RESEARCH METHODOLOGY: EMPIRICAL RESEARCH – METHODOLOGY

Service user involvement enhanced the research quality in a study using interpretative phenomenological analysis – the power of multiple perspectives

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Abstract

Aim. The aim of this study was to examine how service user involvement can contribute to the development of interpretative phenomenological analysis methodology and enhance research quality.

Background. Interpretative phenomenological analysis is a qualitative methodology used in nursing research internationally to understand human experiences that are essential to the participants. Service user involvement is requested in nursing research.

Design. We share experiences from 4 years of collaboration (2012–2015) on a mental health promotion project, which involved an advisory team.

Methods. Five research advisors either with a diagnosis or related to a person with severe mental illness constituted the team. They collaborated with the research fellow throughout the entire research process and have co-authored this article. We examined the joint process of analysing the empirical data from interviews. Our analytical discussions were audiotaped, transcribed and subsequently interpreted following the guidelines for good qualitative analysis in interpretative phenomenological analysis studies.

Results. The advisory team became 'the researcher's helping hand'. Multiple perspectives influenced the qualitative analysis, which gave more insightful interpretations of nuances, complexity, richness or ambiguity in the interviewed participants' accounts. The outcome of the service user involvement was increased breadth and depth in findings.

Conclusion. Service user involvement improved the research quality in a nursing research project on mental health promotion. The interpretative element of interpretative phenomenological analysis was enhanced by the emergence of multiple perspectives in the qualitative analysis of the empirical data. We argue

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that service user involvement and interpretative phenomenological analysis methodology can mutually reinforce each other and strengthen qualitative methodology.

Introduction

Interpretative Phenomenological Analysis (IPA) (Smith *et al.* 2009) is found to be a valuable qualitative methodology in nursing research in general (Snelgrove 2014, Strickland *et al.* 2015) and in mental health nursing research in particular (McCann *et al.* 2012, Albert & Simpson 2015). IPA is recommended in nursing and related disciplines as a valuable way to investigate and understand health, health care and illness from the service user perspective (Biggerstaff & Thompson 2008, Mapplebeck *et al.* 2013, Powell *et al.* 2014, Smith & Rhodes 2014). When using IPA, the researcher explores how participants make sense of their personal and social world (Smith 2015). IPA acknowledges the researcher's centrality to analysis and his/her ability to reflect on and analyse the accounts that the interviews provide (Brocki & Wearden 2006). Any help the researcher receives with the reflection and analysis process can add further depth to the findings (Wagstaff & Williams 2014).

Around the world today, involvement of service users in health research in general is on the rise (Nilsen *et al.* 2006, Boote *et al.* 2015, Forbat & Hubbard 2015), also in mental health research (Minogue *et al.* 2009, Staley 2009, Wallcraft *et al.* 2009) service user involvement is prevalent. Several research funding agencies now require applicants to

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Why is this research or review needed?

- Improving nursing research methodology is an ongoing process.
- Service user involvement is requested, however evidence for its quality enhancing potential needs to be examined.
- Interpretative phenomenological analysis is commonly applied in nursing research. The methodology holds features that may benefit from service user involvement, in turn increasing the research quality.

What are the key findings?

- Involving an advisory team in the stage of analysis in a mental health project gave more insightful interpretations of nuances, complexity, richness or ambiguity in the interviewed participants' accounts.
- The power of multiple perspectives came across in the interpretation of interview texts by adding breadth and depth to the findings.
- Service user involvement and interpretative phenomenological analysis methodology can mutually reinforce each other. This methodology has the potential to make service user involvement meaningful, creative and manageable. The methodology can benefit from service user involvement in terms of validation of findings.

How should the findings be used to influence policy/practice/research/education?

- Researchers using qualitative methodology should adapt service user involvement in health and nursing research projects.
- Nurses in clinical practice and service users should be aware of the synergy and power of multiple perspectives brought into decision-making in nursing and healthcare research and development.

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always consider involving service users in studies (Ives *et al.* 2013). Increasing focus is placed on evaluating the impact of service user involvement on health research and the potential benefits to research quality (Gillard *et al.* 2010,

Barber *et al.* 2011, Brett *et al.* 2014, Forbat & Hubbard 2015). However, a wide literature search identified few articles reporting on service user involvement in IPA studies. These articles included one user-led study (Pitt *et al.* 2007), another involving a mental health service consumer who transcribed the interviews (Knight *et al.* 2003) and one describing analytical dialogues with two academics that were service users (Wagstaff & Williams 2014). In addition, one paper reported on a participatory action research study using IPA as part of the analysis, where a mental health nurse manager worked alongside six people whose identity moved beyond 'mental healthcare service users' to embracing that of co-researchers (Hutchinson *et al.* 2012).

This article is based on our experiences conducting an IPA project which involved service users throughout the entire research process. The project 'Positive mental health – from what to how' explores how mental health is perceived by persons with severe mental illness (Mjøsund *et al.* 2015). The methodological framework was based on IPA. Influenced by the increasing demand for service user involvement in research and the flexibility of IPA (Smith *et al.* 2009), collaboration was established between the research fellow and five service users, whom are also co-authors of this article. Our 4 years of collaboration (2012–2015) have provided the experiences evaluated in this article. We report on how the multiple perspectives in our collaboration process contributed to deepening interpretations and enhancing research quality. Hence, we argue for a development of the IPA methodology through the involvement of service users in the research process.

