



# The costs and benefits for citizen trainers of sharing their personal experience of community wide trauma with undergraduate nursing students: A qualitative study of survivors of the Northern Irish Troubles



Shannon Porter <sup>\*</sup>, Olinda Santin, Johanna McMullan

Queens University Belfast, School of Nursing and Midwifery, Belfast, United Kingdom

## ARTICLE INFO

### Article history:

Received 13 June 2025  
Received in revised form 11 September 2025  
Accepted 15 September 2025  
Available online xxxx

### Keywords:

Nurse education  
Service users  
Conflict  
Trauma  
Service users as educators

## ABSTRACT

**Background:** Nursing education and practice increasingly incorporate emerging understandings of the importance of considering the impacts of trauma on experiences of health and health care and of preparing clinicians to deliver trauma-informed care. The “Troubles” in Northern Ireland has left a legacy of trauma survivors, and nurses in Northern Ireland can expect to care for people with Troubles related trauma. Citizen Trainers (CT), from the WAVE trauma centre, have taken part in educational workshops to share their personal experience with Trauma.

**Purpose:** To investigate why individuals participate as CTs, what their experience is during the education process and the impact of their participation on them as individuals.

**Methods:** Thematic analysis was used to extract themes from the transcripts of the recordings for the focus group n = 15 and the individual interviews n = 2.

**Findings:** CTs described their participation in educational workshops as having impacts on nurse education, but also as having psychological impact on the CT; they highlighted the importance of emotional support for the CT.

**Discussion:** CTs found significant value in taking part as educators discussing their experience of trauma related to the “Troubles” in Northern Ireland. However, despite the benefits the sharing sometimes produced emotional distress.

**Conclusion:** Incorporating similar experiences into nursing prelicensure and inservice education to increase clinician capacity for trauma should consider both potential benefits and discomfort for citizen survivor-participants.

Crown Copyright © 2025 Published by Elsevier Inc. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

## Introduction

### Context of Nursing in Northern Ireland

The ethno-nationalist conflict in Northern Ireland (NI) spanning from the late 1960s to 1998, represents a significant period of communal conflict deeply rooted in historical, political, and social complexities. The conflict primarily involved two national identities which are Unionists, predominantly Protestant, who wished to remain part of the United Kingdom, and nationalists, mostly Catholic, advocating for reunification with the Republic of Ireland. Throughout this period of conflict and violence, there were nearly 3,700 deaths reported and tens of thousands of injuries, which highlights the profound human cost of this historical

conflict (Lynch & Joyce, 2018). Although the Good Friday Agreement (1998) is credited for ending the conflict, instability and fragility of the power-sharing settlement persists (O’Leary, 2019), and the enduring nature of segregation and emboldening of new paramilitary groups remains concerning (Coakley et al., 2020). There is a shared emphasis on the difficulties of moving from formal peace to substantive societal integration, with the legacy of this conflict continuing to shape Northern Ireland’s political and social landscape (O’Leary, 2019). This conflict is commonly referred to as the “The Troubles” in Northern Ireland, which in addition to significant numbers suffering death or injury, an indeterminate number of the citizenry suffered significant and ongoing psychological and subclinical symptoms because of the extremes of civil unrest. The legacy of “The Troubles” is further reflected in disproportionately high levels of antisocial behavior, family dysfunction, drug and alcohol dependency within the province (WAVE, 2014).

Health care providers and educators must consider that populations emerging from conflict will continue to be impacted for a

<sup>\*</sup> Corresponding author: S. Porter, Queens University Belfast, School of Nursing and Midwifery, 97 Lisburn Road, Belfast BT9 7BL, United Kingdom.  
E-mail address: [s.porter@qub.ac.uk](mailto:s.porter@qub.ac.uk) (S. Porter).

significant period following a peace agreement, and must take a trauma informed approach to care. This approach recognises the widespread impact of trauma and requires health care professionals to acknowledge the prevalence of trauma and the impact on all aspects of health (Cannon et al., 2020). With a relatively small population of 1.9 million, it is reported that in NI 30% of adults reported conflict-specific adversities which highlights the unique context of trauma in NI (Colm Walsh et al., 2025). It is important to note that despite being almost 27 years past the Good Friday Agreement, younger generations continue to experience trauma linked to paramilitary activity (Colm Walsh et al., 2025). It is essential when supporting nursing students to develop the ability to provide person centered care that there is an understanding that the context of conflict must be taken in to account. Trauma informed care (TIC) provides a framework for providing care which recognises that any patient could have a history of trauma (Cannon et al., 2020), and this is particularly relevant in the given the high percentage of people in NI who have experienced trauma.

