Matter in Qualitative Research?: A Review of Qualitative Interviews in is Research. *Journal of Computer Information Systems,* 54(1), pp.11-22. doi: 10.1080/08874417.2013.11645667.

Marshall, C. and Rossman, G. B., 2011. Designing Qualitative Research. 5th ed. Thousand Oaks, California: Sage Publications.

Mathibe, L.J., 2007. Perceptions of student nurses regarding the use of a popular autobiography as a teaching tool. *Nurse Education Today*, 27(3), pp.247–255. doi: 10.1016/j.nedt.2006.05.004.

Matka, E., River, D., Littlechild, R. and Powell, T., 2009. Involving service users and carers in admissions for courses in social work and clinical psychology: cross-disciplinary comparison of practices at the University of Birmingham. *British Journal of Social Work*, 1(18)18. doi:10.1093/bjsw/bcp142.

McAndrew, S., and Samociuk, G., 2003. Reflecting together: developing a new strategy for continuous user involvement in mental health nurse education. *Journal of Psychiatric and Mental Health Nursing*, 10, pp.616-21.

McCann, T., V., Moxham, L., Usher, K., Crookes, P.A. and Farrell, G., 2009. Mental health content of comprehensive pre-registration nursing curricula in Australia. *Journal of Research in Nursing*, 14, pp.519–530.

McCormack, B., Dewing, J. and McCance, T., 2011. Developing person-centred care: addressing contextual challenges through practice development. [Online] *Journal of Issues in Nursing*, 16(2). Available at: <Developing Person-Centred Care: Addressing Contextual Challenges Through Practice Development (nursingworld.org)>.

McCusker, P., MacIntyre, G., Stewart, A. and Jackson, J., 2012. Evaluating the effectiveness of service user and carer involvement in post qualifying mental health social work education in Scotland: challenges and opportunities. *Journal of Mental Health Training, Education and Practice*, *7(3),* pp.143-153. doi: https://doi.org/10.1108/17556221211269956.

McCutcheon, K. and Gormley, K. (2014). Service-user involvement in nurse education: partnership or tokenism? *British Journal of Nursing,* 23(22) pp.1196-1198.

McDaid, S., 2009. An equality of condition framework for user involvement in mental health policy and planning: evidence from participatory action research, *Disability & Society*, 24(4), pp.461-474. doi: 10.1080/09687590902879064.

McGarry, J. and Thom, G., 2004. How users and carers view their involvement in nurse education. *Nursing Times,* 100(18), pp.36-39.

McKeown, M. and Malihi-Shoja, L., 2010. Service user and carer involvement in education for health and social care. Chichester: Wiley-Blackwell.

Mckeown, M., Malihi-Shoj, L. and Downe, S., 2010. Service User and Carer Involvement in Education for Health and Social Care. Promoting partnership for health. 1st edition. Chichester: Wiley-Blackwell.

McKeown, M., Downe, S. and Malihi-Shoja, L., 2010. Supporting The Comensus Writing Collective, Service Users & Carer Involvement in Education for Health and Social Care. Oxford: Wiley-Blackwell.

McKeown, M, and Carey, L., 2015. Editorial: Democratic leadership: a charming solution for nursing's legitimacy crisis. *Journal of Clinical Nursing*, 24(3-4), pp. 315-317. doi: https://doi.org/10.1111/jocn.12752

Mckeown, M., Malihi-Shoja, L., Hogarth, R., Jones, F., Holt, K., Sullivan, P., Lunt, J., Vella, J., Hough, G., Rawcliffe, L. and Mather, M., 2012. CIT The value of involvement from the perspective of service users and carers engaged in practitioner education: Not just a cash nexus. *Nurse Education Today,* 32(2), pp.178–184.

McKeown, M., Jones, F., Wright, K., Spandler, H., Wright, J., Duxbury, J., McVittie, J., Simon (pseudonym) and Turton, W., 2016. It's the talk: a study of involvement initiatives in secure mental health settings. *Health Expectations*, 19(3), pp. 570–579. doi: 10.1111/hex.12232.

McLeod, J., 2001. The phenomenological approach. *Qualitative research in counselling and psychotherapy*. pp. 36-53. SAGE Publications Ltd. doi: https://www.doi.org/10.4135/9781849209663.

Miller, C., 2010. Literature review: improving and enhancing performance in the affective domain of nursing students: insights from the literature for clinical educators. *Contemp. Nurse*, 35 (1), pp.2-17. doi: 10.5172/conu.2010.35.1.002.

Molyneux, J. and Irvine, J., 2004. Service user and carer involvement in social work training: a long and winding road? *Social Work Education*, 23(3), pp.293-308. doi: 10.1080/0261547042000224047.

Mooney, M., 2007. Professional socialization: The key to survival as a newly qualified nurse. International Journal of Nursing Practice, 13, pp.75–80. doi: https://doi.org/10.1111/j.144.

Moore, L., Britten, N., Lydahl, D., Naldemirci, Ö., Elam, M. and Wolf, A., 2017. Barriers and facilitators to the implementation of person-centred care in different healthcare contexts. *Scandinavian Journal of Caring Sci*ences*,* 31(4), pp.662-673. doi: 10.1111/scs.12376.

Morgan, A. and Jones, D., 2009. Perceptions of service user and carer involvement in healthcare education and impact on students' knowledge and practice: a literature review. *Medical Teacher*, 31(2), pp.82-95. doi:10.1080/01421590802526946.

Morrow, E., Boaz, A., Brearley, S. and Ross, F., 2011. Handbook of Service User involvement in Nursing and Healthcare Research. [e-book]. Chichester: Wiley-Blackwell. Available through: ARU Library website <library.aru.ac.uk> [Accessed 12 June 2019].

Morrow, R., Rodriguez, A. and King, N. 2015. Colaizzi's descriptive phenomenological method. *The Psychologist*, 28(8), pp.643-644.

Morrow, R., Rodriguez, Al. & King, N. 2014. Camping: A tool for relationship maintenance? *International Journal of Therapeutic Communities,* 35(2), pp.48–55.

Morse, J. M., 1994. Designing funded qualitative research. In Denzin, N. K. & Lincoln, Y. S., *Handbook of qualitative research*, 2nd Ed. Thousand Oaks, CA: Sage.

Morse, J.M., 2012. Qualitative Health Research: Creating a New Discipline. Walnut Creek, CA : Left Coast Press.

Morse, J., 2015. "Data Were Saturated… . *Qualitative Health Research*, 25(5), pp. 587-8, doi: 10.1177/1049732315576699.

Moustakas, C., 1994. Phenomenological research methods. Thousand Oaks, CA: Sage.

Moxham, L., McCann, T., Usher, T., Farrell, G. and Crookes, P., 2011. Mental health nursing education in preregistration nursing curricula: A national report. *International Journal of Mental Health Nursing,* 20(4). doi: https://doi.org/10.1111/j.1447-0349.2010.00735.x.

Munhall, P.L. and Oiler Boyd, C., 1993. Nursing Research. A Qualitative Perspective. 2nd ed. New York: National League for Nursing.

Munro, J., Whyte, F., Stewart, J., and Letters, A., 2012. Patients assessing students' assignments; Making the patient experience real. *Nurse Education Today,* 32(2), pp.139–145. doi: https://doi.org/10.1016/j.nedt.2011.11.002.

Naylor, S., Harcus, J. and Elkington, M., 2015. An exploration of service user involvement in the assessment of students. *Radiography,* 21(3), pp. 269–272.

Nelson, J., 2016. Using conceptual depth criteria: addressing the challenge of reaching saturation in qualitative research. *Qualitative Research*, 17(5), pp.554-750, doi:10.1177/1468794116679873.

Neubauer, B.E., Witkop, C.T. and Varpio, L., 2019. How phenomenology can help us learn from the experiences of others *Perspectives on Medical Education,* 8, pp.90–97. doi: https://doi.org/10.1007/s40037-019-0509-2.

Newton, N., 2010. The use of semi-structured interviews in qualitative research: strengths and weaknesses. [pdf]. Available at: <https://www.academia.edu/1561689/The_use_of_semi_structured_interviews_in_qualitative_research_strengths_and_weaknesses>.

NHS, 2013. Involving people in their own health and care: Statutory guidance for clinical commissioning groups and NHS England. UK: NHS.

NHS, 2019. The NHS Long Term Plan, version 1.2 2019. NHS. Available at: < www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>.

NICE National Institute for Health and Care Excellence, 2021. Patient and public involvement policy. [On-line] Available at <https//nice.org.uk/about/nice-communities/nice-and-the-public/public-involvement/public-involvement-programme/patient-public-involvement-policy> [Accessed February 2021].

National Institute for Health Research (NIHR), 2021. *Payment guidance for members of the public considering involvement in research.* [online] Available at: <https://www.nihr.ac.uk/documents/payment-guidance-for-members-of-the-public-considering-involvement-in-research/27372>.

National Institute for Health Research (NIHR*), 2021 Policy on payment of fees and expenses for members of the public actively involved with INVOLVE.* [online] Available at:< A guide to paying members of the public who are actively involved in research:>.

NMC, 2018 .Standards for pre-registration nursing education. London: NMC. Available at: <www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf?_t_id=rYSMkpZPgM-vDKRimNjqiQ%3d%3d&_t_uuid=iGADelB3RmOq0X2UIA44tA&_t_q=essential+cluster+ski lls&_t_tags=language%3aen%2csiteid%3ad6891695-0234-463b-bf74-1bfb02644b38%2candquerymatch&_t_hit.id=NMC_Web_Models_Media_DocumentFile/_52d6f617-2cbb-4dd4-9a91-46d6df9cc2a7&_t_hit.pos=7> [accessed on 20 December 2020].

NMC, 2018. Realising professionalism: Standards for education and training Part 1: Standards framework for nursing and midwifery education [pdf]. London: NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-framework.pdf> [accessed 07 January 2020].

NMC, 2019. *The voice of people who use services, families and members of the public in fitness to practise proceedings.* [PDF] London: NMC. Available at: <www.nmc.org.uk/globalassets/sitedocuments/ftp_information/nmc---service-user-voice-in-ftp-proceedings---public-and-stakeholder-eng....pdf>.

Norris, N., 1997. Error, bias and validity in qualitative research. *Educational Action Research*, 5(1), pp.172-176. doi: http://dx.doi.org/10.1080/09650799700200020.

Nunes, P., Williams, S, Sa, B. and Stevenson, K., 2011. A study of empathy decline in students from five health disciplines during their first year of training. *International Journal of Medical Education*, 2. doi: 10.5116/ijme.4d47.ddb0.

Nursing and Midwifery Council, 2010. *S*tandards of proficiency for pre-registration nursing education [Online]. Available at :< http://standards.nmc-uk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf> [Accessed 20 September 2012].

Ocloo, J. and Matthews, R., 2016. From tokenism to empowerment: progressing patient and public involvement in healthcare improvement. *BMJ Quality & Safety,* 25(8). doi: http://dx.doi.org/10.1136/bmjqs-2015-004839 [Accessed on 10 April 2018].

Omeni, E., Barnes, M., MacDonald, D. Crawford, M. and Rose, D., 2014. Service user involvement: impact and participation: a survey of service user and staff perspectives. *BMC Health Services Research*, 14(491). doi: https://doi.org/10.1186/s12913-014-0491-7.

O'Reilly, M. and Parker, N., 2013. "Unsatisfactory saturation": A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research*, 13(2), pp.190–197. doi:10.1177/1468794112446106.

O'Shea, A., Chambers, M. and Boaz, A., 2016. Whose voices? Patient and public involvement in clinical commissioning. *Health Expectations,* 20(3), pp.484-494. doi: 10.1111/hex.12475.

Østergaard, E., 2019. Echoes and Shadows: A Phenomenological Reconsideration of Plato's Cave Allegory. *Phenomenology & Practice*. 13(1), pp.20-33. doi: 10.29173/pandpr29372.

Page, G., 2005. Professional socialisation of values: What the literature and professional bodies offers. *International Education Journal*, 5(5), pp.105-116.

Paley, J., 2016. Phenomenology as Qualitative Research: A Critical Analysis of Meaning Attribution. Abingdon: Routledge.

Parahoo, K., 2006. Nursing Research. Principles, Process and Issues. Second edition. Basingstoke: Palgrave Macmillan.

Patterson, S., Trite, J., and Weaver, T., 2014. Activity and views of service users involved in mental health research: UK survey. *British Journal of Psychiatry*, 205(1), pp.68–75. doi: 10.1192/bjp.bp.113.128637.

Paul, C., and Holt, J., 2017. Involving the public in mental health and learning disability research: Can we, should we, do we? *Journal of Psychiatric and Mental Health Nursing*, 24(8), pp. 570–579. doi: 10.1111/jpm.12404.

Perry**,** J., Watkins, M., Gilbert, A. and Rawlinson, J., 2013. A systematic review of the evidence on service user involvement in interpersonal skills training of mental health students. *Journal of Psychiatric Mental Health Nursing.* 20(6), pp. 525–40. doi: 10.1111/j.1365-2850.2012.01955.x.

Pillow, W., 2003. Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*, 16(2), pp. 175-196.doi: 10.1080/0951839032000060635.

Pitt, M.B. and Hendrickson, M.A., 2019. Eradicating Jargon-Oblivion—A Proposed Classification System of Medical Jargon. *Journal General Internal* Medicine. 35, pp**.**1861–1864. doi: https://doi.org/10.1007/s11606-019-05526-1.

Platt, M. and Staniszewska, S., 2011. "Nurses' role in liaising between patients and service providers: Mark Platt and Sophie Staniszewska discuss patient and public involvement in health care and user participation in the design and delivery of services." *Nursing Management*, 18(4), p. 24**. doi:**10.7748/nm2011.07.18.4.24.c8591 [Accessed 9 March 2021].

Polit, D.F. and Beck, C.T., 2006. Essentials of Nursing Research. Methods, Appraisal and Utilisation. 6th ed. Philadelphia: Lipincott, Williams & Wilkins.

Polit, D.F. and Beck, C.T., 2010. Generalisation in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing studies*. 47(11), pp.1451-58. doi: 10.1016/j.ijnurstu.2010.06.004.

Polit, D.F. and Beck, C.T., 2013. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 8th ed. Philadelphia, PA: Lippincott Williams and Wilkins.

Polkinghorne, D.E, 2005. Language and Meaning: Data Collection In Qualitative Research. *Journal of Consulting Psychology*. 52(2), pp.137-143.

