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Integrating Lived Experience Contributors to Enhance Empathy and Competence in Mental Health Nursing Education

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Abstract
Lived experience of individuals has been recognised as a possible intervention to facilitate learning and develop empathy, understanding and practical applications among the student nurses through the involvement of individuals with lived experience in the pre-registration mental health nursing education. There are many advantages of this method, such as the facilitation of person-centered care, humanization included in mental illnesses, and the emergence of reflection practice. Nevertheless, with its promise, there are various obstacles to effective use. These will be logistical impediments, the unavailability of faculty training, role clarity indulgence, and the emotional consequences on the students and contributors. The article examines both sides of the coin, benefits and barriers and highlights how they can be maximized to integrate lived experience contributors in the mental health nursing curricula. In noting facilitators and challenges, educators can better use their knowledge toward the development of competent mental health practitioners who have empathy.

Keywords: ***Lived experience, mental health nursing education, pre-registration nursing, experiential learning, barriers, benefits, curriculum integration, student engagement.***

1.Introduction
Many people believe the inclusion of Experts by Experience (EBE) in mental health nursing education is a paradigm shift in the preparation of healthcare professionals throughout the world. This study by Happell et al focuses on the opinions of nurse academicians when considering the participation of the service users in pre-registration mental health nursing programs in all around Australian universities. The analysis demonstrates an intricate environment in which the importance of lived experience is characterised theoretically but hampered in practice by matters of bureaucracy(1).

The philosophy of designating the service user as a partner in the service delivery has been applied to the mental health services in all parts of the globe and this philosophy is being incorporated into education setting. But there is not any consistent and profound adherence to the EBE involvement in nurse education. The research establishes the following five thematic areas that seem to define current practices: Perspectives rich with value and environments poor in resources, imperfect in processes, partial in implementation (part, but not all), and unrecognized in the worth of EBE contributions.

The importance of the study resides in the fact that the research aims at involving nurse academics as important stakeholders with considerable power and responsibility to promote real change in mental health education. As opposed to a similar study focused on the views of EBE themselves or the views of academic allies who are strong proponents of such participation, the current inquiry examines the attitude of the academic community as a whole, including those opposed to engagement in them.

The results reveal that although the majority of nurse academics recognize the theoretical advantages of involving EBE in business, the practical application is filled with significant challenges that surround it such as funding problems, institutional pushback, ineffective support structures and ignorance in relation to EBE skills(2). These difficulties are representative of larger problems within the system of higher education where established academic hierarchies and poverty of resources prevent new methods of teaching.

Being aware of these stances is vital to developing plans to address these implementation issues and to institutionalise sustainable EBE positions in mental health nursing education. The study demonstrates the necessity of the systemic changes that cannot be limited to the academic efforts made at the individual level but also must comprise institutional measures that include funds, institutional policies, and cultural shifts within institute perimeters. The present analysis will discuss each of the themes in some detail, provide implications of these findings on mental health nursing education, and suggest avenues through which lived experience expertise can be included in effectively educating future mental health professionals.

1.1 Value-Rich:Appreciation of Lived Experience Value

The theme of value-rich perspectives became a key for nurse scholars, and it indicates the understanding of the potential contributions presented by EBE to mental health nurse education. The participants showed consistent interest in more service user participation especially in interactive learning opportunities that would allow students to actively engage with people who have gone through the mental health system themselves in formats such as tutorials and workshops.

This is driven by a realization that learning that has been deeply rooted in textbooks has been insufficient to give a human aspect of mental distress and recovery. Scholars mentioned that when students communicate with EBE, the process of learning becomes more meaningful and memorable as it transcends abstract structures to embrace the real-life human experiences. The method of this experiential learning contributes to the development of empathy and understanding which the only academic teaching is not able to provide.

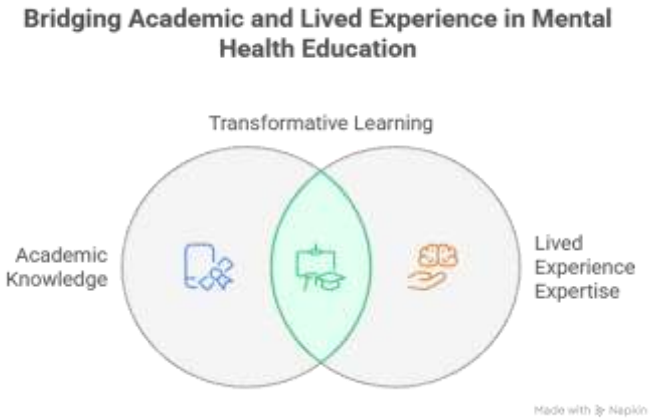

FIGURE 1 Bridging Academic and Lived Experience in Mental Health Education

These trends in the valuing of lived experience may point to an increase in appreciation of the fact that mental health care is deeply rooted in human relationships and that the service user side of the relationship holds the key to successful practice. Academics noted that the effect of EBE participation is the formation of a more humanistic approach to care by allowing students to see the people behind the diagnosis and diagnosis codes, which is an essential idea, given the present recovery-oriented models of care.