Furthermore, a significant number of patients and clients that current nursing students in NI will care for may present with primary or secondary conditions associated with their experiences of the conflict. Many of the students will be drawn from social and geographical areas previously impacted by “The Troubles,” resulting in a unique health care setting that is deserving of specialized training and support. As a result, a joint educative initiative between the School of Nursing and Midwifery at Queen’s University Belfast and WAVE Trauma Centre has been established to better inform nursing and midwifery students of the skills, knowledge and context required in working with those who have experienced trauma directly or indirectly as a result of the NI conflict. For nursing students, developing the ability to recognize and respond to trauma allows them to address the complex psychosocial needs of their patients.

### *Service Users as Educators in Nursing Education*

The use of service users in nursing education is increasing (Blackhall et al., 2012; Rhodes et al., 2014; Scammell et al., 2016; Terry, 2013) and is well supported by The Nursing and Midwifery Council (NMC) which encourages implementation of service users in higher education and highlight the need for an integrated model of learning reflective of both the physical but also the psychosocial reality and living environments of patients and clients (NMC, 2024). Service user involvement in nursing curriculum can be implemented through various strategies and approaches. The literature suggests several methods for incorporating service user involvement in undergraduate nurse education such as: service user panels and feedback sessions (Horgan et al., 2021), service user-led teaching (Rush, 2009), simulation and role-playing (Terry & Coffey, 2019), collaborative curriculum development (Schneebeli et al., 2010), guest lectures and presentation (Donnell & Gormley, 2013) and reflective practice and debriefing (Scammell et al., 2016).

These various methods have been shown to provide significant benefits to nursing students and has been shown to be valued by lecturers and service users themselves (Scammell et al., 2016). The inclusion of service users in the education of student nurses has become expected practice (Rush, 2009). This involvement has been found to have several benefits, including enhancing learning experiences and promoting person-centered care (Scammell et al., 2016). Research has shown that service user involvement in nurse education can lead to transformative learning experiences for students (Rush, 2009). It allows for a shift from “othering” to mutual recognition and commonality between service users and nursing students (Schneebeli et al., 2010). This shift in perspective can contribute to the development of empathy and competence in nursing students (Ferri et al., 2019).

The benefit of service user involvement in nursing education for student nurses has been well documented. However, there is notably a paucity of research available which discusses the experience of services users as educators in undergraduate nursing education, particularly in a population emerging from conflict. This is particularly important perspective to investigate when considering the known psychological impact on services users when sharing personal experiences of trauma (LeBlanc-Omstead & Kinsella, 2022). In this study, service uses are referred to as Citizen Trainers, which is the name used by the WAVE Trauma Centre. This study aims to understand the experience of Citizen Trainers in educating student nurses in relation to their lived experience with Troubles related trauma in the context of a health care setting.

## **Methods**

### *Design*

A descriptive qualitative method was utilized, using a combination of semistructured interviews and focus groups (Ellingson, 2009).

### *Participants and Sampling*

All participants who had been involved in delivering Citizen Training to undergraduate nurses were invited to participate in either a focus group ( $N = 15$ ) or 1:1 interview ( $N = 2$ ). Citizen Trainers were invited to participate via email and personal discussion with WAVE Trauma Education Officer to discuss the process and gain consent. Participants were provided with details of the evaluation and were given 4 weeks to consider involvement. Those that agreed to participate completed consent forms and agreed to participate in either an interview or focus group following Citizen Training sessions.

### *Citizen Training Education*

Citizen Training was delivered by Citizen Trainers over a period of 2 days to year 1 undergraduate nurses’ tutorials. Each tutorial group was attended by 20 to 25 students and facilitated in pairs by two Citizen Trainers. A total of 26 Citizen Trainers delivered training to 184 students. Citizen Training sessions typically lasted 2 hr. Sessions consisted of each Citizen Trainer sharing their personal experiences of the NI troubles, disability and interaction with the health service. Students were given the opportunity to pose questions with the citizen trainers and discuss points. Following the sessions, the Citizen Trainers were provided a debriefing room and were guided through a formal debrief process by the WAVE Centre Trauma Education Officer. Prior to the Citizen Trainer’s session, all students attended a 2-hr lecture delivered by the Trauma Education Officer, which introduced TIC and the impact of trauma on the population of NI from a health care setting perspective.

