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**EXPERIENCES OF SERVICE USERS INVOLVED IN RECRUITMENT FOR NURSING COURSES: A  
PHENOMENOLOGICAL RESEARCH STUDY**

**Introduction**

Recent years have seen a blossoming of service user and carer [SUC] involvement in healthcare education, prompted by a range of publications, exposés and other events reflecting the trend towards more individualised care. The UK Department of Health called for this at the beginning of the current decade (DoH 2010), as did the Nursing and Midwifery Council (NMC 2010). The impetus was maintained both by the Willis commission (2012) and the report by the Francis committee into the calamitous inadequacies of care at the Mid-Staffordshire NHS Trust (Francis 2013). In many universities in the UK, the participation of “experts by experience” in teaching, assessment and curriculum planning is now routine, although practice varies considerably across the nation (Terry 2013). It has been argued that dissemination of relevant activity has been weak, and that relevant publications are few (Tee 2012, Terry 2013).

Whilst the number of research papers relating to teaching by “experts” seems to be increasing (e.g. Tremayne et al 2014, Strøm & Fagermoen 2014, Scammell 2015), there have been considerably fewer publications on the subject of this involvement in student recruitment, despite the NMC’s requirement for it (NMC 2010, G3.7a), and despite the guidance produced by National Health Service Employers (NHS 2015) in securing the participation of children; an informal study by Rouse and Torney (2014) of the merits of SUC involvement in selection being the only example produced by a literature search at the time of writing.

Following the call from the NMC for SUC involvement in recruitment, this participation has also been identified as desirable by O’Donnell and Gormley (2013), and claimed to be “successful” by Rouse and Torney (2014). The latter authors offer data indicating that the experience of involvement was positive for all involved, and that it enhanced the efficacy of the selection process, despite some concerns expressed about process. At the authors’ university, SUCs have been involved in recruitment to Adult, Child and Mental Health (MH) pre-registration nursing programmes for up to four years. Whilst anecdotal evidence suggests that it is widely seen as a positive development, no data has been collected regarding the nature of the “expert” experience. It was anticipated that such data would have the potential to influence this development within the university and may inform similar initiatives elsewhere.

The research question was therefore ‘what are the lived experiences of service users involved in recruitment for nursing courses?’

### **Methodology**

The Heideggerian phenomenological approach was adopted as it matched the study’s aim to explore lived experiences. Focus groups encourage participants to share experiences, allowing the researcher to explore similarities and differences in perspective (Doody, Slevin and Taggart 2012), so were utilised to facilitate discussion about the participants’ involvement with student nurse selection. Separate focus groups were set up for the SUCs involved with each of the three nursing pathways. A question guide was developed and used with each focus group to avoid interviewer bias. This guide included questions on motivation to participate; what the experience was like; whether there were any benefits to involvement; and whether there had been any surprises during participation. The researchers facilitating each group had had no previous contact with the service users [SUs] in that group, a decision made to reduce bias and promote candid discussion.

Participants were recruited from the faculty database of SUs and needed to have participated in student nurse recruitment. Two Adult (50% response rate), ten Child (71% response rate, aged 13 to 17years), and ten Mental Health (100% response rate) service users consented to participate. It should be noted that the pool of Adult service users was smaller than the other two groups as service users had only been involved with interviewing on this programme for one year. Therefore, one focus group was completed for adult nursing service users, and two focus groups each were organised for the child and MH service users in order to allow meaningful participation.

Each focus group discussion lasted less than one hour and was audiotaped and transcribed verbatim. Inductive thematic analysis (Braun and Clarke 2006) was used to analyse the data, code it, and identify themes from subjects’ experiences with their meanings to participants. Different researchers independently coded the transcripts and themes were agreed. Following this process SUs from each focus group reviewed the coded transcripts from their interview and agreed with the themes identified.

The study was approved by the faculty research ethics committee. Given the potential vulnerability of the SUs ethical considerations were important within this study. Consent to participate was obtained from Adult and MH service users following the provision of written information and a full verbal explanation. Opportunities were offered to all participants for subsequent discussion in private and/ or signposting to support agencies if required. No participant requested this. Consent was obtained from the young people following liaison with their school, and all correspondence with

**Commented [BC(1):** Sorry, I definitely interviewed more than that! More like 16-20.....

these participants was via the school. As these young people remained under the care of the school safeguarding was in place. A child specific information sheet was used and consent forms were collected from the child, parent/ carer and school. The young people were supported by their teachers throughout their focus groups which took place at the school. A chaperone accompanied the researcher conducting the focus groups.