Background

Interpretative phenomenological analysis
IPA draws on phenomenology and hermeneutic philosophy and is guided by an idiographic commitment towards particular instances of lived experiences (Smith *et al.* 2009). Examples include personal experiences of hope in the first episode of psychosis (Perry *et al.* 2007), early intervention in psychosis service (Harris *et al.* 2012), stigma in schizophrenia (Knight *et al.* 2003) and mental health crisis (Albert & Simpson 2015). The analytic process involves a double hermeneutic: the researcher makes sense of accounts of lived experiences told by participants, who in turn make sense of what is happening to them (Smith 2011). The philosopher Gadamer emphasizes the effect of history and tradition in the interpretative process, where meaning emerges from interaction between the text and the interpreter, in a fusion of horizons (Gadamer 1993/1960). Consequently, the analysts bring prior experiences, assumptions and preconceptions to the encounter and the process of making sense emerges in the light of former experiences (Smith *et al.* 2009). The idiographic focus guides us to get close to the participants' personal world, to explore the 'insider's perspective' of the phenomena being studied. Experiential knowledge and perspectives with less distance between experience and interpretations can contribute to more reliable and accurate findings (Beresford 2005). The analytic process of IPA is characterized by flexibility, rather than a prescription of a single method for working with qualitative research data (Smith *et al.* 2009). There have been discussions about relevant criteria in evaluating the quality of IPA (Brocki & Wearden 2006, Smith 2011). Smith *et al.* (2009) argued for Yardley's (2000) general criteria for good qualitative research: sensitivity to context, commitment and rigour, transparency and coherence and impact and importance. Smith (2011) found it necessary to further specify these criteria and thus developed a set of guidelines to assess articles reporting IPA studies. He used these guidelines to rate over 50 articles as unacceptable, acceptable or good (Smith 2011). An acceptable article has a coherent, plausible and interesting analysis; an unacceptable article has an analysis not of sufficient interest and is poorly evidenced. Smith (2011) further emphasizes that a good article meets the criteria of an acceptable article and additionally offers an in-depth analysis, where the interpretations are strong and successfully illustrate the complexity, ambiguity, richness and nuance in participants' accounts.

Service user involvement
Service user involvement is desired and justified by ethical and theoretical (Ives *et al.* 2013), as well as political and methodological reasons (Bryant *et al.* 2012). Despite this trend of service user involvement, participation in the stage of analysis of qualitative research data are limited. A few notable exceptions exist. Gillard *et al.* (2012) describe a process of qualitative data analysis in a mental health research project with service user and carer involvement, leading to complex findings that would otherwise have been missed. Sweeney *et al.* (2013) demonstrate the value of multiple coding in enabling service users' voices to be heard in qualitative data analysis. Flicker and Nixon (2015) describe their experiences with analysis of qualitative data in health promotion research designed to involve patients and community members. Also, in the tradition of participatory research involvement of service users in the analysis process is often neglected (Nind 2011). However, Jackson (2008) describes the participatory qualitative analysis process with marginalized women in three projects. Stevenson (2014) illustrates the process of data analysis together with

people with an intellectual disability. Cotterell (2008) discusses the analysis involving working together with service users suffering from life limiting conditions. Experiences of participatory processes, practices and pitfalls are described in a study involving socially excluded teenagers participating in data interpretation and analysis (Byrne *et al.* 2009). Experiences from setting up and working together with a service user research group are reported (Fothergill *et al.* 2012). However, in our literature search we were unable to identify articles discussing involvement of an advisory team of service users in the analysis and its outcome on research quality. Albeit, the literature on qualitative methodology has given some attention to the inclusion of teams of researchers (Pope *et al.* 2000, Pope & Mays 2006) and teams of researchers with different backgrounds (Bradley *et al.* 2007), as well as triangulation through multiple analysts (Patton 1999). Despite this trend of involvement in the stages of the research process, there are few examinations of adverse impact of service user involvement. Apart from Forbat and Hubbard (2015) who claim that caregivers trained to interview may lead to contrary rather than collaborative accounts.

Service user involvement in research can be characterized on a continuum from low to high (Hickey & Kipping 1998). The research process includes several stages and the level of involvement can alter between: (a) consultation; (b) contribution; (c) collaboration; (d) control and finally no involvement (Sweeney & Morgan 2009).

The study

Aim

The aim of this study was to examine how service user involvement may contribute to the development of IPA methodology and in turn enhance the research quality.