Members who have been directly subjected to EBE-led education in their own training education spoke most convincingly about its effects(3). They explained that practice-based learning had transformed their perceptions of what constituted nursing practice and how service users were able to perceive as re-traumatizing even routine engagement and responses to their needs. This understanding of how interaction in a healthcare context can be both harmful and healing is an essential learning outcome that systematic learning methods are unable to accomplish.

The richness of the theme also counts on the fact that EBE have special skills that are complementary and yet discrepant with professional knowledge. Scholars did not deny that lived experience can inform on the success of any treatment options, the presence or availability of other improvements, attitudes and behaviours of nurses, and the need to have hope and recovery in mental healthcare. This hands-on experience provides insights which cannot be fully taught to individuals using a traditional academic approach, and becoming involved in EBE is not only advantageous, but vital to overall mental health learning.

Moreover, the participants considered that EBE engagement could shift the focus of students away form a task-based paradigm of care orientation to a person-based one, which prevails in numerous healthcare environments. The focus on listening, knowing individual experience and acknowledging the complexity of each individual experience is congruent with current mental health practice guidelines on the importance of individualized, recovery-based temporary approaches to care.

1.2 Resource-Poor: Fiscal and Hotelier Limitations

Despite the popularity of the concept of EBE value, the theme of resource-poor shows much restriction to the effective realization of the service user involvement in the nursing education of the mentally ill. The issue that was left the strongest impression with participants was the financial limitation, and the term of funding was repeatedly

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mentioned by the participants as one of the key impediments to implementing sustainable EBE positions in their institutions.

Budgetary constraints of higher education establishments imply that innovative education forms can be poorly financed, especially in cases when they require adding new resources to the existing ones that constitute standard teaching. Some of the participants explained how EBE participation was linked to receiving external grants or special funding arrangements, leaving such initiatives vulnerable to cost-cutting and not so sustainable in the long term.

Such financial hindrance is even more inconvenient considering that policies expect that EBE should be given proper compensation regarding their contributions. The study found alarming examples in which institutions would want to have the service users volunteer on the time and expertise even when they pay professional staffs on equally important educational contributions. Besides undermining the expertise of lived experience, this practice also poses ethical dilemma on whether or not there is exploitation of individuals who may be in a vulnerable situation and are willing to go the extra mile to assist others even when they are financially incapable.

Lack of sufficient administrative support to EBE involvement also develops through lack of resources in the environment. Respondents explained that there are complicated procedures at universities that may result in further hindrances to involving service users in learning activities. These procedural barriers include the challenge of organising payment of casual EBE contributors to more complex challenges of achieving ethics approval in educational activities where service user participation is involved(4).

Other institutions tried to mitigate the issue of resource constraints by making use of peer worker networks which already existed or tapping into community organization volunteers. Although such strategies granted some service user feedback, they regularly led to low-level and irregular participation that failed to maximize the potential of EBE integration. Participants acknowledged that volunteer arrangements were less than ideal, though at least/better than nothing and therefore constrained both the expressed magnitude and effect of relied upon lived experience.

The quality of EBE preparation and support was compromised by the financial constraints as well. The respondents observed that effective prep work involving learning the job of education entails time and resources; there is the training of educational techniques, production of educational content and the constant follow-up or management. The funding of the institutions was not sufficient to offer assistance required on EBE to become meaningful in their teaching roles, hence restricting the effects of their participation.

The process of administrative obstacles was not limited to financial issues only but also the institutional policies were not made to fit within non-traditional academic contributors. The academic impetus put on formal qualifications and conventional career routes by universities formed more barriers to acknowledging and promoting EBE expertise. Participants described instances in which the institutional workings left little leeway to include service users in substantive educational activities, even when they were acknowledged to have something to offer.