Potter, B. and Salmon, D., 2015. A qualitative study analysing the journey towards an embedded approach to service user involvement. *Journal of Health Visiting*. 3(11). doi: https://doi.org/10.12968/johv.2015.3.11.608 [accessed 20 December 2020].

Primeau, L.A., 2003. Reflections on self in qualitative research: stories of family. *American Journal of Occupational Therapy*, 57(1), pp.9-16.

Public Health England, 2017. Protecting and improving the nation's health: Reducing health inequalities: system, scale and sustainability.

Pugh, J., Mitchell, M. and Brook, F., 2000. Insider/outsider partnerships in ethnographic partnerships in an ethnographic study of shared governance. *Nursing Standard*, 14(27), pp.43-44.

Race, P., 2015. The Lecturers' Toolkit. 5th ed. Abingdon: Routledge.

Read, J., 2001. Involving to empower. *Mental Health Today,* pp.18–20.

Reed, A., 2011. Nursing in partnership with patients and carers. Exeter: Learning Matters.

Rees, C., 2003. An introduction to research for midwives. 2nd ed. Edinburgh/New York: Books for Midwives. (Original work published 1997).

Repper, J. and Breeze, J., 2004. A Review of the Literature on User and Carer Involvement in the Training and Education of Health Professionals Report. *International Journal of Nursing Studies.* 44(3), pp.511-9. doi: 10.1016/j.ijnurstu.2006.05.013.

Repper, J. and Breeze, J., 2007. User and carer involvement in the training and education of health professionals: A review of the literature*. International Journal of Nursing Studies,* 44(3), pp.511-519. doi: 10.1016/j.ijnurstu.2006.05.013.

Repper, R. and Perkin J., 2003. Social Inclusion and Recovery. London: Bailliere Tindall.

Rhodes, C.A. and Nyawata, I.D., 2011. Service user and carer involvement in student nurse selection: Key stakeholder perspectives. *Nurse Education Today*, 31(5), pp.439–443. doi: https://doi.org/10.1016/j.nedt.2010.10.005.

Rhodes, C., 2012. User involvement in health and social care education: a concept analysis. *Nurse Education Today* 32(2), pp.185–189. doi: https://doi.org/10.1016/j.nedt.2011.11.012.

Rhodes, C., 2013. Service user involvement in pre-registration children's nursing education: The impact and influence on practice: a case study on the student perspective. *Issues in Comprehensive Pediatric Nursing,* 36(4) pp. 291–308.

Richards, H.M. and Schwartz, L.J., 2002. Ethics of qualitative research: are there special issues for health services research? *Family Practice*, 19(2), pp.135-9. doi: 10.1093/fampra/19.2.135.

Ricoeur, P., 1970. Freud and philosophy: An essay on interpretation (D. Savage, Trans.). New Haven, CT: Yale UP.

Ritchie, J. and Lewis, J., 2003, Qualitative research practice: a guide for social science students and researchers. London, UK: SAGE.

Roberts, G. and Wolfson, P., 2004. The rediscovery of recovery: open to all. *Advances in Psychiatric Treatment*, 10(1), pp.37–48, doi:10.1192/apt.10.1.37.

Robson, C., 2011. Real World Research. John Wiley & Sons.

Rogers, A., 2009. Developing expert patients, in Edwards, A. and Elwyn, G. (2009) Shared Decision-making in Healthcare: Achieving evidence-based choice. Oxford: Oxford University Press.

Rooney, J., Unwin, P. and Shah, P., 2018. Keeping us grounded: academic staff perceptions of service user and carer involvement in health and social work training. *Journal of Further and Higher Education*, 43(7), pp.929-941. doi: https://doi.org/10.1080/0309877X.2018.1429581.

Rooney, P., 2005. Researching from the inside - does it Compromise Validity? - A Discussion. Level3, issue 3. Dublin: Dublin Institute of Technology.

Royal Literary Fund, 2021. *What is a literature review?* [online] Available at: <https://www.rlf.org.uk/resources/what-is-a-literature-review/>.

Rush, B., 2008. Mental health service user involvement in nurse education: A catalyst for transformative learning. *Journal of Mental Health*, [e-journal], 17(5), pp.531–542. [available at ARU library website] <library.aru.ac.uk> [accessed on 09 January 2020].

Russell, C.R., 2016. People with dementia, contributing to learning and teaching in higher education: Innovative practice. *Dementia*, 19(2), pp.447-452. doi: https://doi.org/10.1177/1471301216685460.

Ryden, J. and Willetts, C., 2013. Power, discrimination and oppression: In Heaslip V and Ryden J eds., understanding vulnerability. Oxford: Wiley Blackwell.

Salisu, W.J., Nayeri, N.D., Yakubu, I. and Ebrahimpour, F., 2019. Challenges and faciltiators of professional socialisation. *Nursing Open*, 6(4), pp.1289-1298.

Sandelowski, M., 2000. Focus on Research Methods Whatever Happened to Qualitative Description? *Research in Nursing & Health*, 23(4), pp.334-340. doi: https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G.

Sanders, C., 2003. Application of Colaizzi's method: Interpretation of an auditable decision trail by a novice researcher. *Contemporary nurse: a journal for the Australian nursing profession*, 14(3), pp. 292-302. doi: 10.5172/conu.14.3.292.

Sandström, B., Borglin, G., Nilsson, R. and Willman, A., (2011). Promoting the implementation of evidence-based practice: A literature review focusing on the role of nursing leadership. *Worldviews on Evidence-Based Nursing*, 8(4), pp.212-223.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H. and Jinks C., 2017. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant*, 52(4), pp.1893–1907. doi: https://doi.org/10.1007/s11135-017-0574-8.

Scammell, J., 2015. Service-user involvement in nurse education. *British Journal of Nursing*. 24(22), p.1163.

Scammell, J., Heaslip, V. and Crowley, E., 2016. Service user involvement in preregistration general nurse education: a systematic review. *Journal of Clinical Nursing,* 25(1-2), pp.53–69, doi: 10.1111/jocn.13068 53.

Schreur, F.K., Lea, L. and Goodbody, L., 2015. "Learning from service user and carer involvement in clinical psychology training", *The Journal of Mental Health Training, Education and Practice*, 10(3), pp.137-149.

Schneebeli, C., O'Brien, A., Lampshire, D. and Hamer, H. P., 2010. Service user involvement in undergraduate mental health nursing in New Zealand. *International Journal of Mental Health Nursing*, 19, pp. 30–35. doi: 10.1111/j.1447-0349.2009.00642.x.

Shenton, A. K., 2004. Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, 22(2), pp.63-75. doi: https://doi.org/10.3233/EFI-2004-22201.

Shosha, G.A., 2012. EMPLOYMENT OF COLAIZZI'S STRATEGY IN DESCRIPTIVE PHENOMENOLOGY: A REFLECTION OF A RESEARCHER. *European Scientific Journal*, *8*(27). doi: https://doi.org/10.19044/esj.2012.v8n27p%p.

Simmons, R. and Brennan, C., 2016. User voice and complaints as drivers of innovation in public services. *Public Management Review*. 19(8), pp.1085-1104, DOI: 10.1080/14719037.2016.1257061.

Simons, L., Herbert, L., Tee, S., Lathlean, J., Burgess, A. and Gibson, C., 2006. Integrated service user-led teaching in higher education: experiences and learning points. *Mental Health Review Journal,* 11(4), pp. 14-18. doi: https://doi.org/10.1108/13619322200600036.

Simons, L., Tee, S., Lathlean, S., Burgess, A., Herbert, L. and Gibson, C., 2007. A socially inclusive approach to user participation in higher education. *Journal of Advanced Nursing,* 58(3), pp. 246–255. doi: 10.1111/j.1365-2648.2007.04216.x.

Simpson, A., Jones, J., Barlow, S. and Cox, L., 2014. Adding SUGAR: service user and carer collaboration in mental health nursing research. *J Psychosoc Nurs Ment Health Serv.*, 52(1), pp.22-30. doi: 10.3928/02793695-20131126-04.

Simpson, A., Reynolds, L., Light, I. and Attenborough, J., 2008. "Talking with the experts: evaluation of an online discussion forum involving mental health service users in the education of mental health nursing students". *Nurse Education Today,* 28(5), pp. 633-640.

Singh, C., Cross, W., Munro, I. and Jackson, D., 2019. Occupational stress facing nurse academics – A mixed methods systematic review. *Journal of Clinical Nursing,* 29(5-6), pp.720-735. doi: https://doi.org/10.1111/jocn.15150.

Singh, S. and Wassenaar, D., 2016. Contextualising the role of the gatekeeper in social science research. *South African Journal of Bioethics and Law*. 9(1), pp.42-46. doi:10.7196/SAJBL.2016.v9i1.465.

Skilton, C.J., 2011. Involving experts by experience in assessing students' readiness to practise: The value of experiential learning in student reflection and preparation for practice. Social Work Education, 30(3), pp.299-311.

Skoura-Kirk, E., Backhouse, B., Bennison, G., Cecil, B., Keeler, J., Talbot, D. and Watch, L., 2013. Mark My Words! Service User and Carer Involvement in Social Work Academic Assessment, *Social Work Education*, 32(5), pp. 560-575. doi: 10.1080/02615479.2012.690388.

Slavin, R. E., 1984. Research methods in education: A practical guide. Englewood Cliffs, NJ: Prentice-Hall.

Slomic, M., Christiansen, B., and Soberg, H.L., 2016. User involvement and experiential knowledge in interprofessional rehabilitation: a grounded theory study. *BMC Health Serv ices Research,* 16(547). doi: https://doi.org/10.1186/s12913-016-1808-5.

Small, N. and Rhodes, P., 2000. Too ill to talk? User involvement and Palliative care. London: Routledge.

Smith, E., Manthorpe. J., Brearley, S., Ross, R., Donovan, S., Sitzia, J. and Beresford P., 2005. User involvement in the design and undertaking of Nursing, Midwifery and Health Visiting Research National Co-ordinating Centre for NHS Service Delivery and Organisation R & D (NCCSDO). NCCSDO. Available at: <iteseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.97.1087&rep=rep1&type=pdf>.

Smith, E., Manthorpe, J., Brearley, S., Ross, R., Donovan, S., Sitzia, J. and Beresford, P., 2008. Service user involvement in nursing, midwifery and health visiting research: A review of evidence and practice. *International Journal of Nursing Studies*, 45(2), pp.298-315. doi: https://doi.org/10.1016/j.ijnurstu.2006.09.010.

Smith, J.A. and Osborn, M., 2007. Interpretive Phenomenological Analysis. In Smith, J.A., 2008. Qualitative Psychology: A Practical Guide to Research Methods. 2nd. Ed. Sage. (p57).

Smith, J.A., Flowers, P. and Larkin, M., 2009. Interpretive Phenomenological Analysis. Theory, Method & Research. London: Sage.

Smith, J.A., 2008. Qualitative Psychology: A Practical Guide to Research Methods. 2nd. Ed. Sage.

Smith, J.K., 1983. Quantitate Versus Qualitative: an attempt to clarify the issue. Educational Researcher, 12(3), pp.6-13. doi: 10.3102/0013189X012003006.

Smith, L., 2010. What are the barriers and support systems for service user-led research Implications for practice. *The Journal of Mental Health Training, Education and Practice*, 5(1), pp.35-54. doi: https://doi.org/10.5042/jmhtep.2010.0218.

Smith, L.J., 2007. How ethical is ethical research? Recruiting marginalized, vulnerable groups into health services research. *J Adv Nurs,* 62(2). pp. 248–257.

Smith, M.D., Henry-Edwards, S., Shanahan, E.M. and Ahern, M.J., 2000. Evaluation of patient partners in the teaching of the musculoskeletal examination. *The Journal of rheumatology*, 27, pp.1533- 1537.

Smith, P., Ooms, A. and Marks-Maran, D., 2015. Active involvement of learning disabilities service users in the development and delivery of a teaching session to pre-registration nurses: Students' perspectives. *Nurse Education in Practice*, 16(1), pp.111-118. doi: https://doi.org/10.1016/j.nepr.2015.09.010.

Sokolowski, R., 2000. Introduction to phenomenology. Cambridge: Cambridge University Press.

Solbjør, M. and Steinsbekk, A., 2011. User involvement in hospital wards: Professionals negotiating user knowledge. A qualitative study. *Patient Education and counselling,* 85(2), pp.144-149*,* doi: 10.1016/j.pec.2011.02.009*.*

Speed, S., Griffiths, J., Horne, M. and Keeley, P., 2012. Pitfalls, perils and payments: Service user, carers and teaching staff perceptions of the barrier to involvement in nursing education. *Nurse Education Today,* 32(7), pp.829-834.

Spencer. J., Blackmore, D., Heard, S., McCrorie, P., McHaffie, D., Scherpbier, A., Gupta, T.S., Singh, K. and Southgate, L., 2000. Patient-oriented learning: a review of the role of the patient in the education of medical students. *Medical Education,* 34(10), pp.851–7. doi: https://doi.org/10.1046/j.1365-2923.2000.00779.x.

Spiegelberg, H., 1975. Phenomenology through Vicarious Experience. In: *Doing Phenomenology*. Phaenomenologica (Collection Fondée par H. L. van Breda et Publiée Sous le Patronage des Centres d'Archives-Husserl), vol 63. Springer, Dordrecht. doi: https://doi.org/10.1007/978-94-010-1670-4_4.

Stacey, G., Stickley, T. and Rush, B., 2012. Service user involvement in the assessment of student nurses: A note of caution. *Nurse Education Today,* 32(5), pp.482–484.

Stacey, G. and Pearson, M., 2018. Exploring the influence of feedback given by people with lived experience of mental distress on learning for preregistration mental health students. *Journal of Psychiatric and Mental Health Nursing.* 25(5-6), pp.319–326. doi: 10.1111/jpm.12465.

Staniszewska, S., Denegri, S., Matthews, R. and Minogue, V., 2018. Reviewing progress in public involvement in NIHR research: developing and implementing a new vision for the future. *BMJ Open,* 8(7). doi: 10.1136/ bmjopen-2017-017124.

Starks, H. and Trinidad, S., 2007. Choose Your Method: A Comparison of Phenomenology, Discourse Analysis, and Grounded Theory. *Qualitative Health Research*, 17(10), pp 1372-1380. doi: 10.1177/1049732307307031.

Stevens, K., Bernal, C., Devis, K. and Southgate, A., 2017. Experiences of service users involved in recruitment for nursing courses: A phenomenological research study. *Nurse Education Today*, 58,.pp.59–64.