#### **Description of current involvement**

Each of the three pathways operate differently to involve SUs in recruitment. The Adult and MH SUs observe a group discussion undertaken by candidates on a given topic and mark against specific criteria. The Adult SUs may alternatively observe the individual candidates as part of a workstation. The Child SUs undertake individual discussion with the candidates and ask them four questions that they themselves identified and then score them accordingly. For each of the pathways the SU interaction forms part of an overall picture and no candidate is excluded based solely on this element.

#### **Presentation of emerging themes from the focus groups**

Identified themes are presented in illustration 2. These are organised by size according to those most widely discussed within the focus groups and therefore deemed most important to the SUs themselves. These themes were also validated by the participants within the subsequent group discussions. Whilst relationships between themes will not be discussed within this paper, the illustration demonstrates where overlap was recognised from the data.

#### **Partnership**

The concept of partnership and being seen as an equal was important to participants. Some felt they were “involved as a colleague” (Adult SU) and not just “as a lay person coming in” (Adult SU) and that discussion was conducted on “a fairly equal basis” (Adult SU). In addition, another stated how important it was to “feel valued, that your opinion and your voice matters” (Mental Health SU). This was explored further when participants discussed how lecturers responded to their feedback on candidates. Participants felt listened to when giving feedback on, and scoring candidates. For example, one stated “the professional might say “oh yes ok, in retrospect” and we changed it” (Adult SU). This was also reflected by a child service user “the best thing about doing the interviewing is we have a say”. It is noteworthy that service users might hear and interpret what is said by candidates in a different way. A participant remembered discussing with the lecturer the content of a response. The participant had stated what they heard “and they are like “oh I didn’t hear that”....and you are like “yeah that is what that person said” (MH SU). However, there was also evidence that when

lecturers explained the rationale for their scores it was accepted; “they would say why they’d given a different mark and you’d think “oh yes you’re right” (Adult SU). The partnership theme was also evident in the conduct of the interviews. At the start of one participant’s involvement in the revised selection process they were interviewing with a lecturer who was still adapting to the new approach. This led to discussion between them as to how they would proceed, and resulted in their working “out a format and it worked really well” (Adult SU).

#### Benefit of lay involvement

The desire to improve services for future users was motivated many subjects. Negative experiences were discussed and the desire to “change the view of doctors and nurses in practice” (MH SU) was articulated. However, the more frequent motivating factor was seeing themselves as an expert resource, with a wealth of experience to share; “we sort of know what we are talking about” (Child SU), “like they say, you can’t get it from a book” (MH SU).

This benefit of the ‘expert’ lay involvement continued with the recognition of the importance of exposing candidates to the “people like us” (Child SU) that they could be caring for in future. One of the child service users stated, “I think that it is important for them to actually meet disabled people”, whilst a MH SU reflected that “When the service users are involved it is very good for the prospective new students because a lot of them have never met someone with mental health”, whereas an Adult SU felt “I think I’m looking at it from the point of view that if I was ill...would I want that person looking after me”.

This was additionally supported by the idea that academics may be looking for different qualities and that it was necessary to balance that; “It is slightly different to how the professionals are presumably looking at them” (Adult SU) and “Sometimes you can come up with things that...academics have missed” (MH SU).

Service users from each field identified an extended role in making a positive impact on the academics; “And I would say for the university...for them to actually know how to speak to people like us” (Child SU); “Not only the students but the staff maybe” (MH SU); “We need to educate the educators” (MH SU).

This data indicates the significance SU’s feel within recruitment, and the benefits their participation may have for future SUs, nursing candidates and academics alike.

#### Personal Benefit and Remuneration

All the participants identified personal benefits associated with their involvement. Developing confidence in communication was regarded as important to child SUs. One participant referred to being “covered in bubble wrap” (Child SU) within everyday life and another found the experience of meeting “new people” (Child SU) helpful. For the young people there was evidence they felt “having the experience just to interview someone is quite a good skill to have” (Child SU) as it could help them with “future careers” (Child SU). For the adults, the skills appeared to be related to enabling them to adjust to living with compromised health and being “able to deal with my personal stuff” (Adult SU). The notion of using a “negative experience for good” was articulated by a MH service user. However, one participant felt guilty and “a bit selfish” (MH SU) for using the interview experience to help them recover and keep well.

