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'IT IS MUCH MORE REAL WHEN IT COMES FROM THEM': THE ROLE OF EXPERTS BY EXPERIENCE IN THE INTEGRATION OF MENTAL HEALTH NURSING THEORY AND PRACTICE

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ABSTRACT

Purpose:

To examine nursing students' perceptions of Experts by Experience impact on theoretical and practical learning.

Design and methods:

Qualitative exploratory study involving focus groups with undergraduate nursing students from five European countries and Australia. Data were analysed thematically.

Findings:

Participants described positive impacts as: *bridging the theory and practice gap through first-hand experience*, including sub-themes: *bringing theory to life; can't be taught any other way, and, innovative teaching methods fuelling curiosity.*

Relevance to clinical practice:

Integrating theory and practice is key for quality mental health nursing practice. Experts by Experience can potentially contribute to reducing this enduring gap.

KEYWORDS

Consumer academic

COMMUNE

Experts by Experience

Mental health

Mental health nursing

Theory practice gap

INTRODUCTION

Preparing nursing students for mental health care practice can pose a challenge for nursing education programs due to the discriminatory and stigmatised attitudes students may hold towards people diagnosed with mental illness (Bennett & Stennett, 2015; Bingham & O'Brien, 2018; Hamaideh & Mudallal, 2009; Heim et al., 2019). Stereotypical views of people diagnosed with mental illness often reflect fear and apprehension, and sometimes a lack of willingness to understand stigma and its potential impact on people labelled with a mental illness (Happell, Bennetts, et al., 2015; Happell, Platania-Phung, Harris, & Bradshaw, 2014; Health Service Executive, 2007; Stevens, Browne, & Graham, 2013).

Contributing to the difficulty of preparing nursing students for mental health care practise can be the theory-practice gap. For the purposes of this research theory is referred to as the contents of the official curriculum taught and assessed in the university environment. Practice refers to clinical experience in health care settings. The theory-practice gap has long been recognised as a fundamental barrier to quality and effective nursing education (Huston et al., 2018; Needham, McMurray, & Shaban, 2016; Saifan, AbuRuz, & Masa'deh, 2015). Nursing students often find it difficult to grasp theoretical concepts and apply them to their own clinical practice (Sharghi, Alami, Khosravan,

Mansoorian, & Ekrami, 2015). The gap is often intensified when students enter the clinical field and are told by registered nurses that what they have learned at university does not reflect what is done in practice (Strouse, Nickerson, & McCloskey, 2018).

It would therefore be expected that nursing students have difficulty in identifying a link between theory and practice in mental health settings, although this has not been reported in the literature. Furthermore, in the comprehensive or generic nursing programs now taught in most western countries, the time devoted to the theory and practice of mental health nursing is often minimal (Bingham & O'Brien, 2018; Happell, 2009; Happell & Gaskin, 2013; McAllister, Happell, & Flynn, 2014; Stevens et al., 2013). Therefore, there is limited time available to address the theory practice gap in mental health nursing education whilst attempting to create an interesting and constructive learning experience.

Strategies to address the theory practice gap have been developed and implemented over time. Simulation is a relatively recent strategy approach to a more realistic and practical approach to learning. Simulation provides more realistic and safer environment for students to practice skills and directly apply theoretical learning to the skills they are performing in the clinical environment (Mawhirter & Garofalo, 2016; Smith & Hamilton, 2015). Research and evaluation into simulation has demonstrated improvement in students' capacity to integrate theory and practice (Kaddoura, Vandyke, Smallwood, &

Gonzalez, 2016; Mawhirter & Garofalo, 2016; Pront & McNeill, 2019; Woods et al., 2015).

The use of actors to enhance the reality of simulation has been utilised in nursing education although to date the research literature is limited (Fitzgerald & Ward, 2019). There is however, some evidence to suggest actors can enhance the benefits of simulation in achieving enhanced perceived self-efficacy, clinical competence and improved communication skills (Fitzgerald & Ward, 2019; Koch, 2017; Lejonqvist, Eriksson, & Meretoja, 2016).