1.3 Flaws in The Processes: Systemic and Procedural Issues

The theme of imperfect processes addresses the many barriers that exist at the system and procedural levels to the ability to implement EBE integrations into mental health nursing education. These challenges go beyond the financial threshold and include institutional policies, administrative practice, and cultural issues that further add complexity to academics interested in including lived experience perspectives in their programs.

The requirement of ethics to universities was seen as an important procedural obstacle, with participants citing cases where activities which involved the participation of service users were subjected to ethical review and so unable to proceed due to the time taken to undertake such processes. This division runs counter to the need to separate educational activity and research and impose artificial bureaucratic hurdles that put off innovative approaches to pedagogy.

The culture in universities is also a challenge to integration of EBE. Participants explained that universities are fixed and closed to change and their stratified hierarchies place emphasis on formal academic pedigrees rather than experience. Such a cultural climate complicates the process of finding advocates of innovative approaches, which introduce alternative approaches to education and power relations.

Another issue that poses a big challenge is procedural gaps when preparing EBE to take up educational roles. Participants reported that universities did not necessarily have mechanisms of training service users on instructional techniques that suited working with large groups or facilitating workshops. This unpreparedness may

lead to poor educational encounter that does not meet the goals of education set forth and the result may lead to a repetition of the attitude against EBE participation.

The amount of teaching needed within the current nursing curricula is a practical concern when it comes to EBE inclusion. Participants reported curriculum designs that were based on workshops and tutorials and that took a considerable amount of time including time that a participant might be unable to allocate given the requirements to manage their own mental health-related issues alongside their contributions towards the education.

There were also weaknesses with the assessment and evaluation techniques. Other respondents outlined an idea to pilot new forms of assessment that would enable students to interact with service users directly only to be blocked by institutional rules that did not see the educational utility of this work. The use of these restrictions hindered possibilities of actual learning that could increase the awareness of the students on the perspectives of lived experiences(5).

Scenarios related to recording and saving the EBE stories to teach also have some procedural set backs. Although video recording could be used to make service user contributions more readily available and sustainable, the very permission and regard afforded these recordings formed some limitations to such interventions. Participants acknowledged that recorded materials cannot be used to approximate the effect produced by face-to-face communication between students and service users.

There were no clear guidelines on how EBE was to be involved and this led to variance in implementation in different institutions. The lack of formalized rules concerning roles, functions, support mechanisms meant that different academics had to come up with their own un-standardized mechanisms and systems that were invariably less comprehensive and sometimes more disjointed than they otherwise would have been had there been formal mechanisms in place.

2.Methods

Research Design and Philosophicy of the Framework

A qualitative descriptive research design was used in conducting the research and this kind of research is an appropriate methodological approach to a complex research topic on attitudes, experiences, and perception of nurse academics towards Expert by experience (EBE) participation in mental health nursing education. The methodology was chosen because it has the potential to collect the rich and varied perspectives of the participants without applying the predesigned theoretical rigidities that can limit the views of the researchers.

Descriptive qualitative methodology suits the nature of this study, which is exploratory in nature as there is not much research dedicated solely to the views of nurse academics about EBE participation. In contrast to phenomenological or grounded theory methods, the descriptive qualitative research design enabled researchers to adhere to the primary focus on direct experiences and opinions of the participants without trying to generate novel theoretical concepts and dig deeper into the meaning structure of lived experience.

Such methodological decision is due to the understanding that nurse academics form a particular stakeholder group, the experiences and views of which have not been well-explored in the existing research, the extant literature primarily relying on the accounts of those who have experienced EBE or on the insights of scholars who advocate service user involvement as their active agenda. The descriptive approach allowed exploring the different viewpoints on the matter within this population both positive and negative ones that can be found.

2.1 Participant Recruitment and Sample Characteristics

Participant recruitment was a two-step procedure commencing with a comprehensive national survey to all Australian universities who are members of Council of Deans of Nursing and Midwifery. This baseline survey, which is discussed in depth in Lakeman et al. (2024), was also used as a data collection tool, as well as a recruiting tool in the qualitative section of the study.

The survey contained a clear invitation to the respondents to be available in case of a follow-up interview, hence allowing investigators to screen scholars with relevant experience and interest to take part in further investigation of the research questions (6). The approach to this recruitment was that the samples conducted the interview have invested in their education on mental health and nursing and are highly qualified to contribute to the event as such.

Twenty-four nurse academics got in touch with me and agreed to conduct an interview in total thirteen different Australian universities, which is about one-third of Australian universities with nursing undergraduate degrees. The sample was also so diverse in institutional contexts that it did not lose sight on the population under investigation.