Remuneration did not appear to be a motivating factor. Receiving payment was regarded as “absolutely amazing” (MH SU) and “totally surprised” (Adult SU) one participant. There was the suggestion that remuneration was seen as the university recognising the value that participants bring to the interview process. Furthermore, one participant expressed feelings of disquiet about being paid. “I was even a bit uncomfortable about that” (Adult SU) as they suspected a budgetary pressure associated with this. In addition, there was concern that payment may “attract the wrong person” (Adult SU).

#### Responsibility

Participants in all focus groups identified a level of personal responsibility within their interviewing role. The young people particularly noted the potential impact of their feedback: “It was kind of scary. Because this is that person’s future we’re dealing with.” (Child SU). Similarly, MH SU’s identified a responsibility to make the right decision and noted this was important both for future SUs, as well as for prospective students; “I try to weed out people who are not good enough. You know people who stereotype in negative ways about people with mental illness...” However, another person stated, “I don’t think our personal feelings should come into it. We need to be a bit more detached and professional in our opinions” (Adult SU).

#### Anxiety for service users

Members of each focus group experienced anxiety in relation to interviewing. This anxiety was largely prior to participation, either once they became aware of their role “I ..think it sounds a bit daunting” (Adult SU) or immediately before their first experience “the first one I felt a bit nervous going into” (Child SU), “well for me I was scared, petrified” (MH SU).

There were occasions within the process when the candidate's anxiety fed their own; "the candidate was a bit nervous and I suppose we were all a little bit" (Child SU). Gaps within proceedings led to feelings of being "very uncomfortable" (Adult SU), which ultimately led to moments when "you're under a little bit of pressure" (MH SU).

However, for each of the three groups these caused minimal concern and were largely transient. Confidence grew as the process developed, and "when you got talking it actually got better" (Child SU). "After that initial feeling of ...how will it be? Yes it was very easy" (Adult SU), "I feel much better for it..like we've all said we've achieved" (MH SU). The impact of this anxiety could be seen as minimal. No SUs expressed this would discourage them from future participation; in fact by the young people especially it was seen as a positive learning experience "...the one thing we have to learn is that it's ok to get scared...you just have to get past that".

#### Equality and Diversity

The need to make decisions acknowledging equality and diversity was a widespread concern. An Adult SU commented on the difficulty of penetrating heavy accents amongst non-native English speakers: "If it's a thick dialect? .... But if you can't understand it, you can't and..if you're not feeling too good, you are slightly deaf, it just makes it worse...." A MH SU made a similar point: "And if I'm having a crisis and I think you know I can't make out what somebody's saying.... I can only imagine just how much worse that would make me feel." This contributor said shortly afterwards that not being able to interpret accented English made them feel "guilty", particularly if the candidate seemed good in all other respects.

One SU found the awareness of cultural diversity amongst candidates disheartening; "when it comes to cultural diversity which is a criteria of the interviews and all the time cultural and diversity zero, zero, zero.". This contributor later clarified how essential they thought this was, "I think people need to respect and value people from different cultures and backgrounds." (MH SU).

From a similar perspective, several of the young people were anxious that the candidates should see them as individuals first, as people with physical impairments second. One stated "I think as far as the candidates are concerned I think it is important for them to actually meet disabled people because when they come across to do their job as nurses they are going to come across a lot of disabled people.". Another Child SU suggested the interview comprised a test of attitude "...the ones that sound a bit patronising frustrated me because well I'm here to interview you and it's kind of being rude because I've actually come all this way just to interview not to be like judged....just talk to me normally."

Discussing the potential of their activity to change values, one Child SU stated “it is good for society because a lot of people are very sheltered and they don’t sometimes see disabled people which I think is a good thing to learn to see us and see that we can actually make an impact so we can actually put a stamp on society ourselves.”

It is evident thus that the SUs were acutely aware of the need for and challenge of maintaining equality and diversity principles within their own decision making, whilst also observing candidates’ attitudes and responses towards themselves as individuals.

