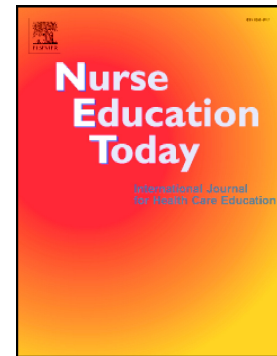


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Key stakeholder perspectives on expert-by-experience involvement in the values-based recruitment of student mental health nurses: A co-produced qualitative study

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Title:

KEY STAKEHOLDER PERSPECTIVES ON EXPERT-BY-EXPERIENCE INVOLVEMENT IN THE VALUES-BASED RECRUITMENT OF STUDENT MENTAL HEALTH NURSES: A CO-PRODUCED QUALITATIVE STUDY

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All authors made a substantial contribution to the conception and design of the study, the acquisition of data and analysis of data, and the drafting or revising of the article for intellectual content. All authors gave final approval of the version to be submitted.

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ABSTRACT

Background

Values-based recruitment is a mandatory process for nursing programmes within UK higher education, with the Nursing Midwifery Council expecting that experts-by-experience are engaged in these recruitment and selection processes. The wider involvement of experts-by-experience in healthcare education is gaining momentum internationally with calls for engagement in all aspects of design and delivery; however, the impact of such involvement in recruitment of nursing students has received little attention, particularly in mental health nursing.

Aim

To understand the impact of expert-by-experience involvement in the values-based recruitment of mental health nursing students from the perspective of candidates, experts-by-experience, and academic staff.

Design and methods

This qualitative approach was co-designed and implemented by a research team comprised of academics, experts-by-experience, and student mental health nurses. Focus groups and an on-line survey were used to collect data, with Burnard's thematic analysis providing a framework for data analysis.

Setting/ participants

This study took place at one UK university. Participants included nurse academics, experts-by-experience, and student nurses with experience of a values-based recruitment process.

Results

Thematic analysis identified four themes: starting out, collaboration, rich assessment, and stakeholder gains. Whilst not without its challenges, the involvement of experts-by-experience in the recruitment of mental health nursing students was identified as delivering a robust recruitment process, encompassing academic abilities alongside the personal qualities required to make a 'good nurse'. Personal benefits for experts-by-experience, candidates, and academics were also reported.

Conclusion

This study provides insights into the impact of experts-by-experience in supporting values-based recruitment. The approach is identified as enhancing the selection process by drawing from academic and lived experience perspectives and highlights to potential candidates, at the outset of their career, the value of meaningful engagement. These findings support the Nursing Midwifery Council's position that experts-by-experience should be engaged in the recruitment and selection of student nurses.

1. INTRODUCTION

Experts-by-experience (EBE) involvement in healthcare education is not new and reflects ideas around increased participation and the broader trend of public engagement. For the purposes of this paper, EBE are those who have personal experience of using health services or care for another who does. There is international endorsement for their involvement in all aspects of healthcare policy and practice throughout design and service delivery, evaluation, and education (Bocking et al., 2019, Happell et al., 2019) and approved education institutions in the UK must ensure “that service users ... are engaged in partnership in student recruitment and selection” (NMC, 2018, p.7).

Tetley et al (2016) identified personal values as having an impact on caring practice across a range of international studies and following the Francis (2013) recommendation that candidates should be assessed on their values and behaviours prior to entry onto health-related study programmes, values-based recruitment (VBR) is now a mandatory process within all nursing programmes in UK higher education. This is designed to help ensure the personal values of nursing students align with the values outlined in the NHS Constitution (HEE, 2016) (table 1). However, recruiting nursing students with the ‘right’ values is complex. The literature to date has tended to focus on the effectiveness of selection processes such as interviewing, multiple mini-interviews and emotional intelligence testing (e.g., Taylor et al., 2014). Expert-by-experience involvement in the recruitment and selection of nursing students has received less attention, with limited evaluation of their contribution to selection of successful candidates, particularly in the mental health field. However, Lyon and Thompson (2018) highlighted the importance of values to mental health nursing recruitment and selection, noting that EBE on mental health interview panels are particularly looking for evidence of compassion from candidates, suggesting this is a more important value in mental health nursing than other fields, based on the idea that people experiencing mental distress often lack self-compassion. A willingness to help, being approachable and non-judgmental are also considered desirable qualities service users look for when recruiting to mental health nursing programmes (Hemmingway et al., 2011).