Taking simulation a step further, an approach to simulation named 'Mask-Ed' was developed to create a more realistic experience for students, allowing encounters with 'consumers' to be recreated in a safe environment (Reid-Searl, Eaton, Vieth, & Happell, 2011). The educator wears a silicon mask and creates a character with specific health issues and other characteristics pre-selected as the focus of student learning (McAllister, Reid-Searl, & Davis, 2013). The educator is able to respond spontaneously in interacting with students, more closely simulating a consumer interaction than is possible using other simulation techniques. For example, actors would not have the same knowledge of nursing theory and practice and would not be able to respond spontaneously in this manner. By controlling the process, the educator facilitates knowledge and skill acquisition in a realistic environment. This technique has been evaluated positively by academics (Reid-Searl, Levett-Jones, Cooper, & Happell, 2014) and

nursing students (Reid-Searl, Happell, & Vieth, 2012) as an effective teaching - learning tool.

Although evaluations suggest simulation is effective in enhancing students' learning, the technique is directed by health professionals (academics and educators), and therefore influenced by their perception of what students need to learn. Furthermore, the character developed by the educator may, intentionally or otherwise, project stereotypical characteristics and therefore present stigmatised views, particularly in mental health where negative views towards mental illness are prevalent (Happell, Platania-Phung, et al., 2014). Potentially students learn from simulation what their educators believe to be important. Consumers of mental health services are most closely impacted by those services and nursing practices, and should therefore play a fundamental role in influencing the content and process of nursing education (Horgan et al., 2018).

Consumer involvement in mental health nursing education (People who have been diagnosed with a mental illness and used mental health services, teaching from a lived experience perspective) has evolved in recent decades and is increasingly recognised as a legitimate and effective educational technique (Happell, Byrne, et al., 2014). Involving consumers (termed herein as Experts by Experience [EBE]) has demonstrated a positive impact on student learning in nursing and other health disciplines (Arblaster, Mackenzie, & Willis, 2015; Goossen & Austin, 2017; Gordon, Ellis, Gallagher, & Purdie, 2014;

Happell, Byrne, et al., 2014; Happell, Platania-Phung, et al., 2015; Happell, Platania-Phung, et al., 2019; Horgan et al., 2018; Mahboub & Milbourn, 2015; O' Donnell & Gormley, 2013; Ridley, Martin, & Mahboub, 2017; Scammell, Heaslip, & Crowley, 2016; Schneebeli, O'Brien, Lampshire, & Hamer, 2010). To date there has been little specific focus on the extent to which consumer involvement can reduce the theory practice gap in mental health nursing education.

Acknowledging the negative impact of the theory-practice gap on mental health nursing education (Huston et al., 2018; Needham et al., 2016; Saifan et al., 2015), and the positive impact of EBE-led education on student learning, it is timely that a project was undertaken offering nursing students the opportunity to learn about mental health from EBE in addition to mental health nurse academics. This project included the opportunity to explore the impact of this educational approach on the theory-practice gap.

The Co-production of Mental Health Nursing Education (COMMUNE) study was undertaken to achieve that purpose. The study involved EBE and nurse academics working collaboratively to co-produce a mental health nursing learning module. A comprehensive, mixed methods evaluation was undertaken to assess outcomes from the learning module. Focus groups with nursing student participants were a key component of the evaluation to enhance understanding of students' experiences and opinions of this initiative.

Aim

As part of the broader Commune project, The aim of the focus groups with nursing students presented here, was to examine their views and perceptions of the impact of the EBE led mental health nursing education, had on their attitudes to and experiences of mental health nursing education, including the integration of theory and practice.

METHODS

Design

Due to the identified paucity of research informing the aim of this study, a qualitative exploratory design was utilised. This approach is particularly appropriate when there is limited literature informing the subject of interest (Stebbins, 2001). Qualitative exploratory methods position the research participants as informants, with the relevant opinions and experiences to contribute to the topic in question. This approach provides flexibility to allow participants to guide the research focus and direction, rather than focusing on pre-conceived views of the research team (Stebbins, 2001). Flexibility of approach is particularly important to ensure the methods reflect the principles of co-production and genuinely reflect the specific and differing perspectives and experiences of the research team.

Research team

Reflecting the principles of coproduction (Gillard et al., 2010; Happell et al., 2018; Roper, Grey, & Cadogan, 2018), EBE worked

collaboratively with nurse academics in all stages of the project including as members of the research team.