Stickley, T., Rush, B., Shaw, R., Smith, A., Collier, R., Cook, J., Shaw, T., Gow, D., Felton, A. and Roberts, S., 2009. Participation in Nurse Education: The PINE project. *The Journal of Mental Health Training, Education and Practice.* 4 (1), pp.11-18. doi: 10.1108/17556228200900003.

Stickley, T., Stacey, G., Pollock, K., Smith, A., Betinis, J. and Fairbank, S., 2010. The practice assessment of student nurses by people who use mental health services, *Nurse Education Today*, 30(1), pp. 20–25. doi: https://doi.org/10.1016/j.nedt.2009.05.019.

Stickley, T., Stacey, G., Smith A, Betinis, J., Pollock, K., and Fairbank, S., 2011. Developing a service user designed tool for the assessment of student mental health

nurses in practice: A collaborative practice. *Nurse Education Today,* 31(1), pp.102-106. doi: 10.1016/j.nedt.2010.04.005.

Storm, M., Knudsen, K., Davidson, L., Hausken, K. and Johannessen, J.O., 2011. "Service user involvement in practice": The evaluation of an intervention program for service providers and inpatients in Norwegian Community Mental Health Centers. *Psychosis*, 3(1), pp.29–40.

Strudwick, R. and Harvey-Lloyd, J., 2013. Preparation for practice through service user involvement in the diagnostic radiography curriculum at university campus Suffolk. *International Journal of Practice-based Learning in Health and Social Care,* 1(2), doi:10.11120/pblh.2013.00016.

Suddick, M., Cross, V., Vuoskoski, P., Galvin, K. and Stew, G., 2020. The Work of Hermeneutic Phenomenology. *International Journal of Qualitative Methods.* doi: https://doi.org/10.1177/1609406920947600.

Summers, K., 2013. Children's nurse education- what is important to the service user? *British Journal of Nursing*, 22(13). doi: https://doi.org/10.12968/bjon.2013.22.13.747.

SUPPORTLINE. Welcome to SupportLine. [online] Available at: <https://www.supportline.org.uk>.

Suryani, S., Welch, A. and Cox, L., 2016. The Application of Colaizzi's Method in Conducting Research Across Two Language. *Malaysia Journal of psychiatry*. 25(1). Available at: <mjpsychiatry.org/index.php/mjp/article/view/375>.

Swanson-Kauffmanm, K. and Schonwald, E., 1988. Phenomenology. *National League for Nursing Publ.*, 15(2233), pp.97-105.

Tanner, D., Littlechild, R., Duffy, J. and Hayes, D., 2017. 'Making it real': evaluating the impact of service user and carer involvement in social work education. *British Journal of Social Work*, 47(2), pp.467-486. https://doi.org/10.1093/bjsw/bcv121.

Tappen, R.M., 2011. Advanced Nursing Research: From theory to practice. Sudbury, MA: Jones & Bartlett learning.

Tee, S., 2012. Service user involvement - Addressing the confidence in healthcare. *Nurse Education Today*, 32(2), pp.119-120. doi: 10.1016/j.nedt.2011.12.002.

Ten Hoeve, Y., Jansen, G. and Roodbol, P., 2014. The nursing profession: public image, self-concept and professional identity. A discussion paper. *J Adv Nurs.*, 70(2), pp.295-309. doi: 10.1111/jan.12177.

Terry, J., 2013. The pursuit of excellence and innovation in service user involvement in nurse education programmes: Report from a travel scholarship. *Nurse Education in Practice* [e-journal], 13(3), pp. 202-206. Available through: ARU library website <library.aru.ac.uk website> [accessed 16 June 2017].

Terry, L.M., 2012. Service user involvement in nurse education: A report on using online discussions with a service user to augment his digital story. *Nurse Education in Today,* 32(2), pp. 161–166 [online] Available at: https://doi.org/10.1016/j.nedt.2011.06.006 [accessed 09 January 2020].

Tew, J., Gell, C. and Foster, F., 2004. A Good Practice Guide. Learning from Experience: Involving Service Users and Carers in Mental Health Education and Training Nottingham: Mental Health in Higher Education/NIMHE.

Thompson, N., 2007. Power and Empowerment. Lyme Regis: Russell House.

Thomson, D. and Hilton, R., 2013. Service users' perceptions regarding their involvement in a physiotherapy educational programme in the UK: a qualitative study. *Physiotherapy.* 99(2), pp.153-158. doi: 10.1016/j.physio.2012.07.004).

Tierney, E., McEvoy, R., O'Reilly-de Brún, M., de Brún, T., Okonkwo, E., Rooney, M., Dowrick, C., Rogers, A. and MacFarlane, A., 2016. A critical analysis of the implementation of service user involvement in primary care research and health service development using normalization process theory. *Health Expectations*, 19(3), pp.501-515. doi: https://doi.org/10.1111/hex.12237.

Tobbell, J., Boduszek, D., Kola-Palmer, S., Vaugha, J. and Hargreaves, J., 2018. Learning from service users in health and social care higher education contexts: validating the Huddersfield Service User Pedagogy Scale. *Nurse Education Today,* 63, pp.81–86. doi: 10.1016/j.nedt.2F018.01.014.

Tod, A., 2015. Interviewing. In Gerish K, Lathlean J. eds, *The research Process in Nursing* 7th ed. Wiley-Blackwell, Oxford.

Todres, L. and Wheeler, S., 2001. The complementarity of phenomenology, hermeneutics and existentialism as a philosophical perspective for nursing research. *International Journal of Nursing Studies*. 38(1), pp.1-8. doi: https://doi.org/10.1016/S0020-7489(00)00047-X.

Todres, L., and Holloway, I. 2004. Descriptive phenomenology: Life-world as evidence. In F. Rapport (Ed.), New qualitative methodologies in health and social care research (pp. 79–98). London, UK: Routledge.

Torrance, C., Mansell, I., and Wilson, C., 2012. Learning objects? Nurse educators' views on using patients for student learning: ethics and consent. *Education for Health*, 25(2), pp. 92–97.

Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, C., Lown, B., Madularu, I., Solomon, P. and Thistlethwaite, J., 2010. Active patient involvement in the education of health, Professionals. *Medical Education,* 44(1), pp.64–74. doi:10.1111/j.1365-2923.2009.03530.x

Townend, M., Tew, J., Grant, A. and, Repper, J., 2008. Involvement of service users in education and training: A review of the literature and exploration of the implications for the education and training of psychological therapists, *Journal of Mental Health*, 17(2), pp.65-78, doi: 10.1080/09638230701529715 [available from] <https://www.tandfonline.com/doi/pdf/10.1080/09638230701529715?needAccess=true>**.**

Tremayne, P., Russell, P. and Allman, H., 2014. Service user involvement in nurse education. *Nursing Standard,* 28(22), pp.37-41.

Tritter, J.Q. and McCallum, A., 2006. The snakes and ladders of user involvement: Moving beyond Arnstein. *Health Policy*. 76(2), pp.156–168. doi: https://doi.org/10.1016/j.healthpol.2005.05.008 [accessed on 8 January 2021].

Turnbull. P. and Weeley. F., 2013. Service user involvement: Inspiring student nurses to make a difference to patient care. *Nurse Education in Practice,* 13(5), pp.454-458. doi: https://doi.org/10.1016/j.nepr.2013.03.012.

Turner, M. and Beresford, P., 2005. SCIE Report 8: Contributing on equal terms: service user involvement and the benefits system. London: SCIE. Available at: <www.scie.org.uk/publications/reports/report08.asp>.

United States. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1978. The Belmont report: ethical principles and guidelines for the protection of human subjects of research. Bethesda, Maryland. Available at: https://digital.library.unt.edu/ark:/67531/metadc1213679/: University of North Texas Libraries, UNT Digital Library, https://digital.library.unt.edu; crediting UNT Libraries Government Documents Department.

Unwin, P., Rooney, J. and Col, C., 2018. Service user and carer involvement in students' classroom learning in higher education. *Journal of Further and Higher Education,* 42(3), pp. 377-388.doi: 10.1080/0309877X.2017.1281886.

Unwin, P. and Rooney, J., 2020. The 'nuts and bolts' of including service users and carers in the recruitment of health and social work students in an English university—An interdisciplinary critique. *Health Expectations, 23(6),* [e-journal]. doi: 10.1111/hex.13137.

Valizadeh, L., Zamanzadeh, V. and Dewar, B., 2016. Nurse's perceptions of organizational barriers to delivering compassionate care: A qualitative study. *Nurs Ethics*, 25(5), pp.580-90.

Van Kaam, A., 1966. Existential Foundations of Psychology. Pittsburgh: Duquesne University Press.

Van Kaam, A., 1959. "Phenomenal Analysis: Exemplified by a Study of the Experience of Really Feeling Understood,". *Journal of Individual Psychology*, 15, pp.66-72.

van Manen, M., 1990. Researching Lived Experience: Human Science for an Action Sensitive Pedagogy. Ontario: Althouse Press.

Van Manen, M. and Adams, C. A., 2010. Phenomenology. In: Penelope Peterson, Eva Baker, Barry McGaw, (Editors), International Encyclopedia of Education. volume 6, pp. 449-455. Oxford: Elsevier. [online].

van Manen, M., 2007. Phenomenology of practice*. Phenomenology & Practice.* 1(1) pp.11-30, doi: 10.29173/pandpr19803.

Walters, K., Buszewicz, M., Russell, J. and Humphrey, C., 2003. Teaching as therapy: cross sectional and qualitative evaluation of patients' experiences of undergraduate psychiatry teaching in the community. *British Medical Journal,* 326, pp. 740-745.

Wanless, D. 2004. The Wanless Report Securing Good Health For the Whole Population. London: HMSO.

Ward, J., Cody, J. and Schaal, M., 2012. The Empathy Enigma: An Empirical Study of Decline in Empathy Among Undergraduate Nursing Students. *Journal of Professional Nursing*, 28(1), pp.34-40.

Ward, S. and Benbow, J., 2016. The role of service-user feedback in undergraduate nursing courses. *British Journal of Nursing*, 25(13), pp.752-6. doi: 10.12968/bjon.2016.25.13.752.

Warren, A., Hughes, M., Fry, J. and Cescutti-Butler, L., 2017. Involvement in midwifery education: experiences form a service user and carer partnership. *British Journal of Midwifery.* 25(8).

Webster, B., Goodhand, K., Haith, M. and Unwin, R., 2012. The development of service user in the provision of verbal feedback to student nurses in a clinical simulation environment, *Nurse Education Today*, 32(2), pp.133-138.

Welch, A., 2014. Qualitative research design. In Jirojwong S, Johnson M, Welch A (Eds) Research Methods in Nursing and Midwifery: Pathways to Evidence-based Practice. 2ed. pp.109-129. Melbourne, VIC: Oxford University Press.

Wertz, F.J., 2005. Phenomenological research methods for counselling psychology. *Journal of Counselling Psychology*, 52(2), pp.167–177. Available at: <https://www.academia.edu/32115769/Phenomenological_Research_Methods_for_Counseling_Psychology> accessed 07 January 2021.

Whitehead, D., 2013. Common qualitative methods in: Nursing & Midwifery Research: Methods and Appraisal for Evidence -Based Practice. 4th ed., pp.103-122. NSW Elsevier-Mosby: Marrickville, Sydney.

Whiting, L., 2001. Analysis of phenomenological data: Personal reflections on Giorgi's method. *Nurse Researcher,* 9(2), pp. 60-74. doi: 10.7748/nr.9.2.60.s6.

Windle, G., Caulfield, M., Woods, B. and Joling, K., 2020. How Can the Arts Influence the Attitudes of Dementia Caregivers? A Mixed-Methods Longitudinal Investigation, *The Gerontologist*, 60(6), pp. 1103–1114. doi: https://doi.org/10.1093/geront/gnaa005.

Wilson, A., 2015. A guide to phenomenological research. *Nursing Standard.* 29(34), pp.38-43.

Wilson, P.M., Kendall, S. and Brooks, F., 2006. Nurses' responses to expert patients: The rhetoric and reality of self-management in long-term conditions: A grounded theory study. *International Journal of Nursing Studies. 43(7),* pp.803-818.

Wimpenny, P. and Gass, J., 2000. Interviewing in phenomenology and grounded theory: is there a difference? *Journal of Advanced Nursing*, 31(6), pp.1485-1492. doi: https://doi.org/10.1046/j.1365-2648.2000.01431.x.

Wirhana, L., Welch, A., Williamson, M., Christensen, M., Bakon, S. and Craft. J., 2018. Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Researcher*, 25(4), pp.30-34. doi: Doi:10.7748/nr.2018.e1516.

Wojnar, D. and Swanson, K., 2007. Phenomenology An Exploration. *Journal of Holistic Nursing,* 25(3), pp.172-180.

Wood, J. and Barnett, J., 1999, The influence of user involvement on the learning of mental health nursing students. *Journal of Research in Nursing*, 4(4), pp.257-270.

Zarshenas, L., Sharif, F., Molazem, Z., Khayyer, M., Zare, N. and Ebadi, A., 2014. Professional socialization in nursing: A qualitative content analysis. *Iranian Journal of Nursing and Midwifery Research*, 19(4), pp.432-438. PMID: 25183987; PMCID: PMC4145501.

Appendix A: Mind map of my current position in study

SERVICE USER NEEDS
- Support.
- Appreciation.
- Clear Guidelines.
- Rapport.
- Feel Comfortable.

ORGANISATIONAL
- Requirement Work & Professional.
- Helping Student Education.
- Resources.
- Information.

RESEARCHER ROLE
- Ethical Principles.
- Research Activity.
- Insider Researcher.
- Bracketing.

MY POSITION AND ROLE AS AN ACADEMIC, NURSE LECTURER AND RESEARCHER.

ACADEMIC POSITION
- Requirement.
- Need.
- Useful/ Supportive.
- Time Consuming.
- Tick-boxed.
- Am I Doing This Correctly?
- Embedding Current Culture.

NURSE POSITION
- Partnership Working.
- Self-help/ Empowerment.
- Time, Resources.
- Impact - Profession.
  - Patient.
- Autonomy, Care, Professionalism.

INTEREST
- Why Interested ?
- Who To Target ?
- What Do I Want to Achieve ?
- How Can This Add to My Role ?
- Different Applications Of Involvement.
- Roles For Future.
- My Experience As A Service User.