Demographics of the participants were also distributed equally with ten men and nine women being academics. The participants had the specialized mental health qualifications such as pre-registration specialty preparation, postgraduate certificate/diploma/masters degree in mental health nursing. Their clinical experience working at mental health facilities was between five and over twenty years; and the academic experience ranged between two and about twenty years, which also ensured representation of both novice and long-term nurse educators.

2.2 Procedures of Data Collection

One-onone interviews were undertaken in May-June 2023 via video conferencing (Zoom), to allow interviews across the geographically decentralised university system of Australia. This method enhanced ease of participation by participants and still preserved the interactivity that is necessary in qualitative questions.

The interview lasted forty to sixty minutes, which was enough time to thoroughly examine the issues and take into consideration the professional obligations of the participants. All the interviews were recorded on audiotapes with the informed consent of the America participants in order to record proper information and also to be able to analyse the interview thoroughly.

The research team members who led interviews have a long experience in research methodologies related to qualitative studies and thus ensured that the interview process was consistent throughout, and the flow of natural conversation was conducted to discover any additional information that might arise. A semi structure interview protocol was used that included guideline questions that allowed freedom to explore new topics and to go where the participant led.

The answers to the interview guide focused specifically on how the participants felt about service user involvement in EBE in their mental health nursing education, what this involvement meant to them when implemented or in their attempts to implement it, the issues and problems that they experienced when doing so, and what they would suggest do to improve the situation. Questions were drawn to bring out both the practical and underling motivation that could support EBE integration activities(7).

2.3 Quality Assurance and Ethics

Critical quality control procedures were undertaken during the collection of the data The transcripts of audio interviews were proofread to account full precision and accuracy against the original recording. This checking procedure assisted in carrying integrity of data and imparted certainty in further analysis activities.

The study received ethics approval (approval number 2023/015) by the Southern Cross University Human Research Ethics Committee before commencement of the data collection. Participants were given detailed information concerning the goal of investigation of the study, methods and procedures involved, and the rights of a research participant, such as not compulsory participation and the right to stop at any time.

There was also a strict maintenance of confidentiality protections during the research process Publications remove names of individuals and universities, or other possibly identifying information that can identify the participants. This protection was critical because some of the topics discussed were sensitive and the community of mental health nurse academics in Australia is not large.

All participants gave voluntary informed consent and data were clearly explained on how they would be used and stored. Participants were advised that their responses would be utilised to develop a greater understanding of both barriers and facilitators to EBE participation in mental health nursing education, and could subsequently help to inform possible future policy and practice changes.

3.Results

The thematic analysis framework that was used in the analytical process was Braun and Clarke (2006, 2021), which gives the data systematically and identifies the patterns within the data. This known approach is what allowed proper analysis of the participants view points and had transparency to the analytical decision-making processes.

This was done in the case of data analysis using the NVivo qualitative analysis software to organize the transcripts and then engage in systematic coding. The technology served to facilitate rigor in the analytical work as well as making it possible to easily handle the sizeable amount of textual data produced in nine in-depth interviews.

The data immersion and interpretation were done in numerous phases. Transcripts were reread to establish a sense of familiarity with the content and preliminary codes that captured the key ideas and experiences identified by the participants were identified methodically. These original codes were then graphed into larger thematic categories in what was termed as an iterative refinement processes

Thematic analysis was completed independently by two members of the research team, who are both nurse academics and an expert by experience, and are able to bring different perspectives to the analysis process. Both analysts then met to discuss results and iron out the differences in interpretation to come up with a common interpretation in terms of thematic structure. This participatory strategy elevated the levels of analytical credibility and involved a diversity of opinions

This final thematic framework was discussed by the entire research team and was considered as valid to reflect the experience of the participants and not lose conceptual coherence. The result of this analytical process was the development of five main themes, characterizing different but interrelated elements of experience and views of participants.

Theme 1: Value Rich themes on EBE Contributions

There was unanimous satisfaction at the contributions that EBE could make to mental health nursing education that were unavailable through other sources, and several described their desires to develop service user participation in their mental health nursing programs. This excitement was because of the realization that learning that is achieved by direct contact with the service users could create educational outcomes that could not be implemented using their traditional system of teaching.