Setting

The study developed from an international collaboration of nurse academics and EBE employed by or associated with universities in Australia and Europe. The European countries included were Iceland, Finland, Ireland (two sites - Cork and Dublin), Norway and the Netherlands. This collaboration led to the multi-site, international collaboration known as COMMUNE. Most universities involved in the study host a three or four year comprehensive or generic undergraduate program, leading to registration as a nurse. Comprehensive programs provide a generalist education with an overview of nursing in multiple health care settings including mental health nursing. Students of these programs complete one or more mental health nursing subjects. In Ireland, students complete a four-year specialist undergraduate program in mental health, leading to registration as a mental health nurse.

Participants

Students completing their nursing education in the participating universities were invited to attend a focus group. Students were provided with an overview of the research during class time, and advertisements were sent by email and placed on notice and online message boards. Fifty-one students agreed to participate. Eight focus groups were conducted (one at each university and two in Cork).

More information about the number and gender of the participants from each university are presented in Table 1.

Insert Table 1 here

Procedure

An interview guide was prepared collectively and collaboratively by the research team. The questions were developed to reflect areas of interest to the research team. These areas of interest included participants' perceptions of EBE led teaching and how it impacted on their learning experience of mental health nursing. The questions were intended as a guide only and students were encouraged to raise issues or describe experiences beyond those that might be elicited from the questions asked. Focus groups were audio recorded and transcribed verbatim to provide a complete and accurate transcript of the interviews. The interview guide is presented in Table 2.

Insert Table 2 about here

Interviews were conducted by a member of the research team who had not directly been involved in teaching the module, to facilitate open discussion from students. The interviewers were all highly experienced in the conduct of qualitative research and specifically in focus groups. Data were collected between October 2017 and July 2018. Data analysis was completed by February 2019.

Ethics

The research was approved by the relevant Research and Ethics Committee (HREC 17-106). Students were provided with a detailed and

comprehensive explanation of the project and what would be involved should they chose to participate. Students were informed about the voluntary nature of their participation, and their right to decline without negative impact on their educational outcomes. Participants were assured of confidentiality and that information that might identify individual participants would not be published.

Each student expressing interest in the study was given a copy of the Plain Language Statement, and were asked to read it prior to deciding whether to participate. It was reiterated that participation would have no impact on student assessment. Students who chose to participate were asked to sign the consent form to confirm their voluntary involvement in the focus group. Interview transcripts and audio recordings are all stored securely according to the requirements at each university.

Data analysis

Data were analysed at each university using the thematic analytic process described by Braun and Clarke (2006). This approach provides a clear structure to code data and to use codes to develop themes. A minimum of one EBE and one nurse academic conducted analysis independently at each site. Each team member conducting data analysis initially read transcripts several times to establish familiarity with the content. Data were then coded according to specific topic areas with a title assigned to reflect specific areas. Each code was scrutinised

and considered in light of its relevance to the overall research aims. Codes were subsequently assembled into a schematic diagram and potential themes were identified. Each theme was then refined and reviewed for its relevance to the aim and purpose of the research. Finally, each transcript was read again to ensure that all relevant information was included in the analysis.

Team members at each university subsequently met to compare and discuss their analyses, with negotiations undertaken to achieve consensus. The drafts of analyses from each university were then compiled and the thematic analytic process was applied to the data set as a whole. The major themes were identified and areas of difference between countries were noted. Once again, the research team met to review the findings, and to ensure the perspectives of EBE were reflected in the final product. This is an important part of the process in confirming the principles of co-production have been carefully followed.

Throughout the data analysis process and subsequently data were securely stored as a password protected computer file. Access was only provided to research team members directly involved in data analysis. Due to the small number of participants at some research sites, no names of participants were recorded. Each interview was entitled with the location, e.g. Norway, the Netherlands.

Trustworthiness

Establishing the trustworthiness of data is a critical step in the research process to ensure in the research and its findings (Engward & Davis, 2015; Walker, Read, & Priest, 2013b). Credibility of the research was established by the expertise and experience of team members. The team comprised nurse academics and EBE in equal numbers, providing a level of credibility that would not be possible with a team of nurse academics alone. Regular team meetings were held throughout the study at each individual research site and of the team as a while. The interview guide was developed collaboratively with contributions from all team members.

