

# Developing an initiative to involve service-users in the recruitment of student midwives

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## Summary

In this fourth article of our Advancing practice education series, a novel initiative regarding the engagement of service-users to student midwife recruitment is outlined. Whilst the NMC mandates service user involvement, it can be challenging to implement. We at Oxford Brookes University introduced an initiative involving group discussions between candidates and service users. Feedback was sought via an evaluation form which 68 candidates and six service users completed. Candidates enjoyed the opportunity to question mothers in an informal group setting, and women felt valued through sharing their stories and making a meaningful contribution to the recruitment process.

## Introduction

In order to ensure that students recruited to midwifery programmes both possess the potential and are then enabled to become respectful, compassionate practitioners who work in partnership with women (Nursing and Midwifery Council (NMC 2019)), the NMC stipulate that education programmes should be '*designed, developed, delivered, evaluated and co-produced with service users and other stakeholders*' (NMC 2018 p6). Service users should be 'engaged in partnership in student recruitment and selection' (NMC 2018 p7). This philosophy of co-production is increasingly adopted internationally, as service users are recognised as the experts of their own needs, with evidence suggesting that service users experience increased wellbeing, self-esteem and empowerment as a result of their involvement (Speed et al. 2012). Benefits for universities are also acknowledged, including building relationships with local communities and enhancing a reputation for quality (Mckeown et al. 2012). Despite midwives and women globally having a long history of working together to improve maternity care, service user involvement in midwifery education programmes is acknowledged to be problematic due to the transient nature of maternity users, a lack of 'spare' time, childcare responsibilities, and, in respect of recruitment, the sheer number of events to cover (Warren et al. 2017). Educators have therefore sometimes struggled to find meaningful ways to involve pregnant women and new mothers directly in the recruitment process, instead using social media to elicit suggestions for interview questions, creating video case studies, or inviting a service user to be part of a shortlisting panel (Davis & McIntosh 2005; Warren et al. 2017). This article summarises the introduction of an initiative at Oxford Brookes University to work in partnership with maternity service users to recruit student midwives.

Practice Challenge 1: think about how service users are involved in recruitment events at your university, or the universities you work with. Do they have direct contact with the candidates? How much influence do they have over who is accepted onto the course? What else do you understand a 'meaningful' role to include?

### **Involving service users in student recruitment**

Service user input is arguably critical in this student recruitment, since good maternity care is repeatedly framed in terms of the relationship between a woman and her midwife or midwives, and personal qualities such as kindness and sound communication are cited as hallmarks of good care (Sandall et al. 2016). It therefore makes sense to recruit student midwives who service users believe possess or have the potential to acquire the ability to relate to women with skill and sensitivity. We wanted to ensure that service user involvement in our recruitment process was meaningful and rewarding for those involved (Willis Commission 2012). We had previously involved service users on our interview panels, but felt that this erred towards the tokenistic as the service user was expected to fit into a formal interview process with pre-set questions and, because it was difficult for service users to find childcare, it was challenging to find sufficient users to sit on every interview panel.

We therefore made space within our recruitment day for candidates and service users to meet each other in a less formal environment. We advertised through local maternity forums and social media groups for pregnant women or new mothers to attend recruitment days for between one and two hours to meet and help select potential midwifery students. Women who had been caseloaded by year three students were also invited to attend. Service users could attend as many days as they liked and bring their babies with them, and were paid an honorarium for their time. Women who followed up on the invitation were contacted with some detail about what the day would entail. We aimed for two women (and babies) for each group of six candidates so the conversations could have some momentum whilst still making it possible to feedback on individual candidates. Groups of six candidates were identified as appropriate as research had identified talking to large groups was a disincentive to participation (Speed et al 2012).

Between six and eight pregnant women and babies attended each day. They were each met by a member of the midwifery team, and taxis were arranged to transport them between sites where necessary. Being welcomed and feeling valued in a university environment has been identified as an important contributor to a positive experience of participation (McKeown et al 2012). Once they had settled in, one of our team explained the logistics and purpose of the small group discussions, and introduced the paperwork. The briefing for candidates was kept deliberately vague - they were told they were going to meet some service users and that this was their opportunity to find out about women's experiences of maternity services. We also deliberately made no attempt to facilitate introductions or set up the meeting rooms, leaving it to the candidates to initiate the encounter and negotiate the use and

arrangement of furniture. Candidates and service users were given around 45 minutes together. Each group was accompanied by a lecturer who made notes on what questions were asked by whom but played no active role in the discussion. Speed et al (2012) identified the continuous presence of a lecturer as an essential requirement of service user participation. At the end of the 45 minutes, candidates were taken to a different room and asked to write around 500 words on any issue that was discussed in their group. While this was happening, lecturers debriefed the service users before they scored each candidate against four domains (quality of listening, empathy/understanding, quality of questions, group skills). The overall score for each candidate was considered alongside their literacy, numeracy and one-to-one interview scores in order to determine whether or not they would be offered a place.

Practice challenge 2: How accessible is the venue where your recruitment events are held? How could you enable a group of mothers and babies to get there and make their way to a room with access to changing facilities?