In adult and children’s nursing, Rhodes and Nyawata (2011) found positive outcomes from EBE involvement in that candidates identified involvement as helping them understand expectations in practice, whilst EBE expressed a desire to influence candidates early in their careers to see ‘people’ not ‘patients’. Although the study pre-dates the introduction of the VBR approach to recruitment and selection, the NHS values are reflected in these findings. In a larger participatory study in adult nursing, Heaslip et al (2018) identified EBE as having a clear role in delivering VBR by increasing humanness and substantiating care values, linked by the authors to the values of compassion, respect and dignity as well as commitment to quality of care within the NHS constitution. Whilst academics across both studies acknowledged a positive outcome of involvement, academic concerns were identified with some being mindful of potential difficulties within the process of involvement (Rhodes and Nyawata, 2011) and an acknowledgement that a shift of focus from professional role of the nurse to a focus on values was challenging for some (Heaslip et al., 2018). In learning disability nurse recruitment, O’Boyle-Duggan et al. (2012) noted that EBE gained self-worth and independence, with candidates reporting improvements in communication. These studies have not included candidates for mental health nursing programmes, limiting the applicability of findings to this field.

Expert-by-experience participation in recruitment processes differs considerably across institutions, with variable levels of involvement in the decision-making processes (Unwin and Rooney, 2020). This paper reports on a study undertaken at one UK university where EBE are involved in all candidate-facing interviewing. Prior to Covid-19 lockdown the

interview process involved both a group and individual interview for each candidate, interviews took place on campus. Following lockdown, all interviews became individual and moved online. For both approaches one academic and one EBE interviewed candidates together, sharing their individual thoughts to agree an outcome. The data gathered in this project refers to interviews that were carried out using both approaches.

2. AIM

To understand the impact of EBE involvement in the VBR of mental health nursing students from the perspective of candidates, EBE and academic staff.

3.METHOD

The research team consisting of academics, EBE and mental health nursing students from the same UK university co-produced this qualitative investigation. For the purposes of this study co-production is understood as the research team working together with members sharing power and responsibilities throughout the project for mutual benefit (Hickey et al., 2018). Members of the team were involved in the design of the study, data collection and analysis. Training regarding the facilitation of focus groups and thematic analysis was provided to EBE and students as well as ongoing support from the academics involved in the project.

3.1 Participants and data collection

All EBE, mental health nurse academics and mental health nursing students at one UK university, who had direct experience of this form of recruitment, were invited to participate via email. Seven academics (response rate 64 %), 10 EBE (response rate 71%) and 45 students (response rate 32%) took part (table 2).

A mixed method approach to data collection was adopted utilising focus groups and an online survey. Two focus groups were carried out with academics, facilitated by an academic researcher; two focus groups were carried out with EBE, facilitated by EBE researchers (see table 3). Semi-structured interview schedules were used for all focus groups, which were recorded and transcribed for data analysis purposes. The online survey comprising of demographics, closed questions and a series of open-ended free text questions was utilised with the candidate group. As participants responded to the survey in free text boxes rather than pre-determined categories, subjective experiences using participants own words were captured, thus meeting the area of interest to qualitative analysis (Braun et al., 2021). The qualitative analysis of these free text questions is reported on in this paper (see table 4 for survey questions and interview schedules). Data was collected between January- April 2021.

