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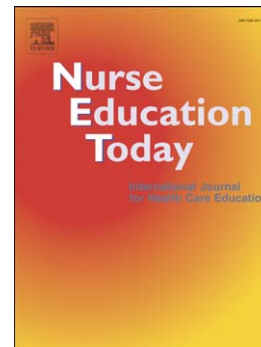
Service user involvement in giving mental health students feedback on placement: A participatory action research study

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**Title:**

SERVICE USER INVOLVEMENT IN GIVING MENTAL HEALTH STUDENTS  
FEEDBACK ON PLACEMENT: A PARTICIPATORY ACTION RESEARCH STUDY

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## Abstract

### Background

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

### Objectives and Participants

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

### Design

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

### Setting

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

### Methods

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

### Findings

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

### Conclusion

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

### **Introduction**

The concept of user involvement has become less radical and more mainstream (Jordan and Court 2010) and power relationships between professionals and mental health service users are changing. Words such as *engagement*, *collaboration* and *empowerment* pervade policy documents published in the UK, North America, the Antipodes and beyond (e.g. Nursing and Midwifery Council (NMC) 2010; Federation of Canadian Municipalities 1999; Consumer Focus Collaboration 2000). Furthermore, contemporary understanding of the meaning of evidence based practice (EBP) has evolved beyond the premise that nursing interventions should be predicated solely on knowledge emanating from research. A more inclusive model of EBP encourages the valuing of knowledge derived from service user expertise too (Aveyard and Sharp 2013). A sense of this expertise is gained from research undertaken *with* rather than *on* service users (INVOLVE 2013) and through service user involvement at a strategic and/or service planning level. Less prevalent in the literature is the concept of service user involvement at the 'coal face' i.e. in practice, at the point of service delivery.

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

This paper seeks to add to the body of knowledge informing the involvement of service users at the coalface. It reports on a participatory action research project exploring the experience of students and service users when students asked mental health service users for feedback about their interpersonal competence. This feedback was sought whilst students were working with adults aged under 65, in both inpatient and community-based practice placements. It sheds light on both students' and service users' perceptions of the nurse-patient relationship.

### **Relationships between professionals and service users**

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

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

### **The role of feedback**

Koh (2008) argued that constructive formative feedback is underutilised in nurse education and under-conceptualised in higher education. Properly conducted, it has the potential to enhance insight and confidence (Clynes and Raftery 2008), long lasting behavioural change (O'Keefe 2001), deep learning, self-esteem, motivation and employability (Koh 2008). There is broad agreement that feedback must be delivered carefully, with emphasis on behaviour

rather than character (Clynes and Raftery 2008). It is best delivered as a dialogue rather than a one-way transmission and presented as an opportunity to learn rather than a judgement about performance (Koh 2008). Eraut (2006) warned that the strong emotional dimension contained within feedback can result in difficulties, particularly for insecure students. Clynes and Raftery (2008) concurred that students' self esteem and their age emerge as important variables affecting the way in which feedback is received.

Findings from other research such as Stickley et al (2011) and Masters and Forrest (2010) in the UK and Debyser et al (2012) in Belgium stressed the importance of formative feedback which supports learning and, vicariously, assessment. These studies varied in the extent to which complexity and ambivalence were acknowledged in the findings. Nevertheless, they all concluded there was a need for the careful management of any system put in place, to avoid exacerbating the existing disempowerment of students and service users. In conclusion, it is evident that much remains to be learned about the design, impact and effectiveness of systems enabling service users to give feedback to students.

## Methods

### **Study aim and design**

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

### **Data Collection**

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

### **Ethical considerations**

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

### **Data analysis**

Initial immersion in the data (derived from interview transcripts, interview notes and stakeholders' meeting transcripts) was achieved through the completion of field notes and through reading and re-reading transcripts. A simple code was devised, in line with the approach described by Koshy (2010), enabling the font colour to be changed according to the project aim that the phrase potentially informed. The next step involved making judgements about the relevance and significance of data. Key excerpts (all verbatim quotes) were copied and pasted into a separate document and in this way the lead researcher produced 'reduced' data. In line with the democratic philosophy of PAR, the decision was collectively made to reduce the data by coding before analysis by the whole group of research participants. After the last phase was completed, a thematic analysis of all the data was undertaken by the lead researcher.