Individual and research teams closely scrutinised the Independent data analysis completed by two researchers, which was subsequently reviewed by the whole research team, to ensure bias did not significantly influence interpretations of data and that EBE and nursing interpretations were captured (Walker, Read, & Priest, 2013a). The data-driven approach to thematic analysis utilised in this research, facilitated researchers' capacity to focus on participants' individual accounts of their views, experiences and opinions.

FINDINGS

Bridging the theory and practice gap through first-hand experience was identified as a major theme. This theme relates to the specific

experiential knowledge EBE brought to the student learning experience and a developing appreciation for the contribution EBE make to mental health nursing education. Students identified the value of EBE-led education, recognising that two streams of knowledge exist, and highlighted the limitations of more traditional teaching methods. This theme included three sub-themes: *bringing theory to life; can't be taught any other way; and, innovative teaching methods fuelling curiosity.*

Bringing theory to life

The following quotes demonstrate ways in which participants described how EBE-led teaching had deepened their understanding of the relevance of theoretical materials, and in many instances created greater links between theory and practice:

> it's not just "by the book" … you're not recycling or regurgitating material through books and PowerPoints, it was just, it was so different (Ireland, Cork).
>
> Deepened theory base and made theory and experience in balance (Finland).

The first-hand experience of mental distress and being labelled with a mental illness was described as invaluable in broadening understandings beyond the clinical perspective, through an educative approach not previously encountered:

> You get a different perspective, a different angle … Someone who has experienced it themselves (Norway).

> I have found it enormously valuable ... to think about things from someone else's perspective and I think if we hadn't had [EBE] in the class I would still be thinking about what the textbook says rather than thinking, 'mmm, what's going on with this person, what's going on with this patient' (Australia).

Some participants described having learned through this process that the importance of theoretic knowledge can only be realised if it can be translated into practice and ultimately enhance effective communication with consumers:

> I thought that knowledge was very important. And I've learned that knowledge is not worth anything if you do not know how to bring that across (Netherlands)
>
> Consumer taught mental health course and lived experiences balanced the theory-based knowledge (Finland).

Can't be taught any other way

Participants described their beliefs about the unique perspectives EBE brought to the education environment that could not be taught by any other methods:

> I never really thought of it before...where the education should be
>
> coming from because they are the people receiving the service and usually you are hearing from other nurses and they are telling you this is what you should be doing rather than hearing it

> from the person themselves who are experiencing the mental health problem (Ireland, Dublin).
>
> Our teacher can tell other people's narratives. We can read people's narratives but it's different hearing it from someone who then explains it, who can talk about how she felt, the emotions. You're not getting that when you hear from someone else's narrative (Australia)

Some students indicated they considered EBE-led knowledge more credible than knowledge presented from other sources (e.g. nurse academics, text books), and therefore believed it would be more influential over their knowledge development and clinical practice:

> It is much more real when it comes from them [EBE] than just from reading a book or hearing it from the staff. Yes exactly, it is them [who have experienced this, to be in there [in the wards] getting treatment. It is good to hear it from them (Iceland).
>
> They [nurse academics] were teaching us a lot of this stuff but having someone from the front line …it's not someone's word … it's true…it really happened to them … I just find it so much more valuable. I don't want to have a theoretician telling me stuff because it doesn't mean as much to me (Australia).

In some instances, students expressed their beliefs that the experiences of EBE and other consumers should be recognised as evidence-based knowledge in mental health nursing:

> We are lacking this kind of evidence-based knowledge, to know both what the academics say and what the service users say... what works and does not work. The academics may say something but they have not experienced it themselves. It is also important to hear what people who have been in it have to say. (Iceland)

Innovative teaching methods fuelling interest and curiosity

Participants frequently described the teaching techniques as more innovative than they experienced from other units of study. Learning from narratives was noted as particularly conducive to learning in comparison to more traditional teaching methods:

> I found that learning from the narratives was really good. I haven't really had many other classes where we've been learning from narratives, so normally it's 'here's the text reference, here's the slides, watch this little video', and then [nurse academics] might throw in a story from their own personal experience, whereas [EBE] came with 'this is what I'm sharing this week' and ... discuss it ... it was a really valuable way of learning (Australia).