3.2 Data analysis

Both the survey and focus group data was analysed using a thematic content analysis approach by Burnard (1991). This approach was chosen for its step-by-step guidance for the novice researcher. The research team appreciated a basic structure which then allowed interpretive flexibility as confidence grew. Analysis began at data collection, with notes kept by the interviewers. Repeated readings of the transcripts allowed initial open coding, where descriptive, linguistic and metaphorical utterances were identified, before re-examining these initial themes by seeking connections, amplifications and polarisations in which they could be collapsed into higher order headings. Candidate responses were analysed by the student researchers alongside one academic member of

the team. The two EBE researchers who facilitated each focus group analysed the data generated from their group, supported by one academic member of the project team. The academic focus groups data was analysed by the two academic members of the project (see table 3). The themes were then presented to the wider team. Rigour was sought through a dialogical process, in which emerging themes across the entire data set were explored and then agreed by the team, ensuring interpretations were checked with the power of a multi-perspective approach. The themes presented are formed from meanings present within the data, extracts are included to permit informed scrutiny. The credibility and trustworthiness of the findings are also supported by researchers keeping notes during data collection and analysis to collect emerging thoughts to consider for bracketing, thus adding a layer of reflexivity to the study.

3.3. Ethical considerations

Ethical approval was granted by the University Ethics Committee in January 2021. Written and verbal consent was obtained from all focus group participants following written information about the study. The online survey provided detailed study information and request for consent before proceeding. Participants were aware they could withdraw at any time without prejudice.

4. FINDINGS

Thematic analysis identified four themes: starting out, collaboration, rich assessment, and stakeholder gains. These themes are detailed below and illustrated with extracts from the transcripts of the focus groups or the survey

4.a Starting out

This first theme reflects that EBE involvement in the recruitment process was an evolving process, and as such some organisational issues and barriers were encountered. Academics reported concerns in the planning stages about accommodating EBE into the recruitment process. This related to academic perceptions of EBE vulnerability and concerns regarding their ability to conduct interviews. Whilst a minority of academics remained cautious, for most these beliefs proved unfounded.

Academic 2: If you're working with an EBE who is presenting with an illness that's not from your sphere of practice, it's more anxiety-provoking because I'm not 100% confident that I could actually support them.

Academic 4: I think they have proved a lot of people wrong, haven't they? With the way that they have been professional, and their approach has been completely commendable.

Expert-by-experience concerns related to the organisation of the interviews, in particular a lack of planning e.g., having time to talk over questions with academics beforehand. Organisational issues were amplified with a move to online interviewing during the Covid-19 pandemic, where technical difficulties were acknowledged as causing anxiety. There was recognition that more support could have been offered in dealing with the practicalities of this to ensure resources were maximised and EBE were not excluded should difficulties arise, a key part of the NHS value 'everyone counts'.

EBE 1: It's really important you can run through beforehand and also if some people have got tech issues with, say, Teams or something, you need support for that.

4b. Collaboration

This theme relates to the process of coming together and shared decision making. Importance was placed on the development of good working relationships by both academics and EBE. EBE felt that they held an equitable position within the relationship with academics where their personal perspectives and practical experience were valued. Well-developed relationships were considered to foster an ethos of shared decision-making which was viewed as important to the collaborative nature of the selection process. This was particularly evident when there were differences of opinion.

EBE 4: I feel that they've always valued my input. We've rarely disagreed on putting someone through, but they've always taken my views into account. And, yeah, I found I've worked really well with all the staff.

EBE 5: On the handful of occasions that it has happened [a disagreement], it was good to debate these things and the reasons why we had a slight... There was a bit of a gap. But it was always nicely done. Like, we came to the consensus.

Candidates too acknowledged the equity of the relationship, demonstrating understanding of the principles embedded within the values of 'everyone counts' and 'respect and dignity'. The interview panel was considered a partnership with both interviewers input valued.

Candidate 11: Had same respect for both interviewing, both opinions count. They would both want to know what answer I had as they are both in the interview and have equal viewing point and I didn't treat them differently because they were EBE, I treated everyone like I was being interviewed.

Academics acknowledged the potential issue of tokenism as problematic although not witnessed within the process. Experts-by-experience agreed that their views were respected and that they felt involved in the process; however, they were keen to engage in further collaborative efforts with a desire to move further up the ladder of participation to a 'co-production' level of mental health involvement, as identified in the MIND commissioned Slay & Stephens (2013) adapted participation ladder (see figure 1).

EBE 9: importantly, it feels genuine. It doesn't feel like a tick-box exercise... A complete part and a valued part, and I think that's important. It feels authentic.