### **Findings**

Four key themes emerged over time; these are illustrated by participants' verbatim quotes.

#### **Relationship dynamics between nurse and service user**

Several students suggested that beneficial changes in the dynamics of the nurse-service user relationship resulted from this initiative. From the outset, all students acknowledged that, in principle, asking service users for feedback was one behavioural manifestation of the recovery-focused practice being championed locally.

*"At first it was a bit awkward but on reflection I think it was really valuable...the conversations we were having were not conversations you would normally have with a service user...it changed the dynamics" (Student).*

Service users expressed unanimously positive views on giving feedback to students.

*"I think that how nurses are with me is really important....some aren't approachable and this really matters. I think this feedback thing is a good idea because it helps give nurses insight and just doing the feedback helps you to build a better relationship.... It used to feel like 'nurses against clients' but things like this make it feel more level" (Service user).*

*"Giving feedback made me feel that I am giving something back, helping the students to learn people skills" (Service user).*

The following service user's comment sums up the whole concept of relationship dynamic and cultural change:

*"It is important that there is a degree of 'two-wayness' in my relationship with staff..... I have always been wary of people who think they are superior" (Service user).*

Most services users expressed their wish for more reciprocal relationships with professionals and their desire to be able to give to the service as well as take from it. Mentors interviewed concurred with this viewpoint, identifying another strand to the perspective that this small step has wider potential repercussions.



*“It’s good for service users because they have a sense of contributing to students’ development and of being listened to. It’s good for students as they show they are prepared to listen to service users, to become reflective practitioners, striving to get better by getting 360 ° feedback. This is a transferrable skill for other contexts. This should gradually be built into everyday practice – wouldn’t it be refreshing if we all did it! (Mentor).*

### **Perceptions about reliability of feedback**

It might have been predicted that student performance would transiently improve as a result of the knowledge that they would be asking for feedback later (sometimes referred to as the Hawthorne effect). In reality, this phenomenon did not materialise. The service user’s comment below sums up the lack of concern expressed by participants:

*“They [students] might alter their behaviour, but that would become less important as time went on and that learned behaviour became the norm. We would probably pick up if someone was being phoney as we are very sensitive to this” (Service user).*

Those who sought feedback found that service users were usually willing to give feedback that was both positive and negative, provided students stressed that they actively wanted balanced feedback in order to learn. The minority of comments made referred to areas for development and some service users did not record any negative feedback. There were no examples of harshly delivered feedback. Therefore no mentors prevailed upon the link lecturer support available should difficult feedback be experienced by a student. Most service users were positive about their ability to give balanced feedback, though some with less confidence saw the feedback option as an opportunity to work on their life skills. Despite sometimes self-confessed low self-esteem, all were certain that their feedback would have value. Some students thought they should share this feedback with their mentors and that this would assist mentors with their assessment decisions and facilitator roles. Mentors were similarly positive, seeing this as a constructive exercise with clear benefits for both student and service user.

### **Learning from feedback**

Most students were able to identify a concrete change in behaviour adopted as a result of feedback. For example, one student learned the importance of proactively greeting everyone on arrival, another learned to be transparent about their reasons for looking at the clock and a third became convinced of the value of patience. Another student commented that asking service users for feedback provided useful practice in asking difficult questions. Learning at

this level seemed relatively straightforward and was evident from the early stages of the project. Perhaps controversially, some students said that comments had more influence than advice given by a lecturer or a mentor. Service users agreed with this point, suggesting that “*students should be listening to them as they are the people who know*”. There was a sense that both groups were attempting to articulate the unique and often underrated value of the ‘knowledge through experience’ gained by service users.