### *Data Collection and Analysis*

Directly following Citizen Training sessions, the focus groups and semistructured interviews were held in a room within the University Campus. Interviews and focus groups were conducted by JMM. Interview and focus group schedules were developed based on expert discussion and a literature search. Interview schedules were reviewed by members of WAVE to check for clarity and correct terminology. Each of the two focus group lasted approximately 1 hr 30 min and interviews were kept to 1 hr.

Using Bruan and Clarke’s (2006) thematic analysis, all interviews/focus groups were taped recorded and transcribed verbatim. Audio recordings and full transcripts were stored in a safe and confidential environment and are available for independent inspection. Independent thematic analysis was conducted by JMM/OS and SP

separately and then iteratively discussed until consensus was reached and subthemes and themes were developed. Individual interviews and focus groups were analyzed separately, then combined, following identification of identical themes and codes. Codes and themes were collaboratively identified after reading and rereading transcripts. Field notes taken by all the researchers were also used to corroborate and deepen analysis. In line with Morse's (2015) framework for rigor, validity was enhanced through triangulation of data sources and the use of multiple analysts to strengthen reliability. Researcher bias was minimized by developing interview schedules collaboratively with WAVE staff and through reflexive discussion among the research team. This study has been reported according to the Consolidated Criteria for Reporting Qualitative Research Guidelines.

### Ethical Considerations

Ethical consent was sought and approved by Queens University MHLS Ethics Committee.

### Results

Seventeen Citizen trainers who had experience of delivering workshops on their personal experiences of the NI Troubles participated in either a focus group ( $N = 15$ ) or an individual interview ( $N = 2$ ). Analysis of transcripts identified three key themes. These themes were (a) Nurse educational impact, (b) Psychological impact on Citizen Trainers, (c) Support for Citizen Trainers.

#### Nurse Educational Impact

Analysis demonstrated that Citizen Trainers perceived the workshops as positive and an important contribution to nursing students' knowledge and skill development. Citizen Trainers experienced students as actively listening, engaged in discussions, and displaying emotional responses to the personal accounts they heard. Participants expressed, that through listening to personal accounts, students gained an understanding of the NI conflict and the issues faced by the population. Many of these issues, participants explained, have had prolonged and lasting impacts on the health and wellbeing across generations, thus requiring knowledge and understanding for those health care professionals which serve their health care needs. Citizen Trainers felt that the workshops were an effective opportunity to teach the complexities of trauma and how trauma can have a multifaceted effect on health. Discussing personal events and experiences of the Northern Ireland troubles and the continued impact on health and wellbeing was described as a beneficial teaching method when the matter is complex.

*"To raise awareness, yes the country may be at peace now and these youngsters won't know about all that went on, but we still exist. We still live with it everyday."*

*"Alcohol, drugs, post-traumatic stress syndrome are seen in young folk caused by trauma caused by the violence which are only coming up in folk now!"*

*"One girl sat with her arms folded and looked out the window I thought she didn't care, then I saw tears in her eyes and realised actually she was moved more than anyone else in the room"*

In addition to knowledge and awareness, Citizen Trainers expressed that by sharing their experiences, students may communicate better with patients or their families who have experiences of conflict and therefore provide better care. Participants discussed that during the workshops they had shared personal accounts of past and current interactions with health care. In many of their interactions with health care, Citizen Trainers reported that health

care staff did not consider or ignored their experiences with many ill-equipped to discuss injuries that had occurred because of the conflict. Citizen Trainers viewed nurse education as the most effective way to change health care for those affected by the conflict as they viewed nurses as the primary health care professionals whom they discussed their health with and who had sign posted them to services in the past.

*"The health service is being left to deal with the legacy of the past, but the younger generation of its workers have no idea why it's occurring. Hopefully, after meeting them, they understand why, and why it's important they know!"*

*"I had to have more surgery recently, and the staff hadn't a clue how to talk to me about how I was injured; they wouldn't have been so uncomfortable if it was a car crash or something."*

#### Psychological Impact on Citizen Trainers

Overall, Citizen Trainers reported experiencing personal positive impacts because of delivering the workshops. Sharing personal experiences of trauma to an audience of undergraduate nurses was described as helpful as it gave trainers a sense of importance, emphasizing that their experiences were valued and of significance in the education of health care professionals. As the country is at peace now, many citizen trainers reported a sense that their experiences had been forgotten by the public. By delivering training to nurses they felt that their experiences had meaning, and their contribution was of value to the next generation of health care professionals, this prompted citizen trainers to feel valued.