Design

A case study design was used to investigate the contemporary process of collaboration in depth. Case study design is an empirical inquiry which study phenomenon in its real-world context, when the boundaries between the phenomenon and context may not be clearly evident (Yin 2014). The inspiration and the point of departure for our examination in this article is the project 'Positive mental health – from what to how'. The purpose of this project was to explore, from a health promotion perspective, how mental health is perceived by adults affected by severe mental disorders along with inpatient experiences (Mjøsund

et al. 2015). Service users were involved in all stages of the research process. The method for service user involvement has materialized throughout the collaboration with five research advisors in an advisory team. The involvement of the team members in the analysis stage of the main project can be characterized as collaboration according to Sweeney and Morgan's (2009) levels of involvement. The collaboration level of involvement is when service users are in active partnership with researcher(s) in the research process. The power to make decisions is shared between the service users and the researcher (Sweeney & Morgan 2009). The collaboration between the research fellow and the advisory team is the contemporary phenomenon we investigate by a case study design (Yin 2014). The collaboration took place in 33 structured meetings of 2-3 hours in length over 4 years, each divided into two parts. The first part contained orientations and operational matters, while the second part was organized as a workshop. The workshop agenda focused on discussing research ethics, the theoretical framework, qualitative methodology, interpretations of research data and other relevant topics in the research process.

Participants

In the main project, 12 participants were purposively selected (Patton 2002), persons with experiences which could illuminate the research questions. These former inpatients interviewed are referred to as 'participants' (not to be confused with the 'research advisors').

The advisory team

Six potential members recognized from a large network of former participants in psychoeducation courses for patients with severe mental illness and their families were contacted and given an information letter developed by the research fellow. The letter described the topic of the main project, the purposes of service user involvement, allowance, tentative length of collaboration and meeting frequency, possible working methods and desired contributions and expected subjects for workshops. Meeting and travel expenses were covered in accordance to governmental guidelines. Six members were considered to be a suitable size to form a well-functioning team over time. The inclusion criteria were either living with a severe mental illness (psychotic or bipolar disorder) (three persons) or being a family member of someone living with a severe mental illness (three persons) and the ability to share experiences in a team. 'Patient advisor' (PA) or 'relative advisor' (RA) is used to denote team members either diagnosed with a mental illness, or having a family member with mental illness. The advisory team thus

holds experiences of similar life, health and illness events; in the same time period; from the same setting (a local hospital Trust); and from daily living in the same culture (Norway) as the project's participants. The advisory team has designed the following description of their relevant experiences in their own voice:

Patient Advisors: We have former, recent, present and ongoing extensive experiences from acute healthcare, long-time inpatient stays, coercive treatment and outpatient treatments in our local Hospital Trust. We are diagnosed with severe mental disorders. We possess experiences of being in recovery as well as being recovered, focusing on how to stay well and prevent relapse of the disorder. The perspectives of living alone or with a partner, or being divorced with a small as well as a large family are represented.

Relative Advisors: We possess experiences of being a parent, child or sibling to family members with severe mental disorders. We have years of experience with healthcare services aiming to get customized treatments and care for our family members. From very positive experiences, to some less positive ones, to negative experiences with the health services – the full range is represented in the team.

Patient Advisors and Relative Advisors: Some of us are engaged in service user organizations and in education and teaching by sharing our user experiential knowledge in groups and seminars. We vary in age from the thirties to the sixties. All of us are educated at university or university college level and some have academic training at master or PhD level. Members are, at the moment, either in full or part time jobs or education and some have income from the Labor and Welfare Service.

During the process of collaboration it turned out that the advisory team members possessed several competences, qualifications and skills which were not initially required. For example, one of the advisors is educated as a language teacher. This came in handy in the production of posters and presentations. One relative advisor decided to leave the team after two years because of a heavy educational workload. She has neither contributed to the analytical discussions described here, nor to the writing of this article.

The 'research fellow' (RF) is used to denote the first author, a mental health nurse with extensive experience from clinical practice and management positions in a mental health hospital. The project was supervised by a professor in health promotion research and two associate professors in health promotion, of whom two are trained nurses and one is a trained social worker. The supervisors did not take part in the meetings between the advisory team and the research fellow.

Ethical considerations

The main project was conducted in accordance with The Health Research Act (2008) and approved by the Norwegian Committees for Medical and Health Research (2012/566 B). Before the advisory team met and started working together, each team member signed an agreement aiming to secure the confidentiality of the participants in the main project. The first workshop was devoted to a comprehensive discussion of several ethical aspects. Practical dilemmas, such as how one might understand and apply confidentiality in different everyday situations (related both to the participants in the main project and to each other as research advisors) were addressed. The advisory team did not know the participants' identity and all identifiers (as age, names of; places; sections in the hospital; cities and villages; schools; profession) were removed from presented excerpts.

Each member was requested to make a presentation of her/himself which the research fellow was permitted to use in different situations when talking or writing about the team. The process of creating such a presentation formed a practical ethical clarification and trained the members to be consciously introspective and reflective about their own situation. Hence, an ongoing sensitivity and active focus on ethical dilemmas continued throughout the research process.

Data collection

The data used to interpret and discuss the outcome of the service user involvement was gathered from our analytical discussions in the main project. The research fellow conducted in-depth interviews guided by a semi-structured schedule; the interview dialogues were audiotaped; transcribed verbatim and made anonymous. In line with the IPA methodology an ideographic case focused analysis was carried out before the next interview was conducted (Smith *et al.* 2009). Hence, data collection and data analysis are simultaneously ongoing processes in IPA studies. The stages of the analytical process are illustrated in Figure 1.