It was important to the students to get a close encounter with the EBEs, it was perceived as useful and enlightening.

> I really liked the group conversation, because we got to meet more service users. We got the opportunity to ask about anything we wanted to know (Norway).

Australian participants all commented on how interesting most students found being taught by EBE. How students related to the tutorials in contrast to other units of study was described:

> The tutorials went the full length. How often do tutorials [go full length]? [usually] you go through it from the text book, the teacher watches that we're glazed over and kind of says after about ... an hour-and a quarter, "Okay, you can go now," whereas these went the full length because we did that bit at the beginning ... then we had this narrative session; I really like that ... I find the other stuff quite boring at times (Australia).

Some participants believed they hadn't encountered people with lived experience of mental distress in their own personal lives. Due to this perceived inexperience, they expressed how EBE-led teaching fuelled their curiosity, and encouraged them to gain insight into the lives of consumers:

> I was also intrigued because ... [we] wouldn't really get that opportunity to be get a proper insight into the lives of mental health person recovery, what it's like explained (Ireland, Cork).
>
> [EBE] has come out with the stories, it's really made me want to carry on conversations with her and talk more about the stories that she comes out with, it's just really fuelled my curiosity – I'm

just nosy anyway but I like [laughs] to hear the full story (Australia).

DISCUSSION

The findings from this study suggest involving EBE in nursing education may contribute to an improved integration of theory and practice in the development of skills and expertise required for practice in mental health settings. Participants describe how their interaction with experts by experience brought theory alive and they found and facilitated a deeper understanding of consumers of services as people. Identifying people as whole entities with needs and concerns that go beyond their diagnosis is an essential component of holistic nursing practice (Byrne, Happell, Welch, & Moxham, 2013; Happell, Waks, et al., 2019; Jasemi, Valizadeh, Zamanzadeh, & Keogh, 2017; Tatsumi, 2017), and importantly for mental health, recovery-oriented practice (Hornik-Lurie et al., 2018; Santangelo, Procter, & Fassett, 2018). Not surprisingly, these findings suggest EBE involvement may be a highly effective strategy in reducing the theory practice gap, through students understanding first-hand the impact of their practice on people accessing health services (Byrne et al., 2013).

Participants frequently identified narratives presented by EBE as facilitating a better understanding of the human experience of distress, and individual experiences of mental health service use. Narrative pedagogy is a technique used in nursing education to shift the focus of curricula from its traditional content base (what should be taught and

when) to a co-created learning approach where the experiences and understandings of educators and students are considered collaboratively. Through this lens education becomes a transformational by facilitating students and educators to challenge traditional approaches and consider how nursing practice can be improved (Diekelmann & Diekelmann, 2009). Narrative pedagogy is primarily based on experiences of students, academics and clinicians as a transformative learning tool (Diekelmann, 2001; Ironside, 2015). No reference to EBE teaching in the narrative pedagogy literature was found, therefore excluding an important stakeholder from influencing nursing curricula. The current findings suggest EBE narratives are powerful in promoting student learning and hence must be recognised as an equally important component of quality nursing education.

In mental health nursing education EBE are often invited to provide narratives as their primary contribution to nursing education (Happell & Bennetts, 2016). Unlike simulation, these narratives are potentially consumer- rather than educator-controlled. However, ownership and control of narratives is crucial to EBE' roles in nursing education and has been the source of controversy (Happell & Bennetts, 2016). It is important that narratives are not simply ad-hoc stories of mental distress or mental health service use, creating an adjunct to the curriculum without the greater context of EBE knowledge and expertise. This approach has been described as

voyeuristic, and therefore ethically questionable (Happell & Bennetts, 2016).

An important feature of COMMUNE was the ongoing involvement of the EBE throughout the learning module which enabled the teaching to go beyond "storytelling". Including EBE as an equal part of the team facilitated autonomy and thereby moved beyond nurse academics being in control, a clear limitation of simulation techniques. The process adopted in COMMUNE facilitates a relationship between students and EBE which enabled students to comprehend the personal content over a period of time. The ongoing partnership encouraged deeper reflection on these experiences of distress and therefore fostered the development of interpersonal skills and other knowledge needed to become recovery-oriented practitioners (Horgan et al., 2018).