*"Oh yes, right from day one I felt valued and respected both by tutors and the students".*

*"The acknowledgement of my trauma helps me personally. I feel as if I'm validated."*

*"It helps me personally every time. It works both ways, what I give, I get back and more."*

Citizen trainers discussed that the workshops are typically delivered in pairs, with both individuals having personal experience of the Northern Ireland Troubles. Results demonstrated that Citizen Trainers had developed a sense of community which for some had reduced their feelings of isolation. Participants suggested that shared experience helped to normalize feelings which had a positive impact on overall psychological wellbeing. Knowing other people who had these experiences and continued to live with issues helped Citizen Trainers to feel reassured that they were not alone.

*"I was floating, drifting, this is brilliant WAVE reduces my isolation and I found my voice, when they said about going to Uni I thought me? It's the best thing ever happened to me I'm more confident now yeah I'm great thanks"*

In addition, participants identified that discussing experiences of the conflict had assisted with prolonged feelings of grief experienced. The process of sharing personal accounts provided opportunities to keep the memories of loved ones alive, a way to make deceased loved ones proud and that their death can make a positive impact. These factors were discussed as helpful in the grieving process.

*"By doing this, I feel he's still doing good; it's keeping him alive."*

*"I know what you mean; I feel good knowing my dad isn't forgotten completely, and he'd be proud I was doing something positive instead of being taken over with bitterness."*

Participants did, however, identify some negative experiences pre and post workshops. Firstly, some CT experienced anxiety prior

to delivering workshops with some reporting finding it difficult to sleep and worry and concern that they may not do a good job. Delivery of the sessions was also described as emotionally challenging, leaving Citizen Trainers feeling exhausted with some troubled by memories following the workshops.

*"It can be draining; I'm exhausted afterwards."*

*"My wife says I'm quiet and brood after, I didn't realise but I suppose I do its raw again"*

### Supporting Citizen Trainers

On reflection of their experience, Citizen Trainers discussed areas in which they required additional support to deliver workshops. Firstly, Citizen Trainers highlighted the emotional impact of delivering workshops and how preparation and debriefing is essential. Citizen Trainers discussed that it is important that they are prepared and understand the emotional toil that sharing their story may have. Participants reflected on other peers who were not prepared and as a result had shared experiences that they were not prepared for, and this had a negative impact on students and the Citizen Trainers. Debriefing sessions, time to reflect and discuss the teaching experience was described as essential to help to process the experience and manage feelings. Participants also discussed the importance of self-care following delivery of workshops with some highlighting that they had taken a walk to relax, and this had been helpful. Some Citizen Trainers expressed that they had in the past used negative coping mechanisms such as alcohol to deal with emotions and memories that were remembered during workshop delivery. Through better preparation they felt they could manage better following the workshops.

Feeling that they had adequate time to share their stories and facilitate discussions and questions was critical. Citizen Trainers that had been pushed for time during the workshops had felt anxious and rushed and this reduced the overall feeling of satisfaction that they had experienced. Overall, Citizen Trainers felt that the positive experiences and outcomes because of the workshops outweighed some of the negative impacts they had experienced.

*"It helps me personally every time, it works both ways what I give I get back and more"*

*"It's a big responsibility, I'm representing him (loved one) myself, all of us (those affected by the Troubles) I worry I'm doing it okay."*

### Discussion

The results presented in this study offer valuable insights into the impact of including citizen trainers with personal experiences of the Northern Ireland Troubles in nursing education. Citizen Trainers perceived their workshops as a positive and impactful contribution to nursing students' knowledge and skill development. The engagement of students, their emotional responses, and the understanding gained about the Northern Ireland conflict and its lasting impact on health and well-being are significant outcomes. This aligns with existing literature on the effectiveness of experiential learning, where students actively engage with real-life experiences to develop empathy, cultural competence, and critical thinking skills (Scammell et al., 2016). The citizen trainers emphasize the importance of educating healthcare professionals on the complexities of trauma, which is a crucial aspect of nursing education. Trauma-informed care is gaining recognition as an essential component of healthcare practice, especially when dealing with patients who have experienced traumatic events (Cannon et al., 2020). This study highlights the role of nurses as key healthcare professionals in addressing the needs of individuals affected by conflict and reinforces

the idea that healthcare education must include content related to understanding and responding to trauma and its effects.