### **Seeking feedback**

Evaluation forms were collected from 68 student midwife candidates, and contained one multiple choice and five open-ended questions with free text responses. Questions covered feelings about being asked to question service users in a group, enjoyable and challenging aspects of the experience itself. Separate feedback forms were emailed to the service users, five out of 12 women responded. These sought to ascertain their experiences of taking part, from the information they were sent beforehand through arriving on the day and participating in the exercise itself. A mixture of Likert-style and free-text responses was used. Data from the forms was organised inductively into themes, which were then organised into overarching narratives of 'what went well' and 'what could be improved'.

### **What went well**

To the best of our knowledge, no other evaluation of interview candidates' perspectives on interacting with service users has been published. Sixty four of the candidates professed to feeling 'excited' at the prospect of meeting service users, with 22 feeling 'apprehensive'. Many also chose to use adjectives to describe what they enjoyed about the experience - these have been made into a word cloud, with the more common adjectives in larger type (see Figure One). 'Enjoyable' and 'insightful' were each mentioned nine times, and 'natural' and 'valuable' once each. Although three candidates talked about feeling nervous at the start of the exercise, most viewed it extremely positively:

*'Very relaxed, chance to be yourself in a low pressure environment and learn things from the experience, as well as the admissions team learning about me'.*

41 candidates wrote about enjoying asking and/or learning about the service users' experiences. Two specifically valued the opportunity to ask questions '*some other people might not be comfortable answering*', and five identified an opportunity to learn about what makes a good midwife. The experience was judged to benefit from having other candidates present, which made it '*easier to feel calm*' and meant people could learn from responses to other peoples' questions, and from having two service users in the group. Particularly if one was pregnant and one was a new mum, so that different views and experiences could be gleaned. The service users were happy to either be alone or with another visitor, although one pointed out the exercise was perhaps a more challenging assessment of group skills if the candidates had two women to manage. The friendliness and openness of the service users also helped the candidates to feel at ease.

On the whole the service users felt well briefed before and on the day, although some would have liked some more information and a map beforehand. Participating was clearly a positive experience for all the service user respondents, who were able to talk about topics or experiences that were important to them, enjoyed the fact that the candidates were genuinely interested in what they had to say, and/or gained satisfaction from contributing to the recruitment process:

*'Great to feel like we were helping to support midwifery as a profession, candidates were lovely and personable, nice to tell our story and share our experiences!'*

Service users' sharing of stories has been identified as helping them come to terms with living with compromised health (Stevens et al 2017). Similarly the re-telling of birth and care stories by our service users appeared to trigger a therapeutic release of emotion and help them make sense of what happened to them. It was not unusual for the women to cry in front of the candidates, but the safe environment of a small group and an accompanying lecturer appeared to prevent them from being unduly overwhelmed or upset by this. The presence of the babies helped the mothers to enact their new identities through breastfeeding and communicating with their offspring.

### **What could be improved**

There were far fewer negative than positive comments. The most common complaint from candidates concerned the size of the groups, which five candidates found too large and one too small. Interestingly, the service users all felt that the group sizes, which ranged between five and seven, were 'about right' and allowed them to properly assess the candidates. Some of the candidates would have liked more information in advance, and others found it challenging to get their questions in, or weren't sure what to ask:

*'Limit the number of questions that can be asked. I found that within my group I wasn't really able to get a word in.'*

One service user commented that she preferred marking the candidates independently, after an initial discussion with the observing lecturer. Another commented that the marking categories could be made clearer to facilitate this. In their exploration of the meaning to service users of involvement in adult, mental health and children's nursing programmes, Stevens et al (2017) identified the issue of power dynamics when assessing interview candidates' performance. Although being treated as an equal was important to Stevens et al's (2017) participants, they were quick to defer to the judgement of faculty staff. Our participants clearly wanted an element of autonomy in marking the candidates, with clear guidance to follow, and not to be led by the observing academic. It is interesting that some of us found it easier to hand over this responsibility than others. There was no evidence of service users lacking confidence in, or feeling uncomfortable at the prospect of assessing candidates, as suggested by lecturers and students interviewed by Haycock-Stuart et al (2016). This may be because the scoring criteria were made available to the service users in advance.

Practice Challenge 3: How much influence should service user judgement have on the final outcome? Should a consensus always be reached (and is this possible given what the evidence tells us?), or is it OK to accept different opinions. If there are different opinions, who makes the final decision?

### **Lecturer reflections and conclusion**

As an interviewing team we really enjoyed working with the women. The initiative challenged us to adopt a partnership approach, and to facilitate, observe and accept a judgement of an encounter, as opposed to being the sole decision-makers. Setting up the days and coordinating the arrival of six-eight women and babies in an old building with very limited parking was labour-intensive. However, our administration, parking and reception colleagues all loved having mums and babies on campus and went out of their way to help. In fact witnessing the way that the women and their children were embraced by the university community was one of the highlights of the initiative. We will definitely include a similar initiative next year, including giving clearer guidance around the written task, replacing the 500 word limit with a suggestion to write 'about a page', and agreeing an approach to facilitate service users autonomy when marking the discussion.

Practice challenge 4

Do you need to make any changes to your interview days to enable you to work in partnership with women?

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