A participant stressed how EBE involvement can become a change game-changer: "I think we should, I think we could have more service user involvement in our teaching, especially tutorials and workshops...more frequently having people with first-hand experience come in to co-lead workshops and tutorials on a more regular basis, rather than just the odd lecture here and there." This remark expresses the understanding that the integration on EBE level needs a long-term commitment, but not a few superficial participations.

The pedagogical power of transcending textbook education was also raised as a key issue, where the participants acknowledged that the interaction between actual people is more effective, memorable and engaging to learn. That is a brilliant idea, said one academic, students...Make it connections better, I think when they talk to people, or they learn from people that have actually got that condition, so it takes it out of the text book. They get to see a real person and understand what it is like.

Graduates who had experienced EBE-led training in their own training were especially fervent in their descriptions of its effects on their own practice. One recalled: "As a student, what I got as greatest advantage was that I was actually able to view our practice through the experience of a person." It is not about some kind of inhumane protocol and procedure, actually is about the human experience.

The humanizing influence of EBE participation was a recurring point, both in that service user views could aid students in shifting toward more person-focused practice, and in the idea that service users would, in turn, be humanized through the process. One scholar further noted that: Once you have service users in them and speaking about their lived experience, I think that really shifts them off that task focus and to take some time to listen.

Theme 2: Institutional settings that are resource-limited

In spite of the high awareness of the value of EBE, the participants also reported that there were considerable resource shortages that hinder the serious application of service user involvement. Issues related to financial barriers were cited as the major impediment, with institutions not committing the necessary funding to maintain a sustainable EBE position let alone basic payment of service users (8).

The fact that the current engagement with EBE is minimal was directly linked to the resource constraints, as one of the informants put it forward: "Stakeholders are engaged at initial stage of curriculum development...It is a broad range of those engaged including participant of consumers as well. However, beyond this there has been little consideration of what the future of that would look like and how it would be maintained and financed."

Other scholars outlined the dependence of volunteer arrangements or external sources of finance in order to permit any service user participation. One of them commented: "We actually depend, at least in my subject, on the local peer worker workforce to give our lectures...the two I get in don't ask me any money." The participants acknowledged that these arrangements held a risk of devaluation of EBE expertise and unrealistic expectation (8).

The ethical issues that are attached to unpaid EBE contributions were identified by some participants, one of whom noted: I think that at this point the simulated patients are just volunteers, they are not paid to go and spend time with the students. It is difficult to find actual people to do the assessment and such things because they will have to sacrifice their time. They have no payoff in it."

As for limiting funds, the scale and quality of EBE preparation and support was also influenced. Participants observed that a good educational role needed training and follow up that were not often available under the existing

budgetary systems. Such a constraint most likely undermined the usefulness of EBE input but also placed undue pressure on service users who also entered into educational roles.

Theme 3: Not Each Process of Institution is Perfection

In addition to financial other obstacles, participants pointed out a large number of procedural and administrative impediments that made EBE integration efforts difficult. The site-specific requirement to apply ethics were seen as a challenge and some of the educational activities that included service user involvement were erroneously identified as research activities that had to go through the ethics process, slowing down or not allowing practice.

And we were told that we could not do so because it was too research like. We would have to give an ethics application to our students to go speak to someone and get a first hand experience of what is happening to them, and then write a paper on it(9).This would have been a very learning experience to students. We, we could not do it because of policies, procedures, etc.

The absence of gaps in preparing EBE to play educational roles was another major problem. The participants observed that universities did not usually have in place mechanisms of training service users in education practices that could be emplyed in both large group practise or in the facilitation of workshops, thus disrupting the value of their contributions.

The tradition and culture of the institution used in the universities also posed an obstacle with the participants reporting rooted systems where the focus was put on formal academic methods of teaching rather than a new pedagogical approach. These cultural barriers supplemented procedural barriers to establish an all-in-one resistance to the substantial integration of EBE.

The attempts to operate within the frames imposed by the situation resulted in the development of alternative methods by some of the participants who tried to work with video-based assessments or recorded interviews with service users. Nevertheless, these solutions tended to focus on a smaller scope of direct student-service user interaction than was desirable in the context and also caused the added challenges of consent and privacy concerns.

Theme 4: Partially Integrated Strategies

Numerous participants considered involvement in EBE as a significant, yet narrow part of mental health nursing education instead of a guiding perspective. This view represented efficiency considerations and barriers as well as limits to conceive the contribution and scope of the EBE expertise.

The opinion of one of the participants was clear: I do not think that it all needs to be focused on the consumer point of view. I would say however that the consumer voice is important as well." This perspective addresses EBE value but retains limits to what may be covered in professional educations in terms of content and methods.