The positive impact on citizen trainers is a noteworthy finding. Sharing their personal experiences with nursing students not only educates but also validates their experiences. This aligns with the principles of empowerment and person-centered care, where service users' voices and experiences are valued (Jack, 2020; McCormack & McCance, 2021). The sense of importance and recognition experienced by citizen trainers can contribute to their overall well-being, countering feelings of isolation and neglect. The study also points to the therapeutic benefits of sharing experiences and memories related to conflict, aiding in the grieving process. Lauckner et al. (2012) highlight the personal learning journeys of services users as educators, emphasizing their sense of contributing value and the consequential enhancement of student learning.

This aligns with literature on the healing potential of storytelling and narrative-based interventions in healthcare, helping individuals make sense of traumatic experiences and find meaning in their stories (Charon, 2006). However, it is important to recognize that delivering such workshops can have negative consequences for citizen trainers, including anxiety and emotional exhaustion. These findings highlight the need for proper support and debriefing mechanisms, which are essential when service users are involved in educational activities. Studies have shown that without adequate support, service users may experience emotional distress (Lofland et al., 2006). Thus, institutions must prioritize the well-being of citizen trainers by offering appropriate preparation and postsession support.

The findings highlight the workshop's pronounced benefits for citizen trainers, and establish the mutually beneficial learning experience that takes place between both students and service users. This is supported by the well-documented advantages for student nurses when service users assume the role of educators (McMullan et al., 2016). Existing research underscores the value of initiatives that incorporate patient-educators in various capacities, revealing benefits such as heightened self-esteem, empowerment, and novel insights into their respective issues (Scammell et al., 2016).

This study emphasizes the importance of preparing citizen trainers for their role, both emotionally and practically. This is consistent with existing literature on the importance of adequate training and support for service users engaged in nursing education (Repper & Breeze, 2007; Speed et al., 2012). Providing debriefing sessions and encouraging self-care measures, as suggested by citizen trainers, can mitigate the emotional toll of delivering such workshops. Additionally, ensuring that citizen trainers have sufficient time to share their stories and facilitate discussions is vital. Rushed interactions can lead to feelings of anxiety and may not provide the depth of understanding that students need. Therefore, adequate time should be allowed, and resources made available to ensure that these workshops are conducted effectively and meaningfully.

The inclusion of service users in undergraduate nursing education can enhance crucial aspects such as collaborations with community agencies, interprofessional education, and patient safety education (Barba & Gendler, 2006). Nursing education has the capacity to actively involve service users thereby fostering a more holistic and patient-centric approach to healthcare delivery. The use of Citizen Trainers in nursing education allows for student nurses to gain an appreciation of the importance of understanding the context of their patient population, and how the impact of the Troubles is far reaching in many aspects of life in NI, including in the healthcare setting. This approach to engaging in partnerships with community groups to support nursing education can be adapted for various types of traumas, as this encourages educators to engage with service users to promote student understanding of broad determinates of health and the complex interaction between trauma and health outcomes.

However, when integrating the personal experiences of service users into nursing education, it is essential that the cost and benefit

to the service users is anticipated. The need for a comprehensive support system should be prioritized to address the potential negative consequences on service user's well-being. By integrating such support, nursing education can continue to benefit from the insights and experiences of service users like citizen trainers, ultimately leading to more empathetic and culturally competent healthcare professionals.

### Limitations and Recommendations

This study provides a unique and novel understanding of the use and benefits of citizen trainer education in a post conflict society. However, results should be interpreted with caution due to the potential limited applicability outside of a Northern Ireland context. Services users as educators in nursing education have been shown to be mutually beneficial to both nursing students and the services users themselves. To facilitate service users in this role it is important to provide adequate support both before and after these sessions, and this should be extended to support and training for educators. Future research would benefit from investigating the experience of educators in facilitating these sessions.