EBE 2: We've got to the point now where we need to move to the next level. The questions need to be co-produced. We're not just there to ask somebody else's questions. We need to think about how we're expressing a question, that will bring out the values that we're looking for.

4c. Rich assessment

All three groups felt the interview process was enhanced by the involvement of EBE, highlighting how the different lenses of academic and EBE combined to provide a more rounded and considered assessment. The NHS values were reflected in that this led to candidates being considered for their values, qualities and potential to be a good nurse, rather than just academic prowess. Experts-by-experience were felt to focus particularly on interpersonal and human aspects. Central to this was the EBE history of having previously received nursing care, where they were able to draw on these experiences in an intuitive way to recognise qualities that could contribute to being a good nurse.

Academic 6: It helps me to remember to retain the human aspects of the student nurse because I have focused a lot on the academic requirements, skills, knowledge and understanding. What has

been helpful is when they've asked questions around the kind of human aspects in terms of compassion, caring... that just adds to the richness of the assessment.

Candidate 40: Brings a different view to interview, I was able to have a flowing conversation about family support and recovery etc, which was not asked directly in the interview questions.

EBE 4: I've been through the system and I know what's helpful and what isn't helpful... Unless we're part of the process, I don't think you're going to be able to recruit the real good nurses... It's not just from an academic point of view, it's from what we've experienced.

The presence of EBE in the interview situation was also viewed as impacting on the quality of the candidate performance. Whilst most candidates expressed a positive view on this, some expressed worry about potentially saying something to upset the EBE. This may have impacted on these candidates' ability to express themselves freely; however, academics viewed this interaction as a demonstration of the candidates' ability to uphold the NHS values of 'dignity and respect'.

Candidate 16: I had concerns I would say something that may upset the individual, say something that may have offended or triggered them.

Academic 6: they [candidates] are desperately trying to use the right language, trying not to disrespect the EBE because they know they have lived experience and they are trying to find the correct response; and that helps us know whether or not they're pretending or whether they have a real genuine value base.

4d. Stakeholder gains

There was a positive impact from EBE involvement for each of the stakeholder groups. EBE themselves expressed gains at a personal level. Some expressed improved confidence in their own abilities, with others reporting feeling valued and respected. Some EBE highlighted how they had gone on to participate in other educational activity or had sought out other unrelated opportunities because of participation in this process.

EBE 8: It's had a really positive impact on me. It's helped my self-esteem and self-confidence... And I think being able to use it in a positive way was beneficial. It reminded me that I wasn't worthless... It made me feel valued, because I was listened to, and my opinions felt important.

Several candidates referred to experiencing a better-quality interview. There was a sense of a non-academic person putting candidates at ease with a caring, more informal approach where EBE role-modelled the values being sought from candidates. Candidates felt supported by EBE and gained a better understanding of what they may experience in practice as well as university.

Candidate 15: I found it incredibly helpful, it made me gain more insight into the nurses' role and how it impacts on service users

Candidate 28: They made the interview process less formal for me, there was several cracking jokes, and it was just calming.

Academics described a sense of mutuality and shared respect that had developed because of the collaborative relationship within the process, giving the interview process a wider perspective and making their experiences more enjoyable. This was despite some initial anxieties previously discussed.

Academic 7: I think we work together to try and bring a mutual respect for each of these positions to provide a good selection process and it has enhanced it and I think it has become more meaningful...I think about my experiences of doing the interview before the EBE and after the EBE... and I prefer the latter much more than the former.

5. DISCUSSION

Whilst current literature promotes EBE involvement in all aspects of nurse education, there is limited evidence on the impact of this inclusion (Bocking et al., 2019). Formal evaluation of EBE involvement in the interviewing of prospective mental health nursing students is currently under-reported; however, limited research in other fields of nursing previously discussed identified that overall, EBE involvement in the recruitment and selection of nursing students is generally valued, although difficulties can be encountered in the process. These findings are echoed in this study.