The consideration that lived experience personnel use current mental health services as part of the team also informed the position of some participants regarding the integration of education.

Some however raised the issue of the representativeness of professionalised lived experience workers with one suggesting: Organisations do not tend to want to employ the most disabled, or affected whatever word is used. And yet they are the sort of client, patient, I suppose, that we really have to have empathy with."

This point of view shows unfavorable assumptions on authenticity and representativeness that may restrict the chances of the service users that have gained professional expertise to accompany personal experience. On the one hand, these attitudes can support the exclusionary practices and on the other hand do not identify the diversity of perspectives concerning the lived experience.

4.Conclusion

Synthesis of Findings and Implications of These Findings

The research results lead to the paradox of Australian mental health nursing education: despite an abundance of theoretical views on the importance of Expert by Experience (EBE) involvement the actual practice is not realized. Such a contradiction is caused by several interrelated obstacles which work at the stage of the institution, finances, procedure and culture and there is a systemic inertia to significant change despite the individual academic enthusiasm.

The five themes noted indicate that effective EBE integration cannot be done well with good wishes or efforts of individual champions. The already existing but still inadequate basis of change includes the value-rich attitudes at the majority of the participants. The systematic change will, until the needs of the "resource-poor" environments, "imperfect processes," less conceptualization of the EBE's roles ("part, but not all") and lacked appreciation by the institutions and peers is not likely to be significant.

Such results oppose the over-simplification that much resistance to EBE involvement is based primarily on a negative attitude toward mental health or service users. The research, instead, unveils the sophisticated dynamics of institutions where there are favorable academics who, however, have to encounter systemic institutional barriers which lead to failure to translate positive attitudes into practice. This difference is essential in coming up with intervention measures that would tackle the underlining causes instead of superficial solutions.

The fact that very little EBE has been implemented even against an increasing body of evidence highlighting its positive effects implies that interventions hitherto employed to promote change cannot be sufficient. Personal advocacy and local-level efforts, although important, do not seem to be capable of breaking the institutionalated barriers that could require institutional level engagement and allocation of resources to resolve.

Critical Evaluation of the Present Implementation

The study lays bare the gross lack in existing strategies of EBE involvement that in most cases are far short of integration. Not only does the use of the volunteer arrangements and ad hoc implementations decontextualize EBE expertise, but also recreates the farce of tokenism that can be counter-productive since the real issues of power imbalances remain the same but the smoke screens of apparent improvement are given.

The tradition to restrict EBE to storytelling functions indicates a poor knowledge of practice expertise of living. This limited thought concept cannot appreciate the understanding that EBE can inject into learning institutions both in terms of analysis, education as well as systemic understanding. These restrictions risk wasting potentially important lived experience and building on paternalistic beliefs about the abilities of service users

The procedural barriers usually found in the research are as a result of institutional policies that are formulated focusing on the traditional academic systems and cannot support innovative learning systems. These systemic weaknesses indicate the need to revise policy and work on new frameworks that specifically cater to EBE integration as opposed to trying to shoehorn service user involvements into the current frameworks.

This already adds to the financial burdens that universities must endure because EBE integration cannot be achieved without a long-term interest investment. The research however notes that some institutions can use constraints on resources as a means to sell them short on changing practices and structures that expose the embedded hierarchies to new challenges.

The Future Paths and Suggestions

The research outcome appears to indicate that there are a few crucial areas which need to be addressed to develop effective EBE participation in mental health nursing education. The sphere of institutional policy development can be identified as a priority direction, which necessitates extensive revision of the current frameworks and establishment of new structures with the explicit focus on the integration of the service users.

Financial sustainability is another consideration that will have to be explored, as alternative methods of funding that will be able to support good, meaningful EBE positions without having to use external grants or volunteer arrangements will be explored. This could be in the form of supporting policy changes requiring EBE involvement in health professional education programs as in Ireland and United Kingdom.

Academic change inside academic institutions is in many respects the most difficult but necessary of conditions of advancement. These measures would include not only transforming personal attitudes but more in-depth changes in institutional cultures, which now care too little about the experiential knowledge and expertise of individuals they employ.

Professional development of scholars in the knowledge of EBE expertise and proper manner of integration can influence the mitigation of certain obstacles to a certain extent. They should involve the research of new (pedagogical) directions that do not stop at narration but take into account the entire functionality of the contribution of lived experiences.

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Conflicts of interest

The authors have no conflicts of interest to declare

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