Preliminary interpretations based on analytical discussion in the advisory team and with supervisors on transcripts from the three first interviews identified preliminary themes. This process was aided by the computer software NVivo 10 (QSR International 2012). Paragraphs in the transcripts regarding the preliminary theme: 'emotions related to mental health' were identified. The advisory team collaborated with the research fellow to analyse this preliminary theme more in depth. Parts of transcribed interviews with
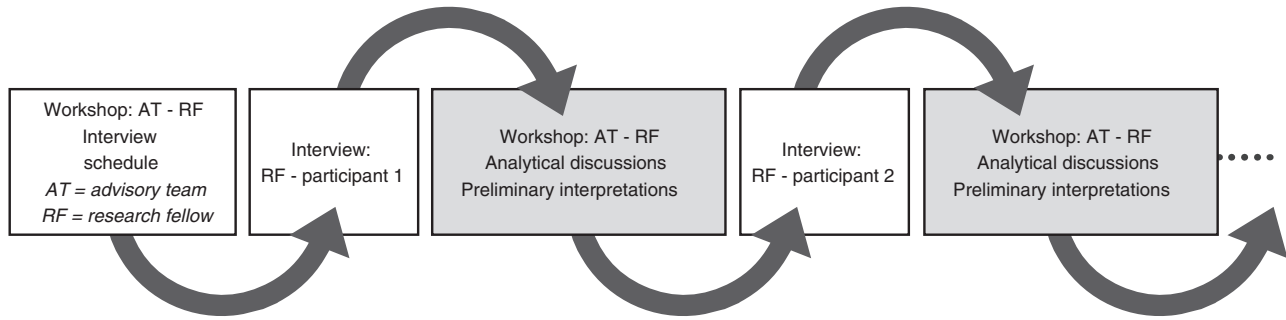
Figure 1 Collaboration in workshops between the advisory team and the research fellow.

emotional related issues were distributed to each advisory team member. To increase transparency (Houghton *et al.* 2013), a part of the interview dialogue between one participant and the research fellow which formed the base for the advisory team's analytical discussion is presented in Table 1.

The advisory team revised the excerpts with the instruction to read and make notes alongside the paragraphs that had content they felt familiar with or where it concurred with experiences in their own lives. Paragraphs they became curious about or did not understand were also important to highlight. The research fellow listened to the specific audiotape from the interview with the participant and read the transcripts several times during the same period of time.

Data analysis

After these preparations, the team members and the research fellow discussed their notes and preliminary interpretations in workshops. These workshop sessions were audiotaped, transcribed and interpreted by one patient advisor and the research fellow influenced by Smith's (2011) discussions on the characteristics of a good interpretative phenomenological analysis. In addition, the interpretations were discussed with the rest of the advisory team and the supervisors.

Rigour

To ensure robustness (Tobin & Begley 2004) of our inquiries and justify the best research practice or the pursuit of methodological rigour (Maggs-Rapport 2001), several decisions made throughout the research process need to be outlined (Houghton *et al.* 2013). The process of each team member creating a personal presentation formed, in addition to the ethical clarification, a team-building process where the advisors and the research fellow got to know each other. These reflexive accounts highlight how the team

members' history and personal interests clarified the multiple perspectives applied in the data analysis, a procedure suggested to secure the credibility of studies (Houghton *et al.* 2013). From this process, a role clarification also emerged. The team members and the research fellow were perceived as equals, but with different roles and responsibilities in the collaboration. In the initial workshops, the advisory team received training in issues relevant for the research process. We focused on discussing research ethics, theoretical framework, qualitative methodology, aim of IPA methodology and interpretations of research data. Discussions about our own feelings and pre-understanding related to the phenomenon we investigated were conducted to enhance an active reflexivity on the roles as interpreters. The prolonged collaboration (4 years) between the team and the research fellow enhanced the possibility to gain a comprehensive understanding of the phenomena we investigated. Prolonged engagement is a mean to enhance the credibility (Houghton *et al.* 2013). The team collaborated with the research fellow in the creation of figures. Doing this together provided increased external validity (Yin 2014) of illustrations, making them more comprehensive and meaningful to a broader audience. During oral and poster presentations, we found that the advisory team had a certain way of reaching the audience, which strengthened the presentations. The advisory team members are co-authors of this article, which includes contributions to the study design and substantial collaboration in analysis and interpretations of the transcripts, as well as validating the article by revising the content critically. The collaboration on writing this article concurs with the recognized method of ensuring credibility of findings in case study research (Houghton *et al.* 2013).

According to Smith *et al.* (2009), rigour refers to the thoroughness of a study, in terms of the completeness of the analysis undertaken. That is close to the aim of this article, to discuss how involving service users in the analysis may contribute to a more thorough and complete analysis.

Table 1 Excerpt from the transcript of the interview between a participant and the research fellow.

