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Service User Involvement in Pre-registration Children's Nursing: The impact and Influence on practice: A case study on the student perspective.

Abstract

This paper reports on a study that aimed to conduct an in-depth investigation into the impact of user involvement on student learning and subsequent influence on practice as a qualified nurse. This was undertaken through a single case study that followed a narrative inquiry approach

UK policy has recommended user involvement in healthcare education for a number of years; this has in turn increased requirements for involvement from Professional, Statutory and Regulatory Bodies. The Nursing and Midwifery Council (NMC, 2010) now requires programme providers to clearly demonstrate how service users and carers contribute to programme design, delivery and assessment.

Although the literature base is expanding there remains limited evidence of the impact of involvement on student learning and improved outcomes for patients.

Narratives were collected from a children's nursing student on completion of her three year education programme and again after practising as a qualified children's nurse for one year. Taking part in the research enabled the participant to consider and reflect on her experience of user involvement in her nurse education. Analysis followed an interpretive approach utilising 'The Listening Guide' (Douchet & Mauthner 2008) with the researcher's interpretation of how the experience was conveyed with clear acknowledgement of reflexivity. The findings identified central themes of authenticity, knowledge of self, resilience and coping, professional relationships, personalisation of care and influence on practice. This demonstrates transformative

learning and support to practice, with preparation for situations and ideas on how to respond with empathy and compassion.

This paper contributes to the emerging evidence base specifically from a children's nursing perspective, an area with a dearth of published material. Further research with a range of students is required to explore the lasting impact on practice.

Keywords: Involvement, Children, Pediatric, Education, Narrative

Introduction

In the UK policy has recommended user (also referred to as service user, patient, carer and public) involvement in health and social care (DoH 1999, 2000, 2001, 2003, 2005, 2008a, b, c, 2010) and health care education (DoH, 2009; Lathlean *et al*, 2006) for a number of years. More recently the Nursing and Midwifery Council (NMC) that sets standards, guidance and requirements for nursing and midwifery programmes of education across the UK has increased the requirements of programme providers in relation to involvement (NMC, 2010). Higher Education Institutions now have to clearly demonstrate how users and carers contribute to programme design, delivery) and the assessment process. This emphasises the need to expand the literature in relation to all fields of nursing in order to share good practice and inform future developments.

The Literature

The body of literature is expanding, primarily from mental health nursing and social work education (Minogue *et al*, 2009; Morgan and Jones, 2009, Rhodes 2012), with acknowledgment that the evidence base in terms of improved outcomes for patients is limited (Towle *et al*, 2010). There are positive examples in the mental health nursing literature with improved communication skills and the motivation to work on mental health wards following online engagement with mental health service users (Simpson *et al*, 2008). Significantly, Rush (2008) identified specific positive actions and insight in practice with transformative learning in a number of nursing students as a result of involvement from mental health service users. Whilst Stickley *et al* (2009) noted improvement in awareness and empathy with ideas for practice in mental health nursing students following mainstream participation in education from service users. Moreover, O'Donnell and Gormley (2012) found recently graduated mental health nursing students, who experienced involvement throughout their

programme, were supportive of user involvement, recognising the value with clear benefits to personal and service development

Additionally, literature on user involvement in interprofessional education includes the evaluation of a practice based initiative (Furness *et al*, 2011), undertaken with 13 professions in health and social care; with thematic results in the categories of reaction, learning, behaviour change and impact. Furthermore, Tew *et al* (2012) detail how dialogue, between students from different professional disciplines, students and service users and carers, had a major impact on professional development.

Only one article was identified relating to children's nursing education (Price, 2004). This action research study aimed to demonstrate the value of involving a parent in teaching children's nursing. Qualitative and quantitative data was obtained from 35 students following a teaching session led by a parent whose child had received treatment for cancer. All students found the parent perspective useful, making the theory 'real' and felt that the experience would affect their future practice. A number of students stated that it made them consider the importance of family centred care. The lack of published material in this area highlights the importance of investigating the effects of involvement in this field of nursing.

The success of involvement in education is often attributed to appropriate engagement with service users and carers (Downe *et al*, 2007; Minogue *et al*, 2009) and can be aligned to the Ladder of involvement (see Tew, 2004). This five stage model is an adaptation of Arnsteins ladder of Citizen Participation (1969), a framework for social capital, or social cohesion. It is possible to