Anglia Ruskin
University

Cambridge & Chelmsford

Cambridge Campus
East Road
Cambridge
CB1 1PT

T: 0845 271 3333
Int: +44 (0)1223 363271
www.anglia.ac.uk

27th March 2015

Gail Sinfield

Dear Gail

Principal Investigator: Gail Sinfield

DREP number: SNM/DREP/14-003

Project Title: Service User involvement in Pre-registration Nurse Education

I am pleased to inform you that your ethics application has been approved by the Faculty Research Ethics Panel (FREP) under the terms of Anglia Ruskin University's Research Ethics Policy (Dated 23/6/14, Version 1). However, the panel have requested that you undertake the following:-

1. State on the PIS that if the participant withdraws from the study the data they have provided up to the point of withdrawal will be used.

2. The PIS indicates an audiotaped interview-only. Gail might like to offer a non-recorded option as a fall-back in case anyone objects.

We do not need to see the revised documents.

Ethical approval is given for a period of 3 years from 27th March 2015.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Research Ethics Policy and the Code of Practice for Applying for Ethical Approval at Anglia Ruskin University, including the following.

- The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these amendments until you have received approval from DREP for them.
- The procedure for reporting adverse events and incidents.
- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.
- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the DREP copies of this documentation if required, prior to starting your research.
- Any laws of the country where you are carrying the research and obtaining any other approvals or permissions that are required.

- Any professional codes of conduct relating to research or requirements from your funding body (please note that for externally funded research, a Project Risk Assessment must have been carried out prior to starting the research).
- Completing a Risk Assessment (Health and Safety) if required and updating this annually or if any aspects of your study change which affect this.
- Notifying the DREP Secretary when your study has ended.

Please also note that your research may be subject to random monitoring.

Should you have any queries, please do not hesitate to contact me. May I wish you the best of luck with your research.

Yours sincerely,

Anglia Rusk
University

Cambridge Chelmsford Peterbor

8 August 2017

Dear

I am a senior lecturer in adult nursing and am currently undertaking a Professional Doctorate course at Anglia Ruskin University.

My study aims to explore Nurse Lecturers' experiences of service user involvement in pre-registration nurse education. I am interested in interviewing lecturers in adult nursing who currently work with service users. I am seeking to recruit Lecturers from two universities who include service user involvement within their nursing curriculum.

In order to recruit Lecturers with experience in working with service users, I am seeking your permission to contact your staff who might be interested in sharing their experiences with me. I could contact the Lecturers myself if you would be happy to provide me with their email addresses or alternatively contact could be made by an email sent to Lecturers by your administrators with your permission.

I would be happy to speak to you further about the study if you have any questions or queries.

Thank-you very much for your time and consideration

Kind regards

Gail Sinfield

Senior Lecturer Adult Nursing

PARTICIPANT INFORMATION SHEET

Title of project

Nurse Lecturers' experience of service user involvement in nurse education.

Purpose and value of study

You are invited to participate in a doctoral study undertaken by Gail Sinfield a PrD student and a Senior Lecturer in Adult Nursing at Anglia Ruskin University. This study aims to explore Nurse Lecturers' experiences in service user involvement in pre-registration nurse education, an area which has so far been largely unexplored.

The study will involve semi-structured interviews conducted either face-to-face or over the telephone or Skype. The interview will explore experiences of working in partnership with service users in pre-registration nurse education.

Invitation to participate

You are invited to take part in this research as you work in a university as a Lecturer/ Senior Lecturer in Adult Nursing and have experience in working with service users in pre-registration nurse education. Your views are very useful whether positive, negative or neutral. Your participation in the study is entirely voluntary. If you do not wish to take part you do not need to do anything in response to this invitation. If you would like to take part please contact Gail using the contact details at the end of the document.

What does the study involve?

If you choose to participate you will be asked to participate in one semi-structured interview which will take place at a mutually agreed time and location. A telephone interview might be possible if a face-face meeting is not practicable. The interview will take approximately one hour and you will be asked to provide written consent to participate and for the interview to be audio-recorded.

If a telephone interview is necessary, the consent form will be posted to you prior to the interview date and you will be asked return it to the researcher in the postage paid envelope

so it is received prior to the interview. Consent will be re-confirmed before any interview begins.

What are the risks?

There are no physical risks for participating in the study. Agreement to participate in the study should not compromise your legal rights should something go wrong. There are no special precautions that you need to take before, during or after taking part in the study.

This study will explore the topic of Nurse Lecturers' views on Service user involvement in nurse education, and whilst very unlikely, could potentially evoke an emotional reaction. If this happens the researcher will stop the interview, leave time for the participant to compose themselves and ask them if they wish to continue. You would be offered an additional interview, or to discontinue from participation without prejudice. To further address this potential risk, there are several support networks that participants can access such as the national Support line (01708 765200).

Confidentiality, Data Storage & Withdrawing from the Study

Your participation is confidential. Your interview will be recorded using a digital audio recorder and will be transposed into text. During transcription any identifiable information (e.g. names, places) will be changed, and transcripts will be assigned a code to protect your anonymity. The transcript will be sent to you for confirmation that your interview is a correct reflection of the discussion held. All data will be held on a secure password protected encrypted computer and will be destroyed at the end of the study. Hard copies of consent forms will be kept in a locked cabinet separate to the transcripts and audio files. You may withdraw from the study at any time up until the final data synthesis occurs when data is aggregated anonymously. If you decide to withdraw from the study the data you have provided up to the point of withdrawal will be used.

What will happen to the results of the study?

The results of the study will be used as a part of a Professional Doctorate thesis undertaken at Anglia Ruskin University as well as published in scholarly journals and may be presented at conferences. All information will be anonymous.

Who has reviewed the study?

The study has been reviewed by the Anglia Ruskin University Department Research Ethics Committee and by the researcher's supervisory team.

If you require further information please contact

Gail Sinfield

Senior Lecturer

████████████████████████████████

Dr ██████████

Research Fellow, Doctoral Supervisor

████████████████████████████

Dr ████████████

Professor of Nursing, Doctoral Supervisor (External Supervisor)

Participant Consent Form

Project title: Nurse Lecturers' experience of service user involvement in nurse education.

Main investigator: Gail Sinfield, Senior Lecturer, Phone: █████████

Email█████████████████

Other members of the research team:

███████████████████████████████████████

████████████████████

████████████████████████████

Please tick the box beside each statement if you agree:

	Please tick
I agree to take part in the above research and have been given a copy of the information sheet.	
I understand what my role will be in this research, and all my questions have been answered to my satisfaction.	
I understand that I am free to withdraw from the research before analysis begins, for any reason and without prejudice.	
I agree to the interview being audiotaped.	
I understand that my interview information will be used for analysis purposes.	
I have been informed that the confidentiality of the information I provide will be safeguarded.	
I am free to ask any questions at any time before and during the study.	

Name of participant …………………………… Signed………………..…….. Date……………

(Print)

Researcher

Name (print) ………………………………… Signed…………………………
Date………………

WITHDRAWAL FROM STUDY

If you wish to withdraw from the research, please complete the form below and return to the main investigator named above.

Title of Project: Nurse Lecturers' experience of service user involvement in nurse education.

I WISH TO WITHDRAW FROM THIS STUDY

Name: ……………………………………………Date:…………………………………….

Interview questions

Interview questions:

Background questions:

Commentary –

Thank you for agreeing to tell me about your experiences of working with service users. As you know this study is about service users involvement in nurse education. Can I just make sure you are happy for me to record our discussion and just to check that you have you signed the consent form to take part and consented to take part?

1. **Can you tell me about yourself, your job and your role?**
Prompts if not covered:

(a) When did you qualify?

(b) What qualifications do you have?

(c) How long have you been a lecturer at this Uni?

(d) Are you a member of HEA?

(e) Whereabouts are you based?

(f) Are you studying anything at the moment?

(g) What courses do you teach on?

2. Can you tell me how you involve service users in your work?

(a) *Prompts:* Do you know if service users have any training before they work with the University?
(b) Is there any staff-training?
(c) Do you meet service users before and after a session?
(d) What has your experience of working with service users been like? How does it make you feel? How does it affect your teaching?
(e) Can you think of any benefits or drawbacks of working with service users?
(f) Some areas use service users in their assessment or module planning – what do you think about this?

3. Have you got any suggestions for improving working with service users?

(a) What makes you think this?
(b) How do you think this could be included?
(c) Is there anything else you wish to add as part of this study?

Appendix F: Reflexive journal statements

Interview Field Notes

Field notes *Field notes (interview 3)*

For my third interview I felt quite nervous about the actual interview itself, this was undertaken at a different area to where I work, so finding the room, obtaining ID badges and wondering if I was in the right place, meant I was already anxious. On top of that the participant was late and after 20 minutes I had to go back to reception and ask if there were any messages for me. After about half an hour the participant arrived flustered and I was worried about the interview being okay, but the participant wanted to undertake this and was happy to proceed. I was also cognisant that they may have been busy so did not want to add any extra burden to their day.

Remembering to go over the participant information sheet, collect the signature and open and close the interview all was becoming less alien, but the lateness of the participant made me feel anxious. I tried to curtail this anxiety by putting myself in the participant's shoes, reflecting back upon times where I had rushed from one room to another in my role. I thought back about the commitment of the participant – I had asked if they wanted to proceed – they did; there was an opportunity to re-arrange; Was there anything I could have done differently – No! I felt that I settled into my researcher role within a few minutes and in a strange way the lateness of the participant, enabled me to feel comfortable in my new surroundings; to realise not every interview will be undertaken in a perfect environment and to rationalise that this experience was a valuable lesson in coping with changes, being flexible and bracketing my anxiety from this interview situation. Most people say fieldwork is the enjoyable part – I am still waiting to feel that emotion- I felt more like a rabbit in the headlights!

Bracketing notes prior to data collection.

Bracketing notes – prior to data collection interviews at the start of the study: My assumptions based upon my experience of working with service users: Service users are helpful, useful and essential to student nurses in university settings. I have worked with service users before in the university setting, they just seem to turn up and know what they are doing. · Everyone has a positive experience with service users, they don't mind about pay or travel, they volunteer and are helpful to work with. Lecturers and service users work well together and undertake agreed work. Service users are usually reliable and always attend sessions booked, they are always happy individuals, always following lecturers content. They would not speak out of turn or challenge anything they are mainly middle class ladies who have spare time and enjoy volunteering. Lecturers love working with service users and can help them to feel they have a special role. The system of working with service users is well organised for university staff and well facilitated once a service user attends. Students love service user input and there is a happy environment, students find service users a welcome session because they value what they say and really understand seeing the patients viewpoint. Service users are included in many ways and all lecturers want to use them in more varied ways

· Service users are confident and know how to handle students, they are specially trained with specific roles. Service users have a lot of time on their hands, they are glad to attend university as they don't have many other commitments. Prior to data collection: notes I feel quite nervous before my first interview, I wonder what the participant will think of my study and how I will come across as an interviewer. I dread the recording of the interview, what if there are long gaps or anything goes wrong with the equipment? How will I remember what was said in enough detail? What if there are long pauses and not enough to fill the time? It's bad enough even thinking about going to a different university and meeting someone completely new in a 'formal' way, they might have undertaken research themselves and might think I am hopeless at it! Before Interview 3 After a couple of interviews I feel more at ease asking the questions and listening to participants, I am quite

shocked with some of the statements about lack of payment and training. I assumed this role was undertaken specifically as a paid role and that there was training for all involved. I am finding that when I am interviewing there are more natural pauses now which enables the participants to sometimes think before they answer straightaway, these pauses do not feel as awkward as the initial interviews did and I am able to relax during this thought collection and reflective process by participants. Yet I am still a little on edge!

After Interview 5

I now feel better about visiting other universities for data collection, sometimes it seems myself and the participant are a little on 'edge' with each other upon meeting, but this feeling seems to disperse as the interview progresses, and at the end of the interviews I feel almost accepted as a peer. However, I have had to keep my boundaries as a researcher, to ensure there is no ambiguity or bias within the data. It has been interesting going to other universities to see what they do and meet other staff.

Bracketing diary:

A useful discussion about service user involvement with supervisory team and debating 'is service user involvement always a good thing?' Initially, I was quite surprised to be asked this and felt I had to defend my thoughts and preconceptions that indicated 'of course, it is a positive experience'. However, challenging my thoughts about what is the difference of service user presence in the classroom and a described account by a lecturer pricked up my ears to the different approaches that practitioners, students and service user might feel. This made me think do all service users want to be involved? What motivates them? What do students think of the sessions? Is there learning significantly influenced by service user presence or can academics give the same information? This made me re-examine my own concepts, think more broadly and consider the challenges of service user involvement- this helped me identify with my own teaching, re-examine the role of service users in the university and actually think does this help or hinder students and academics? Initially I was perplexed about being asked a question about the value of service users, but by teasing out my rationale, looking at wider perspectives and bracketing all these thoughts – I felt more free to engage with other ideas and contemplate other opinions. Lots to consider and a useful way to bracket out my preconceptions-this provided the phenomenological 'nudge' I needed to really examine my preconceptions.

Appendix G: Overview of Colaizzi's seven step method

Outline method of Colaizzi's 7 step approach	How this worked with my data analysis – example of transcript analysis (edited from Leigh –Edward & Welch, 2011)
Read all the transcripts to gain an overall feeling of them {Bracketed information- service user expert programmes exist; therefore knowledge can be vast; service users should be provided with adequate information to fulfil their roles; Several areas train service users to be assessors or academic service users; service users have a specific viewpoint; Lecturers like working with service users }.	**Reading of 9 transcripts in their entirety**. This allowed me to focus on the meaning of each transcript according to the participant. The replaying of the audio tapes also helped me to formulate the silent pauses or sighs and bodily expressions each participant revealed. These may go unnoticed in every day natural attitudes, yet by adopting the phenomenological attitude I was able to see inside and around the participant's worldviews and encapsulate these moments of time, within their experiences.
I then read again and examined each transcript to extract significant statements of the transcripts, ensuring these were directly applied to the phenomenon of lived experience of lecturers and their role with service users in nurse education.	Reading again each transcript : **Extraction of significant statements** : e.g. "He [the service user] used to show really that… when I [the service users] have difficulty walking .., how I [the service user] do… And then people [students], held at a lecture. Yeah, they[the students] ... y'know [thought]… he's [the service user] showing all the signs and he's doing

| | all the things that the lecturers' said that people have [service users with specific conditions]…" (Tim P 13 L 390-394).).

'The students appreciate the real journey that a patient will go through. Because it's… [service users], there, there in front of them… [the students], to tell them… [students]. Rather than me, [the lecturer] saying "this is what it's like"… Unless I have lived that story, I can't really promote that.' (Simon).