All students who had asked for face-to-face feedback in practice placements commented that they had learned something unexpected. Most service users deviated from their brief and chose to speak about other aspects of care that were important to them. Thus, the learning was not necessarily linked to students’ prowess relating to interpersonal skills, or even to them personally, yet it was useful. For example:

*“There were some things that weren’t necessarily about me but it was good to be aware of .....He said how much he picked up on morale and problems with the team. That was so interesting because I had assumed that wouldn’t be the case. I’ll be aware of that now...”* (Student)

By the last PAR cycle, relating to learning at a deeper level, all students concluded that involvement in this project had contributed to the development of their self awareness over time. For some, this experience had been useful yet uncomfortable. For example:

*“It’s only just beginning to dawn on me that I am not very self aware in some ways, and it’s a bit worrying...”* (Student)

The series of group reflective discussions enabled students’ insight into their experiences to develop gradually. Overall, students reported mixed reactions to this project; on one hand most recognised the potential benefits for service users, students and mentors and acknowledged the good philosophical fit between this initiative and recovery-orientated mental health services. On the other hand, it appears to have taken some ‘out of their comfort zone’, engendering feelings of uncertainty and vulnerability. Some students acknowledged the intention to aspire to more equal, collaborative relationships with service users, giving examples of changes in behaviour and attitude needed to achieve this. Others expressed a sense that involvement in this project had shown them that this might be a struggle, largely due to the personal discomfort experienced when attempting greater reciprocity. In the final spiral, this student summed up their ambivalence:

*"I suppose it was a head-heart split - you are torn, with part recognising the value but part being afraid". (Student)*

### **Students' changing emotional vulnerability**

Within the second cohort of students who volunteered to be part of this project, a pattern emerged over time whereby some students appeared to be more reluctant than others to try out the feedback system. At first, their explanations tended to revolve around practical impediments, but as the cycles of action research unrolled, some were able to articulate other, intrapersonal factors which had contributed to their reluctance. Examples of such factors included difficulty in receiving compliments, fear of rejection and a reluctance to take as well as give. Thus students' ambivalence was revealed - ambivalence that was not mirrored by service users. By the fourth spiral of research, all of the students had developed sufficient resilience and insight to 'take the plunge', having been given the opportunity to talk about their position and hear others' different perspectives.

All students felt they learned from the experience, even if it was at times difficult and uncomfortable. Overall, student experience of asking for feedback may be summed up as rewarding and challenging. The ratio of reward to challenge varied from student to student but all but one said that they would like to continue with the practice of asking for feedback, even after the project was complete.

### **Discussion**

The findings indicated that all students approved, in principle, of this initiative. They gave their unreserved support to the concept that asking for feedback from service users at the coalface had philosophical merit, seeing it as 'practising what had been preached' and reflective of the value base espoused in contemporary mental health nursing. Students clearly knew that, in line with the recovery model, they should be demonstrating a willingness to adopt a less directive, more 'humble' approach in their relationships with service users and were able to make a connection between valuing service user expertise by asking for feedback and listening carefully to service user perspectives about other issues. This 'theoretical' approval supports Ward et al's (2010) assertion that service user involvement is socially, culturally and politically contingent. Student support for the principle of feedback appeared genuine and persisted over the two-year duration of this project.

However, for some students, their actions sometimes belied what they said they believed. Several students were slow to enact the mechanism for getting feedback. This discrepancy between espoused belief and actions is echoed by many other authors and, particularly

persuasively, by Lloyd et al (2007). This finding supports the student vulnerability uncovered by Stickley et al (2010, 2011). Unlike other research (e.g. Morgan and Sanggaran 1997), students expressed no reservations about service users' mental state skewing feedback. Reluctant students' behaviour seemed particularly affected by emotional factors. For these students there was a 'head-heart battle'. This finding concurred with results reported by other researchers (e.g. Eraut 2006, Clynes and Raftery 2008, Masters and Forrest 2010, Stickley et al 2010 and Debyser et al 2011). It appeared that there were two separate phenomena contributing to some students' reluctance. The first is intrapersonal and the second is cultural. Evidence from students' reflective discussion indicates that those with greater pre-existing self-awareness and a relatively strong 'ego strength' were more likely to 'take the plunge' than those with less self-confidence or more complex intrapersonal issues. Debyser et al (2011) noted this latter issue, coining the phrase 'complicating factors' to cover the interpersonal and intrapersonal factors that made asking for feedback difficult for some.