Excerpt from transcript of an interview between a participant and the research fellow.
P = participant, **RF** = research fellow.
P — That's how my sister's dog behaves. He is absolutely hysterical when I visit (laughs). Is it possible to be so happy to see someone (laughs)? It's all so very funny. However, I really benefit from the open air, if I manage to get out the door. It's not so important where I go when I get out the door.
RF — Several people are talking about a threshold…
P — Yes, it's there, you know.
RF — You said nearly the same thing about your experiences in the hospital as well, with regards to getting both pushed and dragged?
P — Yes, to get you started…
RF — …and then you get a rather good feeling afterwards once you have reached your goals. Keeping in mind this threshold … there was one participant who told me that when she was discharged and returned home, a nurse visited her every day at ten o'clock so they could go hiking together.
P — Hah! That's fantastic!
RF — And so they hiked together for a few weeks until she finally managed to do it herself.
P — Yes, really?
RF — That was the assistance she needed at the start … to get it to become a habit, a structure in her life then, and it had been very important for her to manage this activity.
P — Yes, it was a sort of jumper cable (laughs).
RF — Yes! Excellent! I like that kind of expression.
P — (Laughs) It's a bit like putting jumper cables on the engine … Yes, just to get started again, a little bit of help with the simplest little things can make you manage the threshold completely on your own finally, huh … That is so important as well. I think there are many who do not understand the whole thing, the reasons why it can be so difficult to go over the threshold … And then it's very fulfilling when you then come to the kind of place where they understand why you do not pass the threshold… It is important.
RF — Yes, they must have the knowledge and be able to understand the challenges.
P — Yes, they understand why we somehow can't manage to get it done.

Findings

Excerpts from our analytical discussions in a workshop are presented in Table 2. In this workshop, we discussed the transcript from the fifth interview conducted (see excerpts in Table 1). Hence, we brought preliminary assumptions from analytical discussions on former transcripts into the interpretation of this participant's account. In Table 2, our dialogue is outlined in the left column; on the right side, we share our understanding of what each paragraph of the conversation adds to the analysis. We interpreted these paragraphs to confirm or correct the preliminary interpretations or to add more nuances, complexity, richness or ambiguity to the interpretations of participant's account.

As illustrated in Table 2, the advisory team played a central role in several levels of interpretations. The iterative element of the analysis in IPA research is seen in the dialogues between something we had discussed and made sense of and the new transcript of the interview with the next participant. The understanding became a pre-understanding in the face of something new; either a new interview text or an added account from one of the advisors. The involvement of service users in analytical discussions gave more complexity; it compared, contrasted and modified the interpretations as part of the sense making process and confirmed interpretations. Together, we possessed a potential for an expanded understanding. In Figure 2, we illustrate a metaphor; 'the researcher's helping hand' developed by the advisory team to illustrate how they perceive their position in the analysis stage. The advisory team expanded the horizon of understanding. The team perceived an increase in time and commitment to the project. This is illustrated by the gradual widening of the arrow.

Discussion

Our process demonstrates that service user involvement may be a means to enhance the rigour or trustworthiness of analysis in IPA studies. The purpose is to be sufficiently interpretative, to move beyond a simple description to an interpretation of what it means (Smith *et al.* 2009). Aiming to make sense of the participants' experiences in the main project, we wanted to strengthen the interpretation capacity by applying perspectives from service users with similar experiences as the participants. This concurs with Hutchinson *et al.* (2012), which recognized the relevance of service users' (co-researchers) direct experience of the service, treatment and diagnosis under discussion, to add insight and depth to the process of analysing in their study. The IPA methodology helps us make sense of the participants' understandings of their lived experiences through a comprehensive interpretation process, including the perspectives of the advisory team. According to Smith (2011), 'experience cannot be plucked straightforwardly from the heads of the participants, it requires a process of engagement and interpretation on the part of the researcher and this ties IPA to a hermeneutic perspective' (Smith 2011, p. 10). In our project, the help is organized systematically through service

Table 2 Interpretation of a conversation between the advisory team and the research fellow.

Excerpts from a conversation that took place at a workshop on preliminary interpretations of the interview with participant 'Paul'. Topic of discussion: feelings that can be involved in the experience of mental health.

RF = research fellow, **PA** = patient advisor, **RA** = relative advisor.