The significant statement is a statement which directly links to the phenomenon which is being examined. Significant statements are noted with page, line and transcript form narratives to demonstrate their existence. Square brackets are used to explain who the participant is talking about – there would be too much text to include the full quote, so context is given via square brackets. |
|---|---|

3. Once these were chosen I was able to formulate meanings more easily from the significant statements.	**Formulated meaning** from Tim and Simon : **Students can understand symptoms, linking anatomy and physiology and lecturer information together. Students have the reality of experience from service users which lecturers cannot give.**
I then organised the formulated meanings into thematic clusters and identified these back to the original transcripts to ensure validity of participant's individual meanings. Any excess data which was not relevant was marked and disregarded to ensure no discrepancies were made.	**Cluster themes** of Tim and Simon: **Cluster theme : <u>Knowledge and understanding</u>** Referred back to original transcripts
An exhaustive description of the phenomenon was then made by integrating all results together. This would be compiled for example from: Tim and Simon and other participants who provided significant statements (For the purposes of this example only two participants are included) related to this cluster theme. These participants, pages and line numbers would be recorded in point 2 + 3 to make 4 then described together to make point 5 above.	This meaning in addition to other meanings from transcripts incorporate all theme clusters and associated formulated meaning are compiled and re-examined with transcripts, thematic clusters and themes observing for any contradictions , alternative perspectives and ensuring interpretation is thoroughly exposed by the researcher (Colaizzi, 1978a):

I then compiled an exhaustive description of the phenomenon in a clear statement, ensuring any irrelevant, redundant or misused descriptions were removed (Colaizzi, 1978, Shosha, 2012). This relays the fundamental structure of the phenomenon- lecturers' experience of service users, in a world full of competing interests such as students, organisational barriers and challenges facing all parties. Lecturers can demonstrate their role in working with service users.	Example: **Theme one – Filling the gaps** Participants of this study who were lecturers in adult nursing welcomed the unique insights and lived experiences of service users to provide "what it is like" to live with a condition or be a service user. Lecturers acknowledged the role of service users and the important aspects they brought to student nurse education, such as authenticity, realities of life and the ability to link theoretical application and practical learning to make sense to the students. Lecturers described how service users are an additional string to their bow, in terms of adding to the educational experience of student and lecturer knowledge. Lecturers described service users supporting academics in their abilities to describe, communicate and provide a presence which was essential to enlighten learning and provide a comprehensive reality which lecturers cannot give. These multiple sources of knowledge provide an insight which lecturers felt was essential to holistic learning and care, providing diversities to explore and debate.
7. In Colaizzi's stepwise process ED is returned to the participants to ensure validity. However this step was not carried out instead discussions with supervisors were undertaken.	The exhaustive description and fundamental structure of the phenomenon was examined by supervisory team to confirm accurate depiction of the participants' experiences.

Appendix H: Theme One overview of significant statements to emergent themes

Theme One – Filling the gaps subtheme one- Knowledge and understanding

This chart illustrates the themes found in the data analysis and indicates the number of formulated meanings from all participants which fit under each cluster theme.

These cluster themes were distilled further to become part of the emergent theme. The column indicating notes was added to help me to formulate my exhaustive descriptions and provide context for each.

The chart and list below are to illustrate the number of times clusters of themes arose from theme one. Colours were added to visually enhance the charts and for simplistic identification pf themes.

Data Analysis theme 1

Theme cluster with formulated meanings as shown in chart below;

Theme cluster	Number of cluster themes
Reality	33
Living with conditions	37
Service user voice	36
Lecturer teaching	31
Different perspectives	33
Linking theory to practice results	27
Diversity	**12**
Honesty and openness	**3**
Communication	**11**
Confidence levels	**23**
Service user experiences Insights	**38**
Being valued	**39**
Feedback;	**21**
Being allowed to fail	**3**
University environment	**25**
Student anxiety	**1**
Time	**2**
safety	**4**
Collaborative working/ Relationships	**4**

with service users	
empowerment	**25**
Relationships with service users	2
Reflecting;	**2**
Bravery	**1**
Hesitancy of academics	**1**
Enjoyment	**3**
Difficult conversations	**2**
Communicating	**4**
Making a difference	**2**
Positive working relationships	**16**
Professionalism	**4;**
Embarrassment	**1**
Sharing experience	**30**
Self-actualisation	**1**
Trust	**7**
Therapeutic experiences	3
Emotions	**1**
Learning styles of students	**1**
Forward planning for students	**4;**
Student engagement	**1**
Appreciation	**1**
Respect and dignity	**1**
Caring	**3**
Service user presence	**32**
Transformative learning	**3**
Challenging stereotypes and stigma	**3**
role modelling	**3.**

Significant statement:	Formulated meanings:	Cluster of Themes	Notes	Emergent theme
"He [the service user] used to show really that… when I [the service users] have difficulty walking .., how I [the service user] do… And then people [students], held at a lecture. Yeah, they [the students] ... y'know [thought]… he's [the service user] showing all the signs and he's doing all the things that the lecturers' said that people have [service users with specific conditions]…" (Tim transcript A8 P 13 L 390-394).	Service users can show students in their own unique way what it is like to live with a condition. Lecturers cannot attain this or teach it. Service users back up what the lecturers explain.	**Reality** **Living with conditions** **Service user voice** Lecturer teaching **Different perspectives** **Linking theory to practice** **Service user experiences Insights** **Being valued Empowerment** **Sharing experience** **Service user presence** **Challenging stereotypes and stigma**	1.Service users can show students what life is like living with a specific condition. 2.Service users back up lecturer statements and knowledge. 3.Students realise that service user involvement and academic theory can be linked in learning and education. 4.Service users provide a reality that can challenge ideas/ preconceptions. 5. Service users are empowered and valued for sharing their experiences.	**Knowing and teaching**
'The students appreciate the real journey that a patient will go through. Because it's… [service users], there, there in front of them… [the students], to tell them… [students]. Rather than me, [the lecturer] saying "this is what it's like"… Unless I have lived that story, I can't really promote that.' (Simon).	Service user journeys promote knowledge and understanding which lecturers cannot include but are important to nurse education.	**Reality** **Different perspectives** **Living with conditions** **Service user voice** **Lecturer teaching** **Linking theory to practice** **Service user experiences Insights** **Being valued Empowerment** **Sharing experience**	4. Students listen to real service users – lecturers don't have that experience.	**Knowing and teaching**

		Service user presence		
"So actually what you want to find out is…. what is what it is really like to go through…that experience**….**rather than just the patho-physiology…. or just the caring interventions… It's about what's it like that individual" (Leila)	Service users bring an alternative dimension to learning, not just traditional anatomy and physiology or aspects of care.	Reality Linking theory to practice Caring Living with conditions Service user voice Different perspectives	5. Students realise service users link patho-physiology and care through their experience and can articulate this easily.	Knowing and teaching
"Bringing the application and the reality into the, into the classroom [pause] because you can't do that as a lecturer, I mean [pause], I bring my own experience as a nurse of many years [pause], so I bring that perspective, but that is only one perspective."(Nadine P26 L 908-914).	Service users add multiple perspectives, lecturers have an academic sense, but this is not the only perspective.	Different perspectives Diversity Reality Living with conditions Service user voice Lecturer teaching Linking theory to practice Service user experiences Insights Being valued Empowerment Sharing experience Service user presence	6. Lecturers may have one experience; service users have others. Bringing these realities helps students learn from multiple sources of knowledge and promote understanding.	Knowing and teaching
"…it's [service user work is] just about, you know… you've got something to offer in the way of your experience of	Service users have an experience to offer, not necessarily formal qualifications, but the	Different perspectives Service user experiences Insights Being valued Reality	. Service users may not be qualified in healthcare, but they offer unique insight and experiences to	Knowing and teaching

being a patient. " (Trish)	knowledge derived from that experience is just as valuable.	**Living with conditions** **Service user voice** **Linking theory to practice** **Diversity** **Feedback** **empowerment** **Positive working relationships** **Sharing experience** **Service user presence**	share with students and academics, which would remain uncovered if service users were not part of the educational process.	
'This is the place [skills lab] to get it [skills or communication] wrong [compared with in clinical practice in real life scenarios]" (Beth).	The university environment allows practice with service users and encourages formative working for students, Students should not worry about getting things wrong – it is better in service user sessions than in realities of practice.	**Being valued** **Being allowed to fail** **Communication** **Feedback** **Reality** **Living with conditions** **Lecturer teaching** **Linking theory to practice** **Confidence levels** **University environments** **Safety** **empowerment** **Positive working relationships** **Trust**	8. service user sessions facilitate a practice environment which is safe for students and understood by all. Academics don't mind students getting things wrong in university settings, this is the best place to practice and consolidate learning.	**Knowledge and teaching**

"so students…students nursed people who've lived this experience, but they don't have an hour to talk to them about it.…They, they have the time maybe when they wash them . And the wards are busy, so if they [students], they sit down and chat to a patient… they all [students] be frightened to do that". (Tim)	The ward environment is different to the university learning environment in terms of time and quality of interactions. Students feel comfortable to take time with service users in university sessions.	**University environments** **Student anxiety safety** **Time empowerment** **Relationships with service users** **Communicating** **Living with conditions** **Service user voice** **Different perspectives** **Linking theory to practice** **Confidence levels** **Service user experiences Insights** **Being valued University environments** **Sharing experience** **Service user presence**	9.Students have a different perception of practice situations; they may not have time or feel comfortable to speak to service users. The university offers a supportive environment where students can feel comfortable.	**Knowledge and teaching**
"The students enjoy it as well [working with service users]. To have to have someone different. I think it is important to them [the students], rather than having another member of staff, I think the service users take it very seriously where maybe when people [students] know a member of staff it's, it shouldn't be, but it- it might be a bit more flippant" (Tim).	Students enjoy the concept and reality of working with service users, when undertaking similar tasks with peers or academics, the scenarios are not undertaken so professionally.	**Enjoyment Professionalism** **Collaborative working** **Relationships with service users** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Confidence levels** **Feedback** **Service user experiences Insights** **Being valued University environments**	10. The importance of service users helps students act professionally and service users take their roles seriously to be part of the learning process. Student peer or academics posing as service users does not have the same results on student behaviours.	**Knowledge and teaching**

		Positive working relationships **Trust** **Service user presence**		
"You've got somebody [service user] who's lived the experience, you've got someone who [is] [has] come… and is open with them [the students]…you know they going to… [Talk about their experience] 'I'll come and I'll answer any questions'…" (Tim).	Service users attend to openly discuss with students questions and queries – they provide an openness and honesty.	**Honesty and openness** **Different perspectives** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Linking theory to practice** **Diversity** **Service user experiences** **Insights** **Being valued** **Feedback** **University environments** **empowerment** **Sharing experience** **Trust** **Service user presence**	11. Service users provide an honesty and openness which is given to student nurses. They are prepared to answer any questions and facilitate an open forum.	**Knowledge and teaching**
"[Student:]… That [service user experience in university] really helped me [the student] when I looked after another patient, – yes, in a similar situation, or it really helped me when I was talking about reflection in my essay" (Simon).	Service users provide students with experiences that can help their knowledge in practice and theory situations.	**Linking theory to practice** **Reflecting** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **University environments** **Empowerment**	12. Service users help students in practical and academic scenarios.	**Knowledge and teaching**

		Positive working relationships **Sharing experience** **Service user presence**		
"I'm going to say to them [the service user] beforehand they [the students] may very well ask you about your sex life… *so..*is… it okay?... So you know, and then I might ask them [the service user] that… it is a really important question [about recovery and sex life]...and the students might be shy too [ask]." (Tim).	Service users discuss openly aspects of their lives with strangers and academics may help to facilitate such discussions. Students may be apprehensive or shy to ask questions of service users, yet these may be pertinent to knowledge and future care application.	**Communication** **Difficult conversations** **Honesty and openness** **Bravery** **Hesitancy of academics** **Embarrassment** **Reality** **Different perspectives** **Living with conditions** **Service user voice** **Lecturer teaching** **Service user experiences** **Insights** **Being valued** **Feedback empowerment** **Difficult conversations** **Sharing experience** **Trust** **Communication** **Service user presence**	**13**. Academics can pre-warn service users about the content of the sessions they attend. Students may be apprehensive or shy, asking questions, but want to know answers . Lecturers consider these issues and step in to help support everyone.	**Knowledge and teaching**

" …But actually when we [participants] listen to someone who has actually gone through it…It can make you [participants] think about why do I [Leila] do [an aspect of care] that…why don't I do that? [change a way of undertaking a task]… or it's never dawned on me to, to do that [from a service user's perspective]…" (Leila).	Service users promote self-awareness and self-actualisation for academics. Service users facilitate reflection and seeing things from a service user point of view.	**Self-actualisation communication value** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Trust** **Service user experiences Insights** **Being valued Feedback safety empowerment Sharing experience Service user presence**	14. Service users ' nudge' academics to consider their reflective skills or changing their practice.	<mark>**Knowledge and teaching**</mark>
"For the service users… I think the benefits are that they feel that people who are generally interested …are listening to their experiences...And actually –y'know that can be quite a therapeutic experience… in itself…The service users to be sort of sharing that so they can feel what they're saying… hopefully will make a difference… for other people…"(Leila)	Service users like to be listened to and there is a therapeutic element to this for them. Service users want their translations of their experiences to make a difference to care for other people in the future.	**Therapeutic experiences** **Sharing experience** **Making a difference** **Reality of care** **Living with conditions** **Service user voice** **Different perspectives** **Confidence levels** **Service user experiences Insights** **Trust** **Being valued University environments Empowerment Positive working relationships**	**15**.Academics perceptions are that service users want to be listened to, this enhances their well-being and is therapeutic. Service users want their experiences to make a difference to future care.	<mark>**Knowledge and teaching**</mark>