#### Procedural Challenges

The SUs involved had been prepared by academics prior to the involvement in recruitment. However, the data suggest the process explained to service users herewith was not always followed subsequently. The SUs perceived that “there wasn’t....clear instruction” (Adult SU) and that the process “did vary from person to person” (Adult SU). Whilst procedure may have been explained, the concern that some candidates were “a bit more tricky” (Child SU) could indicate that further guidance may also have been required. Managing self in interviews may also be necessary as one participant reflected that two people interviewing was an issue “because I felt that we were both not managing to say that much because we were sort of talking over each other and trying to ask all the questions” (Child SU). Preparation in the management of group discussions may also have been helpful. One participant commented that “I wasn’t sure if that was the appropriate thing to do during a group discussion” (Adult SU) in relation to answering a question asked by a candidate. Information regarding the feedback service users can expect would have been valued; ‘it would be nice if they just said this person passed or whatever’ (MH SU), with another individual commenting, ‘well it is almost as if you’ve done your job now off you go....we are not going to bother telling you anything else.’ (MH SU).

Documentation appeared to be a challenge for some. The number of responses to score and the short time available to do so appeared to be challenging. This is evidenced by one participant recalling, “it was difficult the scoring process.....and the paperwork associated with that and the time between sessions to write up” (Adult SU). Furthermore, focusing on the candidates’ responses could also create difficulty, as indicated the comment, “I found it really hard sometimes scoring the questions because they can, they trail off” (Child SU). The time allocated for the interviews also appeared to contribute to difficulties as ‘you had the next person coming in immediately’ (Adult SU).

There were concerns articulated regarding the participants’ role in judging suitability. This appeared to be related to having to reach an immediate conclusion. One participant commented, “it is really



difficult to make an instant judgement" (Adult SU). This was exacerbated by some of the questions and required responses not being clear to the participants "I couldn't understand what the questions was or what their answers were" (Child SU). There was also evidence suggesting that some people struggled with making objective decisions, "because what I might like may not be what other people like" (Adult SU). People felt they were experienced enough to be involved in making decisions on this basis alone; "I've got no qualifications but my qualifications are my life skills" (MH SU).

### **Discussion**

The authors aimed to identify "the lived experiences of service users involved in recruitment to nursing courses". The findings are undeniably multi-faceted, containing many individual variables. However, some commonalities can be identified across participant groups.

Illustration 1 identifies factors which may have impacted upon participants motivation, ability to participate and their responses within both recruitment and this research project. It is important to acknowledge the influence these may have on subsequent findings. Contemporary value also requires to be placed on the themes that emerged from the group discussions as this was the authors' primary goal. Illustration 2 represents the emergent themes and places them in relation to the importance placed on them by the service users themselves. The most salient form the focus of this discussion.

**Commented [BC(2):** Katie, is this what you meant? Tied myself in knots trying to precis this bit!

The benefit of lay involvement in recruitment was identified across groups and included profit for the future workforce, candidates and academics. Participants also reported personal rewards. NHS Employers (2015 p3) outlines five benefits to young people being involved in recruitment processes: developing valuable skills and experience; opportunities to gain accreditation or recognition; improving interpersonal and communication skills; developing a sense of responsibility and confidence; and recognising that their contribution is valued and has influenced outcomes. Each of these resonated for the young people involved in our study.

A prime benefit identified by the SUs was to expose the candidates to those people they would be caring for in the future. Service users expressed concern that candidates may not have experienced this elsewhere. They felt their presence on interview days enabled identification of personal values by means of the communication with or about them. This research was conducted in the context of the recent drive from Health Education England (HEE) to recruit students in line with the values of the NHS Constitution (DoH 2015), one outcome of the Francis Report (Francis 2013). This study demonstrated a close alignment between the values of the NHS Constitution (DoH 2015) and those of the participants. This echoes a recent finding (Ward and Benbow 2016) that SU values tend to

mirror the 6 Cs (DoH & NHS Commissioning Board 2012). Furthermore, it is noteworthy that no values appeared contradictory, suggesting that the NHS values resonate with members of the public. The Shape of Caring Review (HEE 2015) and subsequent move towards nursing apprentices and nursing associate roles (DoH 2016) may be welcomed by service users concerned with a lack of exposure of current candidates to “people like us” (Child SU).