|	Excerpts from the conversation:	Comments:
RF	In order to complete the tasks Paul set out to do; it sounds like he needs energy? Several participants likened illness to a shaky start engine unwilling to start. Is this referring to something similar? Some participants talk about others acting as a start engine for them. Is the start engine a good metaphor? Does motivation also get paralyzed when the start engine is paralyzed?	The research fellow adds related concepts from former participant interviews to the discussion.
PA3	When I am ill it feels like the motivation is chemically and physically gone. The human aspects or thoughts and emotions linked to motivation no longer exist and are not possible to access.	A patient advisor contributes with her experiences, which adds richness
RF	Is it possible to imagine how we can get the engine started? The motivation to do something about the engine that is not starting… is that also lacking? Is that determined by willpower?	The research fellow wonders and ponders over one preliminary interpretation.
PA3	Others can try to be a source of motivation, or they can remember for me what I have done before and what can get the engine started again. Others can see from an outside perspective how my health resources are doing.	A patient advisor confirms and draws a link to a more theoretical concept.
RF	Others can help with strengthening these health resources. With regards to this, Antonovsky also said that the health resources can be out there without us being able to access and use them.	The research fellow adds a nuanced theoretical understanding.
PA1	It is not that simple…	Patient advisor adds doubts.
RA2	When the start engine doesn't work, someone else can be of assistance by supporting and maintaining routines. That is possibly what one can do when someone is in that phase, stay by their side and be present until it starts working.	A relative advisor adds the important factor of significant others in the process of recovery.
RA1	My daughter now has this certainty that things will look up again. But is it the first, second or third time she is ill that she gets this certainty about things looking up again? Belief in the future also comes from experience. Things go uphill and downhill.	A relative advisor adds complexity.
RF	What is it about when one has been ill for many years? Is it a belief in the future or is it experience? And when does this certainty come?	The research fellow asks the team for their experiences, aiming to deepen the understanding.
PA1	I don't feel certain about things looking up again even though I have experienced it many times.	A patient advisor confirms and adds ambiguity.
PA3	Me neither. The participant invested in himself and in feeling good. That's the same for me in order to regulate myself. He has strength and willpower to act.	A patient advisor confirms and nuances the understanding.
RA1	You can't be invested when you are knocked out and down. It is a battle to get there.	A relative advisor confirms.
RF	…and it isn't driven by willpower, it might also be dependent on an illness too…	The research fellow ponders over an understanding
RA2	…timing maybe? Could it be about thinking in a different way?	A relative advisor confirms and adds complexity.
PA3	Maybe it's also about reconciliation and acceptance? The status of our health affects whether we are able to be invested in everyday life.	Patient advisor sees connections to other types of feelings.
PA3	Yes, when we are mentally ill the engine that is required to both improve our health and fight illness stops.	Patient advisor draws on lived experiences to form a more theoretical understanding.
RF	One participant said: It's not just the engine that stops, the battery is flat too.	The research fellow confirms with an example from another participant.
RA2	We experience a lot of similar things when it comes to our health, but the levels or processes that people with mental illnesses go through might be fundamentally different from those who don't have a mental illness. And what lies behind this difference?	Relative advisor ponders over something she doesn't understand related to her relative's lived experiences.
PA3	My functioning level when I have a bad day is lower than for a healthy person having a bad day. The scope is different.	Patient advisor confirms.
RA1	Having a bad day is more of a hindrance to living a full life for someone with a mental illness than it is for me.	Relative advisor also confirms.
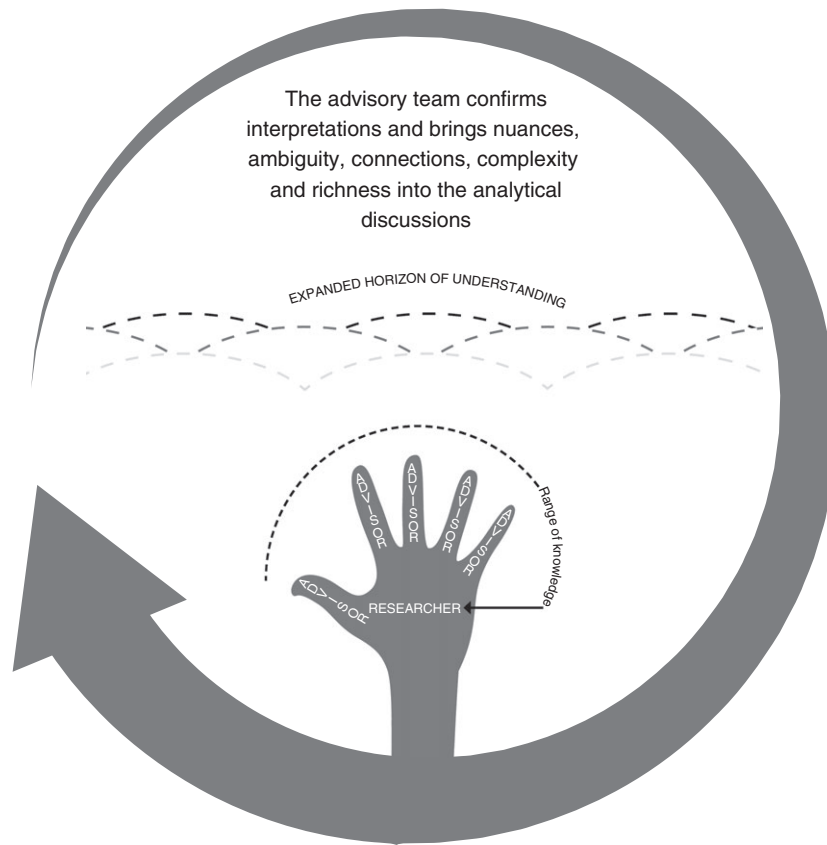
Figure 2 The impact from service user involvement – increased breadth and depth of findings.

user involvement. Thus, we claim that the advisory team contributes to what Snelgrove (2014) outlines as the aim of IPA researchers: to offer believable and confident representation of the participants' experiences supported by meaningful data and well qualified themes. The advisory team possesses comprehensive insight into the phenomenon we sought to understand; the members added understanding from their own life, thereby deepening the understanding of meanings and enriching the interpretations. This added understanding promoted the requested move from the descriptive to the interpretative (Brocki & Wearden 2006). Service user involvement can thus be a means to increasing the rigour of IPA studies. Smith *et al.* (2009) refer to rigour as the thoroughness of a study. The analysis needs to be conducted systematically and thoroughly, with sufficient idiographic engagement. Bringing the perspective of service users into the analysis, we will argue, increases the completeness of the analysis undertaken. This is in line with benefits identified in a health promotion study applying participatory analysis with diverse stakeholders (Flicker & Nixon 2015).