Expert-by-experience involvement in all aspects of mental health nursing programmes is internationally endorsed, yet negative attitudes to involvement do persist and are viewed as a barrier to implementing new initiatives (Happell, et al., 2019). Initial anxieties regarding implementation of a new process may be expected, however for most academics in this study early concerns regarding the perceived vulnerability of EBE and whether this could be managed within the interview process were not born out, although for a minority of academics' concerns persisted. A minority of candidates also expressed uncertainty regarding EBE presence in their interview. Such views may arise from paternalistic attitudes regarding the perceived low resilience of those who've experienced mental distress and their ability to contribute successfully to decision-making processes, echoing previous studies regarding health care staff attitudes to involvement and perceived vulnerability (Happell et al., 2019). Effort and commitment are required from those involved to recognise and challenge such pre-conceived ideas or negative attitudes. The practical difficulties identified by EBE demonstrate how organisational commitment is also required to ensure a robust infrastructure supports EBE inclusion, thus demonstrating a genuine commitment to engagement, working together and everyone counts.

The concept of collaboration featured strongly in this study. Morley and Cashell (2017) suggest that collaborative working involves a partnership of shared authority and responsibility in working together to make decisions and achieve shared goals, in open and respectful relationships. Genuine collaboration requires consideration of where power lies and relocating that power so that such partnerships can occur; however, perceived loss of power for academics may be a barrier to such authenticity if the advantages of inclusion are not apparent. This study has demonstrated that EBE inclusion in the interviewing process offers the opportunity for strong collaborative relationships to be formed, with gains for all stakeholders experienced. When equitable relationships between academics and EBE are well developed, open debate and negotiation can take place. Each bring unique viewpoints and may be searching for different skill sets (Hemmingway et al., 2011), this can be mutually respected and valued to the benefit of all. Such genuine collaboration guards against issues of tokenism, which has been an ongoing concern with EBE involvement in educational healthcare programmes (Unwin & Rooney, 2020). Experts-by-experience in this study rejected notions of tokenism but identified a desire to be further involved by co-creating the questions asked of candidates. Adopting Slay and Stephen's (2013) adapted ladder of participation, current EBE involvement may be considered as at a 'consultation level', where EBE have authority to perform the task itself but not to modify, with parameters set by the organisation. Moving up the ladder of participation to a 'co-production' level would require EBE views to be heard and importantly, acted

upon, so that they are asking the questions they have designed. Making such a commitment would further reflect the NHS values of working together, respect and dignity, and everyone counts (HEE, 2016). In this study candidates accepted EBE as an integral part of the interview process, therefore role modelling such values through collaboration may redress any potential negative attitudes towards those experiencing mental distress.

Potential nursing students must demonstrate that they possess the values outlined in the NHS constitution. As Pitt et al. (2014) identified, the personal qualities of nursing students remain largely unchanged throughout the three-year programme. This suggests it is imperative that academic establishments use VBR to select candidates who already possess the fundamental attributes required for professional practice. However, recruiting nursing students with the right values can be challenging, given that values are difficult to define and can be interpreted differently depending on context (Groothuizen et al., 2017). This study identifies EBE as having the ability to draw on personal experience with a level of context specific expertise unavailable to those who have not been recipients of mental health services or experienced mental distress. Such expert knowledge is identified as leading to a greater focus on values rather than just academic abilities, and this was viewed by all three stakeholder groups as leading to a richer assessment. University based nurse education has been criticised for placing emphasis on the theoretical aspects of nursing care over the qualities of the person (Good Governance Institute, 2015) and this was recognised in this study. Expert-by-experience involvement has been shown to address this imbalance.

The personal benefits for EBE from involvement in aspects of nursing educational programmes has previously been highlighted including increased social interactions, increased confidence and self-esteem, regaining lost skills, and positive sense of self (e.g., Odejimi et al., 2021, Jones & Pietilä, 2020). These findings are echoed here with the supplementary gain of transferring newfound confidence to other ventures both across the university and the wider jobs market. Whilst this may not be the principal aim of involving EBE in values-based recruitment, it is a welcome by-product and has clear links to the values embedded within the NHS constitution.