### Conclusion

Services users lived experiences and perspectives provide valuable lessons, help identify areas for improvement and ensure nursing education remains relevant and responsive to the needs of the individuals receiving care. However, in evaluating services users as educators in nursing education, the service users experience and the understanding of the cost and benefits to them as individuals is limited. The investigation into the experience of citizen trainers as educators in the current study highlights key areas for consideration. Citizen Trainers report an overwhelmingly positive experience from their role as educators; however, the negative impact on individual citizen trainers as a result of participating in nurse education is an area to focus on to ensure appropriate support is identified and provided. The implementation of service user involvement in nursing curriculum should be done in a meaningful and respectful manner, and this approach should be considered when designing programs which aim to educate students on the lived experience of trauma. It is important to include adequate training, support and guidance for service users to ensure their comfort and preparedness in their roles as educators.

### Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

### CRedit Statement

*Shannon Porter*: Writing – review & editing, Writing – original draft, Formal analysis, Data curation. *Olinda Santin*: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation. *Johanna McMullan*: Writing – review & editing, Writing – original draft, Project administration, Methodology, Data curation, Conceptualization.

### Declaration of Competing Interest

The authors declare no conflicts of interest.

### References

- Barba, B. E., & Gendler, P. (2006). Education/community collaborations for undergraduate nursing gerontological clinical experiences. *Journal of Professional Nursing*, 22(2), 107–111. <https://doi.org/10.1016/j.profnurs.2006.01.008>
- Blackhall, A., Schafer, T., Kent, L., & Nightingale, M. (2012). Service user involvement in nursing students' training. *Mental Health Practice*, 16(1), 23–26. <https://doi.org/10.7748/mhp2012.09.16.1.23.c9280>
- Bruan, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Cannon, L. M., Coolidge, E. M., LeGierse, J., Moskowitz, Y., Buckley, C., Chapin, E., Warren, M., & Kuzma, E. K. (2020). Trauma-informed education: Creating and pilot testing a nursing curriculum on trauma-informed care. *Nurse Education Today*, 85, Article 104256. <https://doi.org/10.1016/j.nedt.2019.104256>
- Charon, R. (2006). *Narrative medicine. Honoring the stories of illness*. Oxford University Press.
- Coakley, J., Todd, J. (2020) *Negotiating a Settlement in Northern Ireland, 1969–2019* (Oxford; online edn, Oxford Academic, 20 February 2020). (<https://doi.org/10.1093/oso/9780198841388.001.0001>).
- Colm Walsh C., Bunting L., Davidson G., Doherty N., McCartan C., Mulholland C. & Shevlin M. (2025). The prevalence and impact of childhood experiences in Northern Ireland. (<https://www.endingtheharm.com/wp-content/uploads/2025/02/COLOR-IMPACT-OF-ADVERSE-CHILDHOOD-EXPERIENCES-REPORT-060225-2.pdf>).
- Donnell, H., & Gormley, K. (2013). Service user involvement in nurse education: Perceptions of mental health nursing students. *Journal of Psychiatric and Mental Health Nursing*, 20(3), 193–202. <https://doi.org/10.1111/j.1365-2850.2012.01917.x>
- Ellingson, L. L. (2009). *Engaging crystallization in qualitative research: An introduction*. Sage.
- Ferri, P., Rovesti, S., Padula, M. S., D'Amico, R., & Di Lorenzo, R. (2019). Effect of expert-patient teaching on empathy in nursing students: A randomized controlled trial. *Psychology Research and Behavior Management*, 12, 457–467. <https://doi.org/10.2147/PRBM.S208427>
- Horgan, A., O'Donovan, M., Manning, F., Doody, R., Savage, E., Dorrity, C., O'Sullivan, H., Goodwin, J., Greaney, S., Biering, P., Bjornsson, E., Bocking, J., Russell, S., Griffin, M., MacGabhann, L., van der Vaart, K. J., Allon, J., Granerud, A., Hals, E., ... Happell, B. (2021). 'Meet Me Where I Am': Mental health service users' perspectives on the desirable qualities of a mental health nurse. *International Journal of Mental Health Nursing*, 30(1), 136–147. <https://doi.org/10.1111/inm.12768>
- Jack, E. (2020). Service user involvement in an undergraduate nursing programme. *The Journal of Mental Health Training, Education and Practice*, 15(3), 125–140.