Wagstaff and Williams (2014) describe how two academic service user reviewers assist the researcher in thinking about the participants' experiences from an as informed position as possible and sharing reflections on themes and issues in their IPA study. They argue for a better analysis, which includes a level of interpretation from the researcher that is partly informed by the input from the service user reviewers. Our experiences coincide with their acknowledgement of the service user reviewers' ability to broaden the researcher's thinking and to provide much needed perspectives.

As illustrated in Table 2, the research fellow shares her preliminary understanding with an explicit aim to gain input from the team. The multiple perspectives present in our team concur with recommendations by Bradley *et al.* (2007) to involving a team of researchers with different backgrounds to improve the breadth and depth of analysis and findings. The inclusion of teams in the analytical discussions is in accordance with methods to enhance the credibility in research (Yardley 2000, 2015, Powell *et al.* 2014) and it is based on the assumption that more than one analyst can improve the consistency or reliability of analyses (Pope *et al.* 2000, Pope & Mays 2006). Triangulation through multiple analysts to reduce potential bias that comes from a single researcher is also recommended (Patton 1999).

The understanding of the participants' meaning making and preliminary interpretations can be confirmed or nuanced through recognition in some of the advisors' lived experiences. When the patient advisor says: 'It is not that simple…' (Table 2) something happens in the team. We need to stop for a moment and go deeper into the issue being discussed. These situations may foster tensions in the team (Gillard *et al.* 2012). We solved the tension by viewing disagreement simply as a different perspective. This attitude promoted a climate where interpretation with an alternative content is not understood as a contradiction, but more as a new direction for understanding which can be followed or not. IPA is a research approach which accepts multiple versions of the reality dependent on interpretations (Snelgrove 2014). There are no definite versions or absolute certainties about a valid truth, rather, the ideal is to have good enough interpretations (Smith 2004). As also observed by Gillard *et al.* (2012), the range of perspectives in our team enabled us to elicit various possible interpretations and thereby to move beyond a simplistic analysis. In our efforts to describe the process of added interpretations, we ended up with metaphors like; 'layers of layers like in an onion' or 'building a wall brick by brick'. 'The researcher's helping hand' developed from a process where the team members came to acknowledge their own perspectives and experiences as significant. The perceived power of metaphors in our meaning making process is in accordance with the discussion of metaphors as tools for communicating and sharing experiences in studies with an IPA methodology (Shinebourne & Smith 2010). Gillard *et al.* (2012) reflect on the extent to which involvement of health service users in their research team coproduced knowledge through the qualitative analysis process. They recognize that a layer of interpretation begins from the interpreters' individual perspective (Gillard *et al.* 2012). This is what we tried to accomplish by giving the individual advisory team member time to work with each interview transcript before sharing understandings in workshops.

Involving the advisory team can also be understood as a move towards an improvement of the intersubjectivity of the interpretations (Smith 2011). Essential to IPA is the ontological assumption that a human being's position in the world is always perspectival, always temporal and always in relation to something. Knowledge is gained from the embodied nature of our own individual situated perspective of our relationship with the world; the experience is contextual (Smith *et al.* 2009). There is a chain of connections between embodied experience, talking about the experience and a participant's making sense of and emotional reaction to, the experience, Smith elaborates (2011). We would thus argue that this is why IPA methodology is suited to make use of the power of multiple perspectives in the interpretation of research data.

Smith (2011) advocates validity checks by independent researchers with some interest and knowledge in the topic at hand, also known as peer validation (Kvale & Brinkmann 2009) or peer debriefing (Houghton *et al.* 2013). We have explored how research advisors with similar experiences of illness to those of the interviewed participants offer insights into how a given person (the participant) in a given context (daily life and inpatient stay in hospital) make sense of (perceives) a given phenomenon (mental health). In our project, the researchers and the advisory team's interpretations are not discussed with the interviewed participants, also known as member validation (Kvale & Brinkmann 2009) or member checking (Morse *et al.* 2002, Houghton *et al.* 2013). Both peer and member validation is advocated to support the credibility of the findings. However, it is debated and suggested to be used with caution (Houghton *et al.* 2013). Member checks may actually invalidate the interpretative work of the researcher and maintain a level of analysis inappropriately close to the data and the descriptive level (Morse *et al.* 2002). For us, it was also a question of resources and time, as well as the creation of more data brought into the analysis. Member validation may be an exercise which can produce a mountain of data, according to Smith (1994). However, researchers conducting co-operative inquiry take advantages of the reflexivity by including participants as fully self-reflexive co-researchers into studies. Engaging participants as co-analysts provides more than confirmation of interpretations, or member validation, it capitalizes on digging more deeply into the interpretative resources and the additional reflection of the participants (Smith 1994). We want to underline the significance of the purposive recruitment of each team member from the same context and with similar experiences as the participants of the actual IPA study. This is a feature of service user involvement, which ensures it can be applied in diverse cultures, settings and studies internationally.