Candidates too benefit from EBE involvement. Previous studies highlight how their presence in interviews can change the dynamic making the process more authentic and adding a human dimension to a professional setting (Rhodes & Nyawata, 2011, Heaslip et al., 2018). In this study candidates described EBE presence as creating a more informal setting where they could ask questions and gain more understanding of the expectations in practice. Such an approach from potential nursing students is encouraging in that EBE perspectives are valued and respected rather than being dismissed as less important than professional knowledge.

Although generally welcoming EBE involvement, academics have previously been shown to hold concerns for the complexities of implementation and the need for interviewers to have the appropriate preparation and professional skills and attributes (Rhodes & Nyawata, 2011, Heaslip et al., 2018). Whilst similar views were voiced in this study, these related predominantly to the early days of implementation and proved to be unfounded for the majority of academics who highlighted multiple benefits, not only to themselves but to the scrutiny and quality of the interview process overall.

6. LIMITATIONS

As a single site study with a small participant group, transferability of findings is limited. However, these findings do support those of previous studies and readers can judge the applicability of findings to their specific contexts. As only candidates who were successful in gaining a place on a

mental health nursing programme were involved in the study, the views of unsuccessful candidates are unknown, and we acknowledge may differ from those reported here. All researchers were associated with the university in which the study took place. Continuous use of reflexivity and a rigorous approach to data collection and analysis has limited any potential for bias with findings representing both positive and negative aspects of the themes found.

7. CONCLUSION

The NMC (2018) has stated its commitment to EBE involvement in the recruitment and selection of nursing students, yet the impact of this involvement in relation to VBR has received little consideration. This study has highlighted the potential benefits for all stakeholders and provides insights into the role EBE involvement can play in supporting VBR based on empirical study. It suggests EBE involvement brings a greater refocus on personal qualities as well as academic abilities, supporting richer more robust assessment of candidates.

Any initiative requires commitment from those involved to be successful and EBE involvement is not without challenges. Meaningful engagement requires active collaboration with all relevant stakeholders. This includes the EBE, academics and candidates involved, but also higher education establishments who need an overall strategy for involvement which addresses issues of support, fair payment, and wider involvement across all aspects of nursing educational programmes. EBE involvement in VBR should be an integral part of such strategies.

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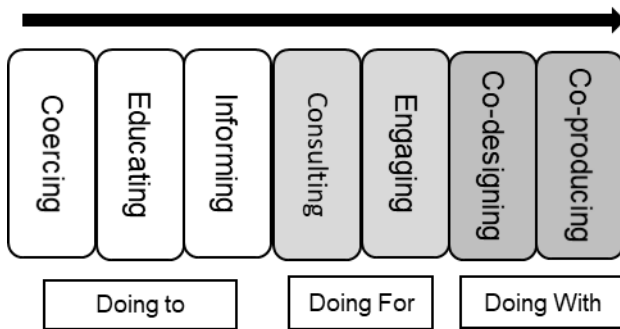
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Figure 1: Alternative ladder of participation, Slay and Stephens (2013)



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Table 1. Values of the NHS Constitution

1. Working together for patients
2. Respect and dignity
3. Commitment to quality of care
4. Compassion
5. Improving lives
6. Everyone counts

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Table 2 Participant demographics

	EBE	Academic	Student
Total Participants (percentage of population)			
	10 (71%)	7 (64%)	45 (32%)
Gender			
Male	4 (40%)	4 (57%)	39 (87%)
Female	6 (60%)	3 (43%)	6 (13%)
Age			
18-19			11 (24%)
20-29			17 (38%)
30-39	1 (10%)		9 (20%)
40-49	2 (20%)	4 (57%)	5 (11%)
50-59	6 (60%)	3 (43%)	3 (7%)
60-69			
70-79	1 (10%)		
Years Co-Interviewing (EBE & Academic)			
1	1 (10%)	1 (14%)	
2	4 (40%)	4 (58%)	
3	4 (40%)	2 (28%)	
Year of Study (Students)			
1			31 (69%)
2			14 (31%)
Experience Type (EBE)			
Service User	7 (70%)		
Carer	3 (30%)		
Range (years) of experience of mental health services (EBE)			
	13-30 years		
Range (years) of experience as a nurse academic (academic)			
		4-13 years	