One student participant specifically referred to the EBE contribution as 'evidence-based knowledge'. Expertise and knowledge based on lived experience of mental health service use is different, yet equally important, to more traditional scientific and clinically-based knowledge and expertise (Faulkner, 2017; Rose, 2017). Currently, articulated evidence-based practice is strongly hierarchical, with randomised-controlled trials considered superior and presumably more credible than expertise based on lived experience (Garattini et al., 2016; Happell, Gordon, et al., 2019; Murad, Asi, Alsawas, & Alahdab, 2016). This accepted hierarchy of knowledge has been noted as a

significant barrier to consumer involvement in mental health research (Happell, Gordon, et al., 2019; Landry, 2017; Patterson, Trite, & Weaver, 2014). It is positive to note that participants identify and value EBE expertise, although the reference to evidence-based practice was isolated to one university. One approach for the future might be to actively include EBE knowledge and expertise as legitimate evidence in the aforementioned hierarchy of knowledge, reflecting the strong focus on evidence-based practice in contemporary health care.

A clear message from participants was that the EBE content could not effectively be taught any other way, for example by nurse academics who may provide narratives based on their own clinical experiences. Nurse academics would not be conveying their own experience, are unlikely to have experienced the same degree of marginalisation, and therefore lack the same degree of credibility as EBE. Interestingly, it was suggested in previous research that nurses engaged in clinical practice thought they would be equally able to provide a lived experience perspective and would be well placed to do so (Happell, Bocking, Scholz, & Platania - Phung, in press). The findings from the current study suggest that there are other streams of knowledge, aside from traditional approaches, that can enhance student education.

Participants strongly supported the importance of direct lived experience as interesting, authentic and most of all as credible. EBE contribution to nursing education and indeed to the education of

health professionals more broadly, requires recognition as unique and essential. This must be further developed and articulated in the literature. Recovery is identified as a lived experience discipline and therefore one that should only legitimately be taught by EBE (Byrne, Happell, & Reid-Searl, 2015). EBE knowledge and expertise shows potential in closing the theory-practice gap in nursing education for mental health, and is worthy of further development.

Limitations

As a qualitative exploratory project, these in-depth findings reflect the views, opinions and experiences of a limited number of nursing students. It is therefore difficult to determine how reflective these responses might be from a broader range of students. The extent to which these findings might be generalised is therefore limited.

CONCLUSIONS

As a practice-based profession, nursing struggles with the integration of theory and practice, with students often encountering a clinical environment they are not well prepared for. EBE have been identified as making a valuable contribution to nursing education. The findings presented in this paper suggest their potential to bring theory to life and therefore contribute to reducing the gap between theory and practice. Realising potential benefits of EBE involvement in nursing education will require a reconceptualisation of evidence and a valuing of expertise developed from lived experience.

RELEVANCE TO CLINICAL PRACTICE

Nursing practice guided by sound theoretical underpinnings can significantly enhance the quality of mental health service delivery throughout the health care system. The theory-practice gap is consistently identified as a major impediment, with effective solutions remaining elusive. Research findings presented in this paper suggest learning from Experts by Experience brings theoretical concepts to life for students. Enhancing the integration of theory into practical skills is likely to produce a higher standard of nursing practice in new graduates and ultimately positively influence the broader nursing workforce.

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Table 1: Student focus group participants

	Male	**Female**	**Total**
Finland	2	8	10
Australia	1	5	6
Netherlands	1	4	5
Norway	0	2	2
Ireland (Dublin)	0	3	3
Ireland (Cork)	3	19	22
Iceland	1	2	3
Total	8	43	51

Table 2 - Interview Guide

1. Please describe your thoughts and feelings when you learned you would be taught by a person with experience of mental health service use?
2. What do you see as positives (if any) of being taught by a mental health service user? Please explain.
3. What do you see as negatives (if any) of being taught by a mental health service user? Please explain.
4. In what ways (if any) do you feel your nursing practice will be influenced by this experience?
5. If you have had a mental health placement since being taught by a person with experience of mental health services, did it influence your placement or practice?
6. Did the consumer content of the unit influence your values or beliefs about working with consumers?
7. What were your thoughts and feelings about mental health nursing as a career when you first commenced your nursing program? Has this view changed since completing this course?
8. In what way do you consider mental health skills are important for nursing more broadly?

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