The different team members identified, recognized and made sense of more implicit parts of the participants' accounts based on their recognition of what they themselves had experienced. They brought meaning to the surface by articulating some of the tactile and implicit features of the accounts of the participants. When reading Table 2 carefully, we can see that the research fellow often brings the dialogue back to theoretical frameworks, while the advisors have their attention closer to the participant's' cognitive and affective reactions to their experiences. This concurs with findings in Gillard *et al.*'s (2010) investigation of the

impact of 'service user researchers' conducting qualitative analysis. The perspectives of the research fellow and the five advisors complement each other and together they, in the words of Gadamer, expand the horizon of understanding (Gadamer 1993/1960). We experienced that the synergy and power of several persons' life stories helped us to explore in more detail the content and complexity of the meanings the lived experiences held for the interviewed participants, which in turn enhanced the quality in IPA. The community of our team enabled us to see further and wider than the researchers had the capacity to do on their own.

We wish to underline the benefits of bringing service users into the writing process as co-authors. The analysis developed further during the writing phase. According to Smith (2015), the division between analysis and writing up is, to a certain extent, a false one. Writing continues to give voice to the range of perspectives in the team (Gillard *et al.* 2012). We experienced the emergence of a new layer of interpretation while writing this article; the analysis is not complete until the last word is written down. Again, the perspectives from the advisors helped to bring forward what the research fellow initially had not seen. Beresford (2005) suggests the co-authorships from those who have similar experiences to draw on their first-hand knowledge. The input from the advisory team members by co-authorship in this article is of great value, credibility and legitimacy, in line with what Beresford (2005) requests.

Limitations

While presenting the multiple perspectives as a useful approach to analysis, the possibility of being too informed and becoming too dependent on our preconceptions and suppositions to catch sight of nuances and meanings in the participants' accounts is recognized. We prevented this by the iterative element of IPA as described by Smith *et al.* (2009). For each interview, the research fellow moved mentally and practically back and forth through the data, adding perspectives from the team and going back to audiotapes and transcripts.

The focus of this article is on exploring our (the research fellow and the advisory team's) own experiences. Other aspects might have come in the foreground if our collaboration had been evaluated by somebody else and according to other or added variables, prospective instead of retrospective.

Granting useful experiences on a novel application of service user involvement in the IPA methodology, the positive capacity of the advisors and the power of multiple perspectives may be due to artifacts of the research fellow and the team members, rather than be a reflection of the method. Every project and every team involving humans has its own life and will develop along its own trajectory. The unique members of the team turned out to be resourceful for the project. Although, it can be argued that this team is a special case, we believe there are potentials in all teams. However, there are few detailed accounts of the process of service user involvement, as well as the benefits, challenges and learning during the process of involvement (Barber *et al.* 2011, Sims *et al.* 2013). The working structure and the atmosphere in the process of collaboration need to be examined in future research. We need to know more about the conditions which promote the service users to use their knowledge actively in the different stages of the research process.

Bringing service users into the analytical discussions compared with involving a team of researchers to safeguard multiple perspectives may have some disadvantages. Service users may need education in research specific issues such as ethics and methodology. This is time consuming. Involving service users in analysis of transcripts from former patients with similar experiences may give rise to affective issues and support for all involved into the research process, not only the participants, needs to be considered (Lalor *et al.* 2006). We recognize the potential risk of discussing our own feelings rather than interpreting the data in the analytical discussions. However, we were actively reflexive about our own feelings, as well as our pre-understandings. Extensive service user involvement is time consuming; it requires increased funding in terms of resources, training, support and remuneration (McLaughlin 2006) and can be experienced as an additional burden in an already heavy workload for the researcher (Pollard & Evans 2013). Our comprehensive collaboration, both in length (4 years) and on several activities throughout the entire research process, can be difficult for other projects to replicate. Nevertheless, we hope that our experiences can inspire other researchers and service users involved in health research to make use of at least some aspects of our research design. Supplementary research is needed to further develop the IPA methodology and to learn more about promoting conditions for service user involvement.

Conclusion

This novel involvement of mental health service users improved the quality in a nursing research project on mental health promotion, applying IPA. The perspectives of the researchers together with those of the advisory team expanded the horizon of understanding in the research

project. The interpretative element of IPA was strengthened by the emergence of multiple perspectives in the analysis of the empirical data. The collaboration gave interpretations with deeper insight into the complexity, nuances, ambiguity and richness of the participants' accounts and thereby increased the depth and breadth of the analysis, as well as validated the findings. The flexibility of the IPA methodology makes it particularly suited to benefit from service user involvement. This article, co-authored by researchers and service users, may inspire other researchers to use and customize several aspects of our experiences to involve users' knowledge into all stages of their research. Our hope is that our findings will contribute to advancing the qualitative research methodology.

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Author contributions

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (http://www.icmje.org/recommendations/):

- substantial contributions to conception and design, acquisition of data or analysis and interpretation of data;

- drafting the article or revising it critically for important intellectual content.

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