288

		Forward planning for students **Service user presence**		
"… to actually listen to somebody [service user], that sometimes agreed to share …those intimate experiences, with [everyone]… who are in a way …complete strangers, but there's some familiarity in the sense that they're nurses or training to be nurses… so people [service users] feel they can open up and that they've been listened to…" (Leila).	Service users trust student nurse to listen to them even though they are strangers. Service users like to feel they have been listened to.	**communication** **Sharing experience** **Trust** **Living with conditions** **Service user voice** **Different perspectives** **Service user experiences** **Insights** **Being valued** **University environments** **Therapeutic experience** **Positive working relationships** **Service user presence**	**16**. Service users are comfortable opening up to student nurses- they trust the nursing profession and want nurses to listen to them.	**Knowledge and teaching**
"[the service users] To Give the students an idea of what it is like to be a- to be a patient. Some, some, good, some bad… some, some are giving a perspective that had good care and some give a perspective that they had a bad carer…"(Tim)	Service users discuss their good or bad experiences of care- encouraging understanding and knowledge for student nurses.	**Reality of care** **Living with conditions** **Service user voice** **Different perspectives** **Service user experiences** **Insights** **Being valued** **Empowerment** **Sharing experience** **Forward planning for students** **Service user presence**	17.Service users can give a balanced view of good or bad care. Service users provide a reality of knowledge for students	.**Knowledge and teaching**
"Some service users who had sepsis…and that was very emotional, and quite moving…the way	Service users have an ability to manage their experiences and openly	**Emotions** **Honesty and openness 3;** **Reality** **Living with conditions**	18.Academics can gage an ability from service users to cope with talking about	**Knowledge and teaching**

the talked about their experiences… and students asked quite open questions, but actually the way it was managed by the service user was, y'know, very brave …" (Leila).	discuss how these experiences affected them. Service user show bravery in being able to undertake this which is admired by participants and students.	**Service user voice** **Lecturer teaching** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Sharing experience** **Service user presence**	their experiences. Academics think service users are brave and academics admire them	
"Well, I think they could be used more in in some lectures to sort of bring their experiences of their conditions because I find, we do find that some of the students don't understand the conditions, particularly well and actually having service users explain about their experiences of the conditions- I think that would be really beneficial" (Beth).	Service users could be linked to theory or lectures more to promote a fuller inclusivity of all learning needs and help students link theory, knowledge and understanding together more effectively.	**Learning styles of students** **Collaborative working** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Diversity** **Service user experiences** **Insights** **Being valued** **University environments**	19.Academics would like service users not just in storytelling or practical sessions but present in lectures to embed their views and the realities of their conditions to support student learning and education.	**Knowledge and teaching**
"We have service users come in to give a presentation on their condition for example, what it is like to be a diabetic or what it is like to be paralysed and in a wheelchair …and I think the students really value it -Y'know- this is a real person who goes through this every day, so it gives them [students] a greater insight of what it is [service user's condition], and then when they [service	Service users visit universities to give an account of their lifestyle and condition. Students really appreciate this in-depth experience. Service users provide thought for students about how they are treated by	**Service user experiences** **Caring** **Communicating** **Respect and dignity** **Forward planning for students** **Being valued** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives**	20.Service users are able to explain to students an in-depth focus of lived realities of healthcare issues and their independent lifestyle. Service users can explain how they are treated –and communicated with, providing students with an insight into how nurses might	**Bringing reality into the classroom**

user] talk about the way they're treated in hospital, that will help the students understand… or they're [service users] patronised because they're elderly and that gives the students an insight [into how service users are treated]". (Tim P 8 l 241-252).	healthcare workers.	**Linking theory to practice** **Diversity** **Service user experiences** **Insights** **Being valued** **University environments** **Empowerment** **Sharing experience** **Forward planning for students** **Service user presence**	inadvertently patronise or display poor communication.	
"And you can tell them [students] that in a lecture, but it's so much more meaningful, when it's coming from a service user". (Ellie).	Service users are able to provide meaningful information that students listen to, compared with when lecturers are giving information	**Student engagement** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **University environments** **Empowerment** **Positive working relationships** **Sharing experience** **Transformative learning** **Service user presence**	21. Service users provide meaningful information which students listen to more readily.	**Bringing reality into the classroom**
"[service user involvement]…adds to the students learning and it does make it [service user experience]	Service user involvement adds to student learning and brings to life	**Reality and learning** **Service user presence** **Living with conditions**	22. service user realities are brought to life by service users.	**Bringing reality into the classroom**

291

more real to life…" (Beth).	the realities of healthcare and living with conditions for students.	**Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Service user experiences** **Insights** **Being valued** **Feedback** **Sharing experience**		

"I mean it does make them [students] reflect, and it does make them [students] take their learning more seriously. So they [students] really have to think about what they are doing" (Beth)	Service users facilitate reflection and makes students aware of their professionalism and learning.	**Reflection** **Professionalism** **Serious learning** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Service user experiences** **Insights** **University environments** **Linking theory to practice** **Confidence levels** **Being valued** **Feedback** **Sharing experience** **Service user presence**	23. Service user interactions facilitate student reflection and professionalism.	**Bringing reality into the classroom**
"The students appear to enjoy it as well, [working with service users in skills], to have someone different [service user]. I think it is important to them [students], rather than having another member of staff [act as the patient]. I think service users take it very seriously. Where maybe, when people know a member of staff… it might be a bit more flippant [the behaviour of the student or lecturer], but I think with a service user, y'know the students and the staff know they have	Academics can see students enjoying working with service users compared with peers or mannequins, which may not facilitate such serious working. Students realise the efforts made by service users to attend their sessions.	**Appreciation** **Professionalism** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Diversity** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **safety** **empowerment**	24. Academics see transformative behaviour in student approaches. Students reflect and are serious about their work with service users and appreciate the effort by service users to help them.	**Bringing reality into the classroom**

293

really made an effort to come in [and undertake the role]…" (Tim (P5).		**Positive working relationships** **Service user presence**		
"Working and learning more, by acting with real people [service users] and not just working with each other [peers]…they don't get into role [student peers]..Whereas the service users challenge the students so they feel, that really the benefits …their learning" (Beth).	Service users encourage and challenge students in role play situations and feel they benefit learning/	**Professionalism** **Learning benefits** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **University environments** **empowerment** **Enjoyment** **Positive working relationships** **Sharing experience** **Service user presence**	25. Students are challenged by service users and actively engage more when service users are present, compared with their peers. Students feel service users benefit their learning.	**Bringing reality into the classroom**
"They [students] absolutely loved it - because what they found, from that, is that these people [service users] were in their 80s … but full of life … and they didn't actually [pause], they thought [the students], they just saw an older person sitting in the chair dribbling away with	Students love service user sessions and have had their stereotypes challenged. Students were amazed with how their perceptions were changed.	**Challenging stereotypes and stigma** **Seeing beyond the person** **Person centred care** **Changing perceptions** **Different perspectives** **Understanding service user realities**	26. Students enjoy service user sessions and were amazed at the stereotypes versus realities of service users. This taught students to be non-judgemental and changed their views.	**Bringing reality into the classroom**

294

no life, and … when they saw these people walk in, they couldn't understand initially … That these people went to bingo, they went shopping, and they went dancing, they drink alcohol, probably still sexual intercourse … and they were like "wow!" (Nadine).		**Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Diversity** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Sharing experience** **Service user presence** **University environments** **Enjoyment** **Positive working relationships**		
"And it's not always about receiving care, certainly some of the service users have been carers or have been husbands or wives, of somebody. And actually even for them to show experience about what about what it's like [care and seeing their loved ones in hospital], through their eyes [service user as a relative], looking at their loved one [relative looking at their loved one who is a patient], is actually still incredibly important …" (Leila).	Service users have an important role as carers and how they view care.	**Caring** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Confidence levels** **Service user experiences** **Insights** **Being valued** **University environments** **Empowerment** **Positive working relationships**	27. Carers play a significant part in teaching students about how they view care and what is important to them, as well as their loved ones needs.	**Bringing reality into the classroom**

		Sharing experience Service user presence		
"We want them [service users] to be natural. 'Cos we don't want to say can you just talk about these three things…They have an experience and the experience can be very wide of how they [experienced that event]…(Tim).	Service users need to be authentic and be allowed to describe their experience.	Authenticity / reality Living with conditions Service user voice Different perspectives Service user experiences Insights Being valued Feedback Empowerment Sharing experience Service user presence	28. Service users need to remain authentic in their roles within nurse education. They need to express their own experiences and academics realise this is central to their role and should not be changed in any way.	Bringing reality into the classroom
"I say for, as a lecturer, I think it's again, it adds that certain, you know it just, it just pulls it all together, so it's not just about the what's and the why's and the how's, it's about, what does it mean to people [service users], so it sort of embraces everything…that was it-.all those values- we've got it [service users] …embraces that, yeah." (Leila).	Service users contextualise everything to do with care needs and help students learn, understand and gain knowledge.	Service user voice Lecturer teaching Different perspectives Linking theory to practice Diversity Service user experiences Insights Being valued University environments	29. Service user involvement provides an opportunity to promote what matters to individuals in care, it facilitates recognition of what is important and academics feel this is translated from their involvement.	Bringing reality into the classroom
'So her thing [service user] is "I'm trying to tell you that you need to look after people [patients]… and this is the way I'm doing it [service user] because if I speak to 400 student nurses , there must be some	Service users want their message to be heard- someone must get the message in a large group of students.	Agendas Making a difference reality Service user voice Getting the message Living with conditions	30.Service users provide a message and the importance of this can be cascaded to many students – someone may recognise this as a future change for	Bringing reality into the classroom

296

people who are … getting…this message…" (Tim).	This may make a difference for the future.	**Different perspectives** **Service user experiences** **Insights** **Being valued** **University environments** **Empowerment** **Sharing experience** **Service user presence**	practice or professional behaviour.	
"How did that [aspect of care] happen?" (Leila)	Academic reflections happen in service user sessions	**Reflecting** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **Being allowed to fail** **empowerment**	31.Academic recognise the reflective experience that service users promote, as well as student learning.	**Bringing reality into the classroom**
"And y'know students were reporting they [students] did develop, they saw a patient in a different light…as you know if you – taught something from a text book – it's not real…" (Trish).	Students realise they saw patients differently and textbook examples lack reality .	**Transformative learning** **Seeing patients differently** **Authenticity/ reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Linking theory to practice** **Confidence levels**	32.Authenticity and the ability to see service users in a different light are exemplified by service user sessions	**Bringing reality into the classroom**.

		Service user experiences Insights Being valued Feedback University environments Empowerment Positive working relationships Sharing experience Service user presence		
"The confidence [of student nurses] comes from having had the opportunity to discuss with real patients, or to be clear with real patients what they [student nurses] are actually doing [in terms of care and communication]...honing their skills". (Trish P16 l 529-537)	Service users facilitate a confidence in student nurses in university settings which can be translated to practice. This refines their skills.	Confidence levels communication Reality Living with conditions Service user voice Lecturer teaching Linking theory to practice Service user experiences Insights Being valued Feedback University environments Empowerment Positive working relationships Sharing experience Service user presence	33.students confidence is helped by working with service users and refining their communication skills	Building students' communication skills.

"If you're willing to disclose that… and I do say to them [service users] you know don't disclose anything that you're unhappy with never be forced...Into giving out information that you is too personal". (Nadine).	Service users need protection by academics to ensure they are not giving out information that is too personal or sensitive	**Disclosure** communication **Protecting service users** **Autonomy** **Reality** **Living with conditions** **Service user voice** Lecturer teaching **Different perspectives** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **University environments** **Empowerment** **Sharing experience** **Therapeutic experience**	34. Academics provide a level of protection for service users to ensure they are not disclosing too much sensitive information about themselves.	**Building students' communication skills**.
"…and they [service users] really know what they want and in a student nurse...and very quickly will say… make that judgement" ".And there's certain service users …I mean now I can think of one mental health service user and every single time I interview with her we are spot on, with our views, which is really good …and as soon as the person has left the room …she [service user] will look at me and say… well I wouldn't want that person looking after me … or I really like that	Service users are able to determine who they think will make good nurses or what are key attributes. They are generally in tune with academic perceptions too.	**Service user judgement** **Collaborative working** **Positive working relationships** **Reality** **Living with conditions** **Service user voice** Lecturer teaching **Different perspectives** **Diversity** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Feedback** **University environments**	35. Service users have an intuition when interviewing to judge who will make a good nurse or which candidates have key attributes. Their judgements are often in line with academics thoughts. Partnership working is a useful outcome of service user involvement.	**Building students' communication skills**.

person…and It's good to say that we are in tune [service user and lecturer with their decisions about applicants]… with what they're [service user] wanting. (Ellie).		**Empowermen t** **Sharing experience** **Service user presence**		
"This [skills lab] is the place to get it wrong, and the service user says 'this is the place to get it wrong'." (Beth).	Service users and academics agree skills labs is the place for students to make mistakes.	**Safe environments for students** **Reality** **Living with conditions** **Service user voice** **Different perspectives** **Confidence levels** **Lecturer teaching** **Being valued** **Feedback** **Being allowed to fail** **University environments safety** **empowermen t** **Sharing experience** **Service user presence**	36. service users and academics both concur that skills labs is the place for students to practice and make mistakes and learn.	**Building students' communicati on skills**.
"Here's a chance [for students] to speak to a patient for a period of time, yeah, so this is very good..." (Tim).	Service user involvement facilitates communicati on which helps learning.	**communicati on** **Time** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Confidence levels**	37. Communicatio n is helped by service users who contribute to this skill for student learning.	**Building students' communicati on skills**.

		Service user experiences Insights **Being valued University environments** **Sharing experience Service user presence**		
" You've [nurses and students] got to be highly skilled, so it's quite sophisticated because some people [student nurses] are able to express it [what work they are undertaking] very well in writing – but this [practical aspects of communication with service users] is how they [student nurses] are actually doing it [communicating], sort of work environment and the clinical,[practice environment] and how does it feel for the person [service users] at the receiving end[of that care] " (Trish).	Healthcare workers need to be able to use written and practical skills to support their care. They need to be aware how patients feel who are receiving the care.	**Different skills** **communicati on** **Supporting service users** **Reality** **of nursing care** **Service user voice** **Lecturer teaching** **Linking theory to practice** **Confidence levels** **Being valued** **Feedback** **University environments** **Empowermen t** **Communicati ng** **Transformati ve learning**	38. Healthcare workers and students need to identify with the need for theory and practice and how the service user feels at the point of care.	**Building students' communicati on skills**.
"… how a student is grilled by a service user about something, put on the spot or made to feel really good about a particular situation [pause] or it's [the group discussion of student feedback with students] been an opportunity to talk about their [the students'] anxieties, actually of, dealing	Students can be made to feel awkward or praised by service users. Students need to learn how to deal effectively with this communicati on. Students have to have service user	**Feedback** **Support by lecturers** **Opportunities for students** **Service user presence** **reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives**	39. Students need to have a weaponry of communication skills to deal with service user feedback. Interactions with service users vary but are important to facilitate feedback and effective communication	**Building students' communicati on skills**.

with difficult situations with service users….that, that wouldn't have occurred unless they had actually physically had contact and discussion with a particular individual or individuals" (Donald)	interaction to experience such communication and discussing in university helps with the feedback cycle.	**Linking theory to practice** **Diversity** **Confidence levels** **Sharing experience** **Service user experiences** **Insights** **Being valued** **University environments** **Empowerment** **Positive working relationships** **Service user presence**	and relationships.	
"But we could bring people in with learning disabilities…talk to students about when we do sessions on communication. … the carer of somebody with learning disabilities and say … "this is John…and if I said this to John in this way, this is how he reacts… if I say it this way it is different" . And … then John himself … for instance talking about … why can't they [service user] talk about being cared for...What it means to them service users] to be cared for and treated. So, I think there's a huge gap in actually bringing in those people [service users] that …the students find challenging… So patients with dementia, patients	Different individuals have differing communication needs. Some individual conditions such as learning disabilities or dementia require specific communication techniques. Service user involvement could provide this.	**communication** **Reality** **Living with conditions** **Service user voice** **Lecturer teaching** **Different perspectives** **Linking theory to practice** **Diversity** **Confidence levels** **Service user experiences** **Insights** **Being valued** **University environments** **Empowerment** **Positive working relationships** **Sharing experience** **Service user presence**	40. Service user interactions can promote different communication techniques which are important for students to ensure diversity of communication and experiences of working with diverse individuals.	**Building students' communication skills**.

with LD , And I mean, not really end of life but … Breaking Bad news you know…- somebody who has had bad news broken to them" (Nadine).		**Challenging stereotypes and stigma** **Role modelling**		
"They [medical staff] won't speak to her [the patient], but they've [the students] seen all this and this [inappropriate communication] is something… a- [students] need to remember, or someone's in a wheelchair and they [students] don't speak to them." (Tim).	Medical staff don't always acknowledge the patient-communication with everyone is key and needs to be remembered.	**communication** **Reality** **Living with conditions** **Lecturer teaching** **Service user voice** **Different perspectives** **Confidence levels** **Service user experiences** **Insights** **Being valued** **Role modelling**	41. A key acknowledgement by students is that communication with everyone is essential and this needs to be remembered at all times.	**Building students' communication skills**.