All recognised the cultural adjustment required to enable students to ask for rather than give help. The difficulty and the potential rewards experienced in the reversal of roles in which the 'helper' became the 'helped' echoed concepts explored by Schneebeli et al (2010). Rush (2008) found that students often perceived mental health service users as 'other' rather than 'ordinary' and were used to learning *about* them rather than *from* them when in practice. Roberts (2010) provocatively described the 'microfascism' permeating the culture of mental health services (p.292). She suggested that, through the everyday language, attitudes and gestures of staff, service users come to internalise the destructive idea that their existential possibilities are limited. Taken together, these ideas contribute to consideration of why students might find the adjustment required to ask for feedback difficult. The findings of this study suggested that, although this posed a degree of challenge for every student, some overcame it more easily than others over time.

Ward et al (2010) found that some professionals consider service user-generated knowledge to be of relatively little worth. In contrast, students reported that the learning derived from service users differed both quantitatively and qualitatively from that acquired in other ways. Findings also support the concept of putting greater emphasis on user involvement at service delivery level. This finding is reminiscent of the 'bottom up' argument put forward by Elstad and Eide (2009) and Thomas et al (2010), that effective involvement required a change in culture, starting with the need for a respectful relationship with the clinical team(s) that support service users.

There was evidence that the feedback resulted in long-lasting behavioural change. This finding concurs with those of O'Keefe (2001) and Tickle and Davidson (2008). This is important because it suggests that setting up a system that helps students to seek, receive and reflect on feedback from grassroots service users has the potential to improve nursing practice. This constitutes Tew et al's (2003) 'bottom line' - that service user involvement results in better care.

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Of all the participants, the service users were the most enthusiastic, suggesting that this initiative was symbolic of longed-for change and the desire to 'give something back'. This contradicts the work of Calman (2006) which found that service users were put off by the worry of how they might tell someone they were not good at their job. This said, it was noteworthy that all service users in this study had opted in and therefore their views are not claimed to be representative of all service users. As such, this research concurs with that of Webster et al (2012) who found that service users who volunteered to give feedback to medical students were motivated and empathic. Whereas students had needed to adapt to the idea that their relationships with service users could be more reciprocal, it appeared that increased inter-changeability between the 'helped' and the 'helper' was an opportunity that this group of service user volunteers welcomed unconditionally. In addition, there was a common sense that service users are expert in picking up which staff they can talk to and trust. This finding has good congruence with results reported in other papers (e.g. Schneebeli et al 2010) and reinforces Wilson and Fothergill's (2010) concept of a therapeutic shift in self-perception for service users, towards that of useful, 'expert citizen'(p.35). These findings also echo Beresford's (2010) view that the possibility of change and greater equality is the primary driver for service users. In addition, this research revealed another important driver for service users, the possibility of contributing to student development and consequently to better future nursing practice.

The evidence points to the potential for feedback to enhance student learning and assist the development of better nursing practice, for some students more than others. In other words, the ability of feedback to 'make a difference' is inconsistent. It became apparent that some students were more willing to engage in feedback conversations than others and often the degree to which students engaged in this project provided unintended learning about their psychological makeup and intrapersonal issues. This has the potential to be useful to them (and to those who are working to facilitate their development), in terms of terms of informing issues worthy of exploration in the pursuit of increased self awareness and resilience.

This study provides evidence of student ambivalence in asking for 360° feedback. Crucially, students were able to adjust to this practice, albeit over time and with support, learning as a result. This provides useful wider insights into how nurses might enact the 'courage' component of the 6 Cs (NHS England 2012) and experience the service user feedback component of revalidation for UK nurses (NMC 2015),

### **Limitations**

This contextual study took place in a small community and was necessarily small-scale. All participants volunteered to be part of this project and no claim is made that their views and experiences are representative of larger groups. The existing 'insider' nature of relationships between participants proved both advantageous and disadvantageous. For example, at times close relationships appeared to enable exploration of difficult issues. Conversely, the legacy of teacher-student and nurse-service user power differentials may have engendered an eagerness to please (or indeed other dynamics) which could have shaped contributions.

### **Conclusions**

This research adds to the small body of evidence relating to service user involvement at the point of service delivery. Faced with the NMC (2010) requirement to develop curricula with involvement as a component, educationalists may benefit from the insights derived from the findings of this project. Findings reveal complexities related to student vulnerability and service culture, positive experiences of service user volunteers and the potential for student and practice development. This said, the value of formative assessment (in the form of feedback from service users) has been realised and nurse educationalists may choose to add this approach to the repertoire of options for service user involvement.