One outcome of the research was the authors’ shared perception that data gleaned from the young people involved was characterised by a greater optimism, energy and insight. Data from the users of Adult and Mental Health services seemed, alternatively, to be characterised by a degree of dissatisfaction and awareness of unmet need. One explanation for this difference may be the extent of healthcare experience, dissatisfaction being a motivating factor for participation, leading to a pool of service users which may not be representative of “experts” in general. Rouse and Torney (2015 p40) acknowledge this and recommend training SUs prior to participation in order to mitigate this and ensure a fair decision is made during selection. The Child service users, being recruited and supported by their school and participating within school hours, may have very different motivations for participation. Whilst some dissatisfaction of current services was acknowledged by Adult and Mental Health service users it is noteworthy that the greater motivating factor was a wish to share knowledge, experience and expertise for good rather than exercise any grievances.

Preparation of SUs prior to participation is essential and requires careful attention in order to ensure procedural rigour. Each of the nursing programmes does this, covering areas of process, expectations, equality and diversity, and confidentiality. However, two opposing issues have been uncovered through this study. The first is the possibility that service users can be ‘over-prepared’, thus leading to them questioning their competence to make decisions. One Adult service user said “I don’t think our personal feelings should come into it. We need to be a bit more detached and professional in our opinions”. This is interesting because policy is concerned with including service users voice as a way of promoting quality (Scammell, Heaslip & Crowley 2015). However the participant in this instance seems to have identified with the educators, rather than valued their own perspective.

The second perspective is that SUs required additional preparation in relation to process and management of candidates. The MH and Adult nursing subjects indicated that their involvement would have benefitted from more thorough induction around documentation and process. However, it was noted that none of the young people reported this. It seems significant in this regard that the young people involved had designed the process themselves, so they appeared to ‘own’ it, making the issue of preparation less of a concern. Reflecting upon this, the authors have considered

Arnstein's Ladder of Participation (Arnstein, 1969), and identified that SU involvement in two of the nursing pathways requires significant development, there remaining scope to reach the level of 'citizen control', as demonstrated by the Child Nursing programme. This would have potential to develop the rigour of the recruitment process, by giving fuller expression to at least one of the NHS values within that.

In addition, clarification of what feedback SU's may expect at the end of the day requires attention to avoid the sense of exclusivity expressed by one MH SU. Currently, no candidate is declined based solely on this part of the process and decisions are not reached until the candidate has completed all the remaining stages. Clearly, the candidate's confidentiality would be compromised by sharing the outcomes of the day with SUs, and doing so could lead to 'difficult' discussions if there was disagreement about the decision. However, if the purpose of involvement is to value and empower service users consideration needs to be given to what feedback might be appropriate for them. This would ensure involvement does not become a tokenistic exercise where service users feel 'used' as opposed to valued (Torrance et al 2012), and aligns with the theme of 'partnership' which was identified by all service user groups as crucial in the success of the relationship. It is pleasing to acknowledge that current SUs articulated a sense of empowerment; their opinions are respected by academic staff and this increases their feelings of accomplishment.

#### **Limitations of study**

As with all qualitative research, the validity of the present research could be compromised by small sample sizes, particularly that relating to the Adult nursing pathway (n=2). However, the availability of potential participants for this project was constrained by the early stage of "expert" participation at this university, and the authors believe that the contribution of those two individuals nevertheless remains significant. A further compromising factor may have been presented by the settings for the interviews, which for the Adult and MH service users comprised university premises, whereas for the children it was their school. This may have impacted on differences in the data collected, including the perceived contrast between the more positive Weltanschauung of the children, and the more distrustful outlook of the adults.

#### **Conclusion**

The main finding of this study is that the lived experience expressed by SUs involved in recruitment is beneficial and meaningful. People reported positive experiences and there was widespread acknowledgement of benefit, especially when SUs were treated as 'partners'. Participant views reflected those of the NHS constitution.

The main area for development is the need for increased SU involvement in the planning of the recruitment process. This would allow the Adult and MH SU's to move from participation towards 'Delegated power' and ultimately 'Citizen control' (Arnstein 1969). This step is a crucial response to mounting recognition of the value of the "expert" voice in the development of healthcare.

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