Summary of papers from stages 1-3 of professional doctorate

A summary of each paper is given with page numbers in brackets to illustrate the relevant mapping to my thesis. Please note the page number mapping relates to the thesis in double line spacing as opposed to the re-formatted final thesis in 1½ line spacing.

Paper one:

Critical analysis of candidate's own practice in relation to the research area.

This paper identified service user involvement in nursing and recruitment, initially my thesis was going to focus on recruitment only, but upon examination of the literature and observations of practice situations my thesis title developed into academic perspectives and lecturer experiences of service user involvement. Definitions are provided of service users and service user involvement (p.1 thesis). This includes different terminology for service user and links to healthcare involvement.

Paternalistic models of care into individualised, empowered service user models which are now important agendas both politically and socially are outlined. Political agendas, consumerist approaches and professional body requirements contextualise links to service user involvement and promoting inclusion. Differences in European and UK service user involvement is outlined. (P16 thesis). Disciplinary differences are discussed and Repper and Breeze (2007) suggest consumer involvement expectations to improve services and reduce power imbalances between service users and providers. An overview of this paper suggests a change in power shift to change cultural expectations of service user involvement is necessary. The NHS White Paper 'Equity and Excellence' (England 2010) provoked comments from The Royal College of Nursing regarding Nurses' role in implementing change in issues such as patient involvement and asks for clarity and further guidance. Expert patient programmes are considered and The Wanless report (2002) is discussed in relation to service user education and empowerment.

My interest in service users was outlined and my position in nurse education linked to service user involvement (p5). The Nursing and Midwifery Council (2010) have addressed in their standards for pre-registration nursing, the need for patient inclusion within the training of nurses which makes partnership working an essential issue.

> 'Programme providers must clearly show how users and carers contribute to programme design and delivery.' (NMC 2010, R5.1.2) (p.56).

This was linked to my own experience of working with service users in nurse education. Rhodes and Nyawata (2011) illustrate worked examples of service user involvement discussing recruitment and interviewing practices (pp 27;33;46;48;60). The lack of information about service user involvement in recruitment and interviews for nursing students provides a stepping stone to illustrate my study and the need for formalised training to work with service users (pp.238-40). Representation of service users was examined and infrastructure for nursing programmes and academic links were provided (pp.2;6;22; 19;35;46;48;56;136; 146;161;222; 299).

A suggested model of practice was discussed and some ideas to progress service user involvement within university departments was highlighted (pp.28-32;63;213;228;232) Involvement quality for service users and what constitutes involvement was highlighted

(Gutteridge and Dobbins , 2009; Hickey and Kipping, 1998; Morrow et al 2010.).(pp.2,;4;34;43;60;71;231;154;179). Levels of involvement/frameworks were included (Arnstein 1969; Tritter and MacCallum 2006) and Social Care Institute for Excellence (SCIE 2007b) discussed links to service user evaluation pp.28-32;63;213;228;232. Interview evaluation and standardised processes were discussed (Gutteridge and Dobbins, 2009) and service user impact alongside financial remuneration was described (Faulkner, 2004).

The importance of SCIE (2007, p7) 'jigsaw' approach and the whole systems process was suggested, with the important demographics of service user involvement illustrating patient journeys and specific themes linked to nurse training pp.2;6;22; 19;35;46;48;56;136; 146;161;222; 299). The need for consistent approaches and differing agendas was identified, alongside enhancing nurse education (Doel et al,2002).(p.19;35;146;226).

A literature review carried out by Morgan and Jones (2009) to highlight previous literature and benefits of service user involvement positioned the need for inclusion of service users in nurse education and the innovative changes occurring in the United Kingdom are discussed and the need for further research debated (Wood and Wilson-Barnett, 1999). Plans to encompass and discuss policies linked to service user involvement, databases, pools and attendance issues were described. The inclusion of carer roles were considered which led onto barriers of effective inclusion Gutteridge and Dobbins (2009) (pp.15-70). Training for service users acknowledged professional boundaries and expert knowledge alongside the CPD requirements of service user involvement and additional inclusion required (Gould, 2004). Tokenism was debated and auditable approaches by organisations suggested the necessary processes needed to incorporate the service user voice (SCIE, 2004). (NMC, 2010; The Health and Social Care Bill 2011).The National framework of Mental Health (NIMHE) linked to partnership working was outlined with specific processes linked to student education and forward planning and sustainability which were considered (Collier and Stickley,2012).(pp.230-33).

Organisational professional needs and service user agendas were linked to the theory-practice gap and Rush (2008) suggested the quality of learning compared with clinical environments and the different approaches to service users with mental health.(pp.14-25;32-50;64-70;140;141;147;166;168;182;202;214;219;223-5;247) Financial burden of service users compared with active service user involvement was discussed and how to include service users.(pp.2;67-69;170;178;244-45). Inclusion in healthcare such as The Patients Charter and Patient Advisory Liaison Scheme (PALS) demonstrated links to organisational plans (pp.228-235;238-245) .

Attrition rates of student nurses demonstrated the significance of service user involvement in education. This was supported by several significant papers for instance Stickley et al (2010); Rush and Nyawata (2010); Rush (2008). The need for inclusion versus resources was a limiting factor and Participation In Nurse Education (PINE) project (Stickley et al 2009) illustrated some useful areas of consideration within service user involvement, including professional socialisation Page (2008).(pp.44;48;68;191;222).Ritualised care versus patient care values were debated (Feng, 2012) and Smith et al (2005) describing several pertinent reasons for service user inclusion in research areas such as nursing, midwifery and health visiting; one example was the inclusion of how theory and evidence can be analysed and supported leading to strengthening of these two areas, further supporting academic knowledge. Gaps in this area tended to be due to small studies/ lack of implementation on a strategic level of standard areas of good practice. These required consideration and questioning to provoke existing knowledge gaps and demonstrate continuous development.

This paper contextualised service user involvement historically and in its current position within nurse education.

This paper outlined the links of the paternalistic provision of healthcare to a more democratic inclusion of service user involvement which highlighted universities as drivers for promoting change and facilitating partnership working amongst academics, service users and organisations. The partnership between health and academia tried to incorporate strategies to support students, staff and service users and facilitate this agenda in terms of output, targets and necessary requirements of professional bodies and evidence based practice (Davis, 2010; Zimmerman 2010).(pp.15,31,34,69)

The need to consult and implement ideas from service users was demonstrated in course content and developments in many professions were discussed, alongside university expectations to work with service users. (Willis Commission, 2012; Rhodes & Nyawata 2011; Roberts, 2012). Paper 2 identified student practice in the context of the employing organisation, including leadership roles and styles appropriateness to implement the project and evaluated eventual outcomes, leading to preliminary identification of the (tentative) research question(pp.14-25;32-50;64-70;140;141;147;166;168;182;202;214;219;223-5;247).

Leadership related to my practice and was examined and linked to my role at a micro-level, for example, Module Leader, Pathway Leader and facilitating student groups to the wider remit within the organisation. These roles feedback into performance and progression for macro-organisational leadership (Nevis et al, 2008) to ensure efficient and effective university leadership avoiding detrimental consequences for staff /students in terms of organisation, structure and leadership(p5).

Leadership in service user involvement was discussed with an overview of demographics of service user inclusion. Partnership working was discussed and the links to improving practice for nurses and care to service users. Inclusion of relationship or 'people-focused' leadership supporting improved practice for nurses, work environments and productivity of health care organisations compared with other leadership styles (Cummings et al 2009) were included. Importance of continuous affective style of 'visible leadership' promoting effective care, well-being for service users and nursing workforce/ organisation (Cummings et al 2009) were considered as vital for my research. Changes to current practice to enhance service user involvement were discussed in terms of removing potential barriers (environmental/organisational). (p.2;15;26;25;34;38;42;59;230). Strategic development of the organisation was discussed.

Measurement of service user input evaluation (SCIE, 2007) will contribute to rationale for use and inform practice from reflection and previous experience. When undertaking this paper service user evaluation was collated from students, but a wider collaboration of partnership working, organisational need and student/staff views was needed to promote good practice. The scarcity of information has been discussed, alongside requirements for service users to receive feedback upon their input, including a comparison of benefits of service user involvement and the change process (Carr, 2004).(pp.19;35;46;48;56;136; 146;161;222; 299).

Nurse leaders are required to think organisationally and intuitively leading by example, following requirement needs, considering best ways forward and authentically considering leadership in the 21st Century (Lloyd-Walker and Walker, 2011). Critical review of organisational /service user needs, consideration of quality input/ improvements, alongside service user experience and organisational evaluation were noted as key indicators defining current experience. Engagement of Service users was a primary area of this study and demonstration/ expansion of their role/ input will be considered.(pp.202,236-239)

To ensure a staged focused approach, my personal awareness of various phases and barriers were essential to facilitate direction. Lewin's theory has been further categorised (Barr and Dowding 2011) to include: Coercive leadership, Affiliative leadership, Pace-

setting leadership and Coaching leadership. I utilised these areas of these leadership styles during my study.(pp.94-132).

Attributes for effective clinical nurse leaders described by Cook (2001) include creativity, highlighting, influencing, supporting and respecting.(pp.94-32). These attributes could be open to facilitation or constraining factors, dependent upon the area of work, team morale and ability of the nurse to react in different environments. For my study collaborative working with all participants and stakeholders actively supports the process, responds and interprets specific needs effectively. I will be working with students, staff and service users, therefore these attributes were necessary to ensure my leadership was effective, reflective, underpinned the study, organisation and participant needs. My results and findings will recognise areas to empower the leadership style, for example support to the individuals taking part, combined with support for leadership to allow 'ownership' of problems and engage the organisation.

Recently, nurse leadership has changed and this paper reflects the new directions considering current government initiatives, workload pressures / professional issues, alongside educationally relevant courses/ partnership- working in health and educational establishments (Dignam et al 2012). 'Servant leadership' (Greenleaf 1977) suggests a position in nursing which can enhance leadership further. This style of leadership allows progression from a workforce of adverse relationships to amicable stability, demonstrating empathy of the workforce to improve outcomes for everyone and transform practice/ teamwork, for example research communities. This impacts at all strategic levels in any workplace. Greenleaf (1970) defined servant leadership as serving the people being led. This model suggests workers perform well because they feel a 'sense' of community/ self-serving compared with dominant leadership styles. This leadership style requires strategic development, embedding visionary thinking with evaluation (Waterman 2012) and improving levels of allegiance and accomplishments (Goodwin 2006) which are demonstrated via further integration of participant opinions, staff training and organisational development.

Distributed leadership was discussed and an overview to demonstrate its links to organisations and university staff demonstrated the impact upon this type of leadership (Bolden et al, 2009). This depicted a community 'holistic' approach leading to diversity and enriching experience. This 'social and situational' implementation of organisational position was considered in the context role of individual leadership styles/ settings (Spillane et al 2004). Personal/ non-personal contexts impact upon HEI's organisational areas, such as IT, quality assurance and physical environment, making a difference to engagement and processes carried out by various groups were also included. (Bolden et al, 2012).(pp.7;8;15;134;144;159;174;211;217;219;239;245).

Changes in information availability have empowered service users, sometimes with knowledge above and outside the remit of the professional and this is discussed a 'model or professionalism 'to support professionals' role and diffuse the tensions of government agendas (Barnes 1994). Effective leadership therefore acknowledges expert patients, rationalising expertise and developing evidence based care promotion avoid counterbalancing service users input but ensure pivotal information for effective, appropriate collaboration is maintained.(pp.238).

National policies, statutory duties and initiatives were discussed and linked to HEI and professional engagement. Patient-centred care was discussed and rationalised changes were considered. Healthcare and universities provide the care, training needs and collaboration to work in partnership to support these frameworks. My proposed research utilised this information to evolve and inform processes undertaken. Evaluation of positive or negative movement for the organisation sought to inform the current organisation and may facilitate change for other institutions.(pp.238-40).

The Engaging Leadership Model (Alimo-Metcalfe and Alban-Metcalfe 2005) was discussed in relation to engagement of individuals with the need for clear collaborative communication and processes. The four principle areas of 'engaging individuals', 'engaging the organisation (team)', 'moving forward together' (internal and external stakeholders ability), 'personal qualities and core values' were considered and debated. Various areas were analysed including disempowerment, training, collaborative experience and communication to examine the support available and how this model could effectively fit in with my thoughts for study. Commonalities representing the challenges of service user inclusion were discussed and the cautious relationships required to implement such involvement were suggested. (pp.238-40).

Leadership in healthcare and education is vital for organisations for continued engagement and advancement. The ontological (lived experience) of health care leadership indicates health care practitioners require the ability to promote leadership in a self- expressive way with natural awareness, authenticity, commitment and integrity to become better leaders (Souba 2011). Nurse and educational staff require skills to efficiently problem solve, effectively maintain group relationships/ promote group recognition. Personal attributes (passion, dynamic care approaches / leadership/ inspirational motivation) help others develop problem solving (Mahoney 2001) and are essential characteristics for job descriptions / roles in many areas.