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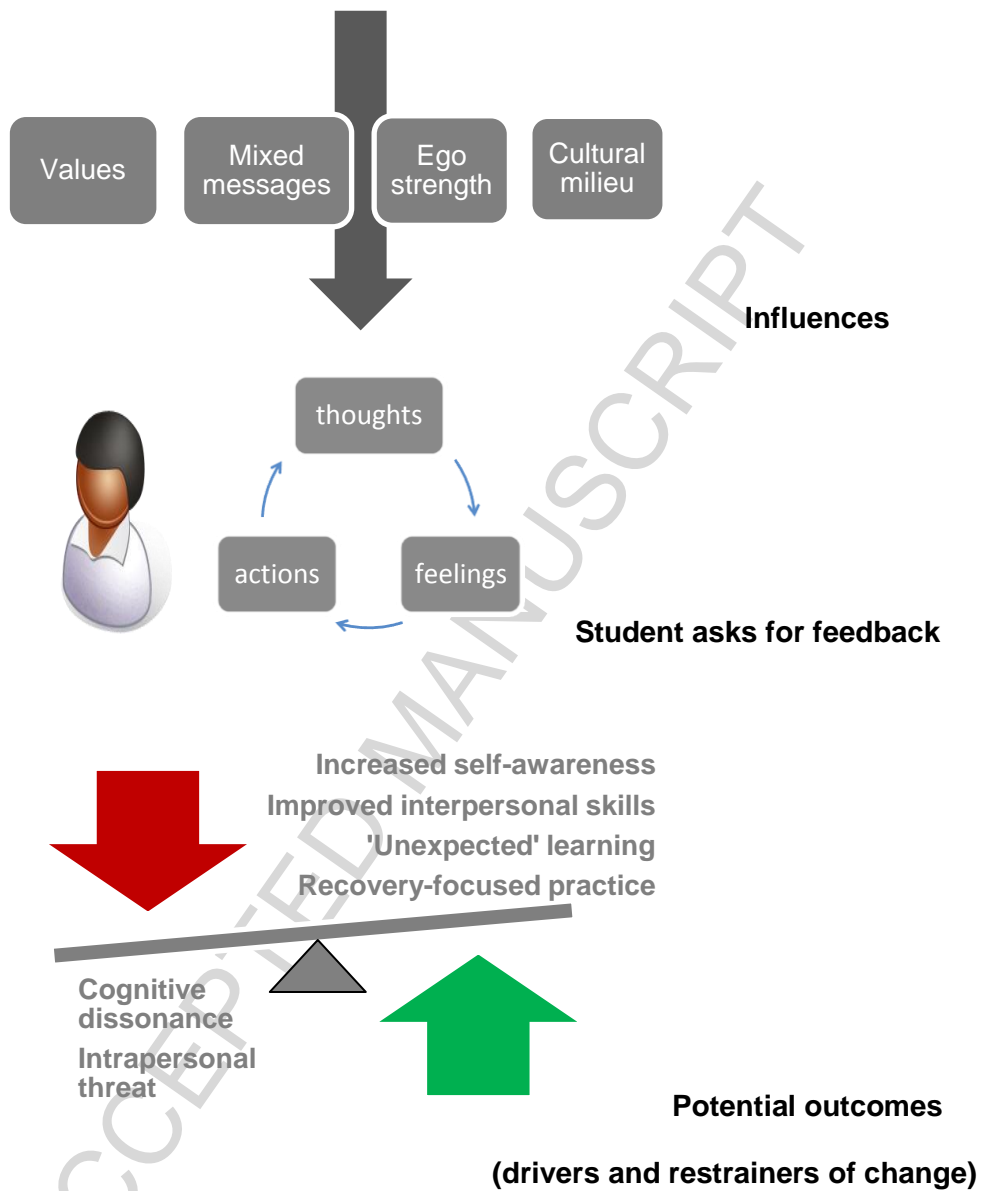


Figure 1. A diagrammatic representation of the student experience of asking for feedback

**Research Highlights:**

- Service users' reported feedback experiences were positive, without exception
- Students' experiences of feedback were more ambivalent, but ultimately developmental
- Service users' feedback can contribute to student learning and formative assessment
- Mental health user feedback constitutes a good fit with recovery orientated practice
- HEI user involvement policy can include users who students work with in practice

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