- Lauckner, H., Doucet, S., & Wells, S. (2012). Patients as educators: The challenges and benefits of sharing experiences with students. *Medical Education*, 46(10), 992–1000. <https://doi.org/10.1111/j.1365-2923.2012.04356.x>
- LeBlanc-Omstead, Stephanie, & Kinsella, Elizabeth (2022). Come and share your story and make everyone cry: Complicating service user educator storytelling in mental health professional education. *Advances in Health Sciences Education*, 28, 387–410. <https://doi.org/10.1007/s10459-022-10157-z>
- Lofland, J., Snow, D., Anderson, L., & Lofland, L. H. (2006). *Analyzing social settings: A guide to qualitative observation and analysis*. Wadsworth/Thomson Learning.
- Lynch, O., & Joyce, C. (2018). Functions of collective victimhood: Political violence and the case of the Troubles in Northern Ireland. *International Review of Victimology*, 24(2), 183–197. <https://doi.org/10.1177/0269758018758396>
- McCormack, B., & McCance, T. (2021). The person-centred nursing framework. In J. Dewing, B. McCormack, & T. McCance (Eds.). *Person-centred nursing research: Methodology, methods and outcomes*. Springer. [https://doi.org/10.1007/978-3-030-27868-7\\_2](https://doi.org/10.1007/978-3-030-27868-7_2)
- McMullan, J., Clarke, S. A., O'Hagan, M. T., O'Connor, T., & Power, J. (2016). Northern Ireland and 'The Troubles', outlining an innovative approach to nursing/midwifery student teaching and module evaluation. *Nurse Education Today*, 37, 1–4. <https://doi.org/10.1016/j.nedt.2015.08.027>
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25(9), 1212–1222. <https://doi.org/10.1177/1049732315588501>
- Nursing & Midwifery Council. (2024). *Standards of proficiency for registered nurses*. (<https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiency-for-nurses.pdf>).
- O'Leary, B. (2019). *A treatise on Northern Ireland, volume III consociation and confederation*. Oxford University Press.
- Repper, J., & Breeze, J. (2007). User and carer involvement in the training and education of health professionals: A review of the literature. *International Journal of Nursing Studies*, 44(3), 511–519. <https://doi.org/10.1016/j.ijnurstu.2006.05.013>
- Rhodes, C., Hardy, J., Padgett, K., Symond, J., Tate, J., & Thorton, S. (2014). The health and well-being of service user and carer educators: A narrative enquiry into the impact of involvement in healthcare education. *International Journal of Practice-based Learning in Health and Social Care*, 2, 51–68. <https://doi.org/10.11120/pblh.2013.00025>
- Rush, B. (2009). Mental health service user involvement in nurse education: A catalyst for transformative learning. *Journal of Mental Health*, 17(5), 531–542. <https://doi.org/10.1080/09638230802053383>
- Scammell, J., Heaslip, V., & Crowley, E. (2016). Service user involvement in pre-registration general nurse education: A systematic review. *Journal of Clinical Nursing*, 25(1–2), 53–69. <https://doi.org/10.1111/jocn.13068>
- Schneebeil, C., O'Brien, A., Lampshire, D., & Hamer, H. P. (2010). Service user involvement in undergraduate mental health nursing in New Zealand. *International Journal of Mental Health Nursing*, 19(1), 30–35. <https://doi.org/10.1111/j.1447-0349.2009.00642.x>

- Speed, S., Griffiths, J., Horne, M., & Keeley, P. (2012). Pitfalls, perils and payments: Service user, carers and teaching staff perceptions of the barriers to involvement in nursing education. *Nurse Education Today*, 32(7), 829–834. <https://doi.org/10.1016/j.nedt.2012.04.013>
- Terry, J. (2013). The pursuit of excellence and innovation in service user involvement in nurse education programmes: Report from a travel scholarship. *Nurse Education in Practice*, 13(3), 202–206. <https://doi.org/10.1016/j.nepr.2012.09.004>
- Terry, J., & Coffey, M. (2019). Too busy to talk: Examining service user involvement in nursing work. *Issues in Mental Health Nursing*, 40(11), 957–965. <https://doi.org/10.1080/01612840.2019.1635667>
- WAVE. (2014). Transgenerational Trauma and Dealing with the Past in Northern Ireland. Retrieved November 21, 2024, from ([www.academia.edu/76805855/Transgenerational\\_Trauma\\_and\\_Dealing\\_with\\_the\\_Past\\_in\\_Northern\\_Ireland](http://www.academia.edu/76805855/Transgenerational_Trauma_and_Dealing_with_the_Past_in_Northern_Ireland)).