Table 3. process of data collection and analysis

	Data Collection	Data Analysis
Candidates	Online questionnaire via jisc online surveys Response rate 32%	Initial analysis completed by 2 student researchers and 1 academic researcher Discussed and refined with wider team
Academics	Focus groups x2 Group 1- 3 participants Group 2- 4 participants Each group facilitated by 1 academic researcher Response rate 64%	Initial analysis completed by 2 academic researchers who facilitated groups Discussed and refined with wider team
EBE (Experts by Experience)	Focus groups x2 Group 1- 5 participants Group 2- 5 participants Each group facilitated by 2 EBE researchers Response rate 71%	Initial analysis completed by 4 EBE researchers who facilitated group, supported by 1 academic researcher Discussed and refined with wider team

Table 4. Survey questions and focus group interview schedules

Qualitative Data Collection		
Candidate Online Survey	EBE Focus Group semi-structured interview schedule	Academic Focus Group semi-structured interview schedule
<p>Listed questions with open text box to explain response:</p> <p>Did you know what an EBE was before your interview?</p> <p>Did you know that an EBE would be present during your interview?</p> <p>Would you have liked to have known before the interview that an EBE would be present?</p> <p>Would knowing an EBE was on your panel changed how you prepared for the interview?</p> <p>How would you have prepared differently if at all?</p> <p>How do you feel about an EBE interviewing you for a nursing programme?</p> <p>What do you think are the advantages, if any, of having an EBE on the interview panel?</p> <p>What do you think are the disadvantages, if any, of having an EBE on the interview panel?</p> <p>How did the presence of an EBE at your interview impact on how you answered the questions if at all?</p> <p>When answering the questions during your interview, who did you direct your answers to?</p>	<p>Open question:</p> <p>What are your experiences of interviewing in the MH pre-registration selection process?</p> <p>Potential prompt questions:</p> <p>Why did you volunteer for this role?</p> <p>How were you prepared for the interviewing process?</p> <p>Should EBEs be involved in the interviewing process, if so why, if not why?</p> <p>How did the candidates respond to your involvement in the interview process?</p> <p>How did you feel about this?</p> <p>How did academic staff respond to your involvement in the interview process?</p> <p>How did you feel about this?</p> <p>How involved do you feel in the process?</p> <p>What difference has being involved in the interviewing process made to you personally if any?</p>	<p>Open question:</p> <p>What are your experiences of interviewing with EBE in the MH pre-reg selection process?</p> <p>Potential Prompt Questions:</p> <p>What do you think EBE bring to the selection process?</p> <p>What do you see as positives (if any)?</p> <p>Are there any challenges/ difficulties in including EBEs in the selection process?</p> <p>How do you feel about these challenges/ difficulties?</p> <p>Should EBE continue to be involved, if not why, if so, how?</p> <p>Has EBE involvement in the selection process impacted on how you conduct interviews?</p> <p>Has EBE involvement in the selection process influenced the decision-making processes?</p> <p>Has EBE involvement in the selection process influenced your perceptions of EBE involvement in the curriculum generally?</p> <p>What difference, if any, has working alongside EBE's made to you?</p>

Highlights

Expert-by-experience involvement in the recruitment of mental health nursing students

Co-produced research by academics, experts-by-experience and student nurses

Involvement of experts-by-experience enriches the values-based recruitment process

Involvement brings benefits to experts-by-experience, candidates and academics

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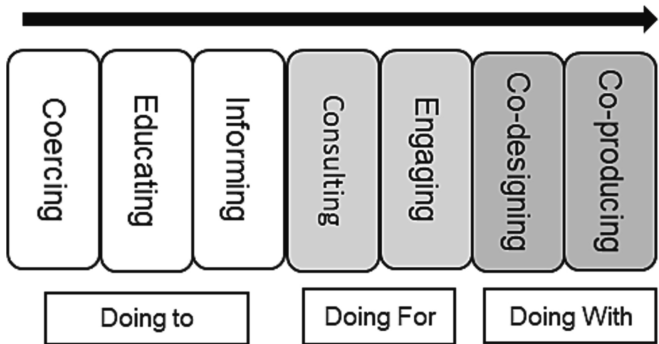


Figure 1