The sections outlined below demonstrate how this model will fit into my proposed study:

 Team engagement throughout the organisation will be an important contributor to this project.

The model demonstrated organisations required more efficiency, drive and results leading to higher demands on employees, such as the NHS/Nursing profession and could increase strain with decline in performance/ heightened stress in some areas (Alimo-Metcalfe, 2005). To counteract potential problems, I identified stressors/ ways to alleviate these from administration to implementation of the study. Stresses in Higher Education institutions/ NHS organisations are comparable (target driven processes/ changes to demonstrate local stakeholder needs/ national policy implementations). Stakeholders were important to support process development (Shaw P84) and provided a 'critical eye' developing the proposal into a working model/study.

Collaborative leadership from everyone in the organisation (such as administrators, marketing, recruitment, managers, service users ,carers, practice colleagues, academics, students /wider public/ academic/ research community) remained a driving force and shared visionary goals of health care quality will be emphasised in this study.

Effective leaders need to adopt appropriate strategies within organisational culture and characteristics (Procter Thompson, 2008, Williams 2005). This was epitomised by leadership development in professional groups including: an approach consistent with local need to implement change (this was more successful to influence organisational change) and a wider strategy for overall developments for defined professional groups (Williams, 2005). My study considered local and national needs reflecting disparities in these areas and promoting these to inform organisational development.

Key areas advocated the use of such a model including: better service user experience, fewer errors, lowered infection/ mortality rates with strengthened finances, increased staff motivation/morale/ decreased absenteeism and stress (Kings Fund, 2011). I needed to interpret government initiatives; help enhance service user experience / promote quality of care (Kings Fund 2011) in curriculum inclusion of service users for student nurses. The existing leadership characteristics required revalidation/ explanation to stakeholders ensuring awareness/ implementation of collaborative leadership. Progression in a structured, resilient, acceptable way to promote best practice enhanced open, accessible / transparent characteristics to influence leadership quality, illustrating change/ on-going processes which are inescapable in any organisation (Alimo-Metcalfe and Alban-Metcalfe,

2005). Key areas such as evaluation of experience will be paramount to inform change and potential driver of new developments.

Service users' preconceptions about personal involvement and evaluative feedback will inform practice and highlight any significant differences.

Personal qualities include cognitive and emotional characteristics which are crucial requirements for managerial / leadership actions (Alimo-Metcalfe et al 2012). Visionary thinking /challenging of existing infra-structure continues to promote transparency of working /'joint vision' will contribute to 'well-being' of others /critical thinking alongside practical abilities to influence and incorporate change (Almino-Metcalfe et al 2012). Organisational barriers may reflect constraints requiring future recommendations. Change will not necessarily reflect progress if leadership skills are limited, past leadership will need to be incorporated and valued as part of this process (Almino-Metcalfe 2012). My study will build upon previous experience and consider steps in this process, to promote an efficient system. Sensitivity, flexibility and tenacity to successfully engage with groups and self-awareness of my role, incorporating consistency / continuity of the study to ensure my leadership skills /development, enhance this process (Almino-Metcalfe al 2012) are imperative. The ability to reflect and include regular supervision will support/ reflect and direct my leadership. Evaluation at each stage and implementation will require negotiation and entrepreneurism as well as reflection upon change, in the context of my study to facilitate any processes which look like they may be useful organisationally and individually.

As an academic questioning the current system, effectiveness, providing structure / critiquing usefulness of service user involvement in student nurse curriculum will be vital to organisational culture/ leadership and progression. Critical appraisal of research from other disciplines utilising service users /reflecting from their experience to inform current practice will be incorporated (Stevens et al 2000; Smith et al 2005).

As a manager this study required organisation, demonstration of rationale for organisational procedures and efficacy to promote the concept of the study and demonstrate to the wider audience the need to challenge current process and if necessary facilitate change to enhance organisational development.

As a researcher I need to underpin the research process with sound knowledge and translate this pragmatically, whilst understanding the importance and contribution of the research. Promotion to the wider academic audience, publishing/ conference presentation to inform evidence base /establish ways forward for service user involvement in nursing curriculum will be crucial outcomes.

As a professional facilitating change, demonstrating a positive way forward for nursing and academia will lead to continued professional development including enhanced research and scholarly contribution. My study will inform students with ontological experiences, give a partial representation of service users in the selection process and curriculum and demonstrate the NMC (2010) guidance 'the selection process should always include face to face engagement'.

Key elements of this study were to gain data, compare previous service user involvement with current participation and affect changes for the future. My leadership skills needed to utilise a model to facilitate this process.

Key areas discussed previously (Kings Fund, 2011) and interpretation of government initiatives/ societal need help enhance service user experience and promote quality of care in selection of nurses/ service user involvement (Kings Fund 2011). This model advocated needs, skills and qualities adapted to the current organisation in a 'fair and transparent' manner, utilising 'valid and reliable recruitment and selection barriers' and minimising barriers for entry to higher education' (Schwartz Report 2004).

Leadership and cultural transformation are challenges every organisation faces. An effective organisation is flexible, open and responsive to change environmentally. Clear vision which is future orientated/ strategic / demonstrates clarity of targets and goals

required (Shaw 2007). Leaders can transform, build relationships /enhance nurse satisfaction, recruitment and healthy working environments (Cummings et al, 2009). Flexibility (meeting needs of service users/ different professions) include: access to users with diverse experiences; recognition for contribution; support, training/ development for service users, students /academics; research/ evaluation to establish benefit of involvement for service users on student learning and future professional practice (Rhodes & Nyawata 2010). This pivotal area of my research study considered outcomes/ working with participants to adjust /revise strategies for the future.

Recent emphasis on nursing care and compassion described patient /public involvement in pre-registration nursing education as a necessity; local education, health care providers and universities should deliver transparent, strategic approaches to pre-registration nursing education reflecting patient experience, strategies and quality assurance processes (The Willis Report, 2012). Support for nursing's academic workforce, assurances for future quality with a reduction in numbers of academics leaving, increased morale and new staff generation (Willis Report 2012) replicated challenges leadership currently face. National and clinical strategies to establish /deliver learning in care settings and classroom base, fostering research on improving care /launching education central to the patient is required (Willis report 2013). This study supported past and future service user involvement, contribute to care delivery, specifically quantifying service user input in pre-registration education and evidence based care. High quality research in collaboration with service users, universities /health providers should establish systematic evaluation to appraise the process, education and outcomes delivered (Willis report 2012), which are reflected within my study.

Recent political/ professional issues raised in this critique of leadership signify a continued development for Service Users, Lecturers and students involved in nurse selection/ curriculum development. This required strong leadership encompassing changes in organisations and its' wider network, embracing patient care delivery and student nurse education. The ability to facilitate, implement and react to change and organisational need were paramount to this study. (pp.255-258).

Paper 3

Paper 3 outlined the current position of service user engagement in nurse education and tried to define meaningful engagement.

Effective education seeks to provide authenticity for students, staff and represent service users in a well-defined manner to mirror current policy and exhibit exemplary practice This influences training provision and helps commission education appropriate to the present climate demonstrating the importance of local, and national strategic partnerships (Willis, 2012).

Service users have different characteristics, abilities and experiences to enrich nursing courses by providing the lived 'ontological' experience. The significance of service user contribution is unclear in relation to practice and education, in terms of changes to clinical practice and benefits for patients (Morgan and Jones, 2009). This highlights the need to confront past experience and investigate the impact on academics to discuss their involvement and applicability to this process.

Service user involvement augments the experience and knowledge of lecturers (Atkinson & Williams, 2011) and postulates individualised understanding and development of empathy skills for students.

Barriers such as service user representation and formal inclusion need to be overcome to facilitate effective praxis, allowing Lecturers to employ the tacit skills of service users in an

effective way to promote care and education.
(pp.4;21;23;26;31;38;59;67;195;222;240;238;243).

The focus of this study will look at past experiences of lecturers who have worked with service users and will include key sub-questions to outline specific areas of inclusion, roles and perceived benefits or disadvantages according to the phenomenological experience of Lecturers.

Identification of themes in the literature which have been indicated but not substantively reviewed by empirical research, will inform and strengthen this study. This important area will help inform higher education establishments to consider best practice for the future provision (Sandelwoski et al,2010).(pp.9-71).

Aim of the study

The aim of this study is to explore Lecturers' views about service user involvement in nurse education programmes including whether support for lecturers could be addressed to enhance this experience.

Research questions

The central research question for this study will be:

'What are lecturers' experiences of working with service users in nurse education programmes?'

Table 3 illustrates sub-questions

This research seeks to answer the following about Lectures' experiences:

How and at what points in the curriculum are service users involved in nurse education programmes?
For example before practice areas/ at significant points within training
What value do Lecturers perceive that service users add to the curriculum?
For example, do Lecturers feel service users help with practical skills or theoretical skills?
How is the involvement of service users, perceived by Lecturers, students and service users?
What is the involvement, how is it evaluated and fed back?
How can the involvement of service users be improved to help all involved?
Would training of service users or staff help facilitate this process?

Education Epistemological/ontological assumptions

Research methodology was discussed with the various different epistemological/ ontological assumptions including paradigms.

Qualitative research highlighted a difference from quantitative research and identifying population needs expands. (Popay and Mallison,2010).

Qualitative research outlined the 'umbrella term' for varied methods seeking to explain and explore human behaviours, views and incentives founded on beliefs that

interpretation is the key theme to social experience. This included common traits and distinctive features (Parahoo, 2006). Murphy & Dingwell (2003) observed that qualitative research does not provide definitive answers but rather a provocation of further questions and insights. These areas were discussed in depth to provide a basis for what qualitative researchers do and how data is identified.

My chosen methodology for this research was qualitative design, encouraging depth of information from Lecturers, employing ontological experience of the world, to establish 'thick description' themes represent unique views. Qualitative methodology provides in-depth understanding by health care professionals of lay participation and decreases barriers of challenging health care practice (Al- Busadi, 2008).(pp.74-93).

This study represented experiences of Lecturers, formulated questions and constructed a potential model for the academic community. Empowerment of Lecturers and flexibility of styles will convey stories, developed theories and capture complex problems not previously captured in the literature (Cresswell, 2013). These attributes were discussed within this paper.

Miles and Hubermann (1994) suggest all methodology is designed and moulded according to need. Using previous themes will aid the interview process in question development. Cresswell (2007) admonishes this advising 'pure' techniques within methodology, however Patton (2002) considers a creative approach, whilst Dixon-Woods(2004) considers critical appraisal of qualitative research leads to 'stifling' of the research process. This study will encourage flexible interpretation and dismiss fixed methodology and limitations.

Lecturers' perceptions may lead to different outcomes than previously considered, rich data to elicit conclusions with reflective and analytical skills to enhance this process and learn from the data (Parahoo, 2007). This will be developed by a conceptual framework based upon observations, interviews and appropriate documentation which fits this context will be used (Parahoo, 2007). Linked to each paradigm are research designs such as phenomenology. As this was chosen for the basis of the study an outline was given to explain types of phenomenology, and more substantially descriptive phenomenology as a methodology. (pp.106-116).

Descriptive phenomenology has been chosen for this study because it will direct practice by informing and contextualising human experience which will be relevant to education and nursing (Wojnar et al, 2007).An outline of the processes of data collection, bracketing and data analysis was discussed.

This study will explore and construct emergent themes and encourage analysis of areas significant to the population and to future practice. Phenomenology aligns the context as closely as possible to the phenomenon being observed, providing 'raw data' allowing synchronization of analysis and outcomes (Smith, 2008). This process demonstrates lecturers experience, awareness and ability to live through this process revealing what people do and why people do what they do (Smith, 2010).

Phenomenologists describe a model or guide practice as 'lifeworld' so that original research is not translated into a lesser or additional context (Smith, 2010) altering the principles of research. Descriptive research methodology has been criticised for lacking rigour or being simplistic (Sandelowski, 2000; Milne and Oberle, 2005) but its inclusion in small studies has been justified (Sullivan Bolyai et al, 2005). (pp.80-93)

All studies have limitations and this includes qualitative studies, even if data is collected face to face (for example, missing non-verbal cues), verbal accounts (not give total experience), methodological considerations (researchers awareness of co-determining contextual factors), even if these do not appear to be obvious (Smith, 2010). (pp.4;21;23;26;31;38;59;67;195;222;240;238;243).

Many barriers prevent positive experiences of service user inclusion such as training of lecturers, service users (Repper & Breeze, 2007) which this study aims to address. Merleau-Ponty considers subjectivity and embodiment /how we perceive others; we can detect and feel empathy for others but never entirely share experience because of our personal position and body within our surroundings (Smith, 2010).

Reflexivity is the 'position' the researcher takes in their writing, place and power in the research process (Cresswell, 2011). This needs to be explicit (Hammersley and Atkinson, 1995), including past experiences /formulating/interpreting research findings to demonstrate self-awareness, contextual issues and role in the study (Cresswell; Anderson & Spencer, 2002). (pp. 85;88;102;108;111;113;116;223;254;257).

The main issues for this study relating to phenomenology will be the researchers past experience and demonstrating potential bias which needs 'bracketing' to ensure 'pure' data is obtained and representative of the Lecturers' views. Bias can influence research data and attitudes (preconceptions and human activity) (Moustakas) and remembering researchers are 'not fallible' (Norris, 1997) was an important area of discussion in paper 3.
.

My researcher role and reflexivity were discussed in this paper to position myself within the research proposal and study. Research Methods were outlined including inclusion and exclusion criteria and data collection to data analysis were considered. Several areas were discussed regarding data analysis and several analytical questions and answers to enrich and understand the process within paper 3 were highlighted. Sampling and its links to the current study were discussed and data collection to data analysis were considered. Ethical principles and scientific rigour were evaluated in relation to the current study.

This research aims to be published and findings disseminated to interested parties.

Paper 3 outlined that all ethical considerations which will be noted and subjected to ethical approval before this study was undertaken. The researcher discussed with her Supervisory team all issues to ensure ethical principles were continued throughout this research.

This paper outlined a phenomenological descriptive research design to explore lecturers views of service user involvement in nurse education. It was envisaged that this enabled deeper questioning and interviewing to uncover those experiences. The findings will add to our understanding of the topic and may assist in the formulation of policy development addressing relevance of outcome measures. This study is intended to inform educational practice, reflect and consider lecturers' experience of working with service users and to address policy drivers to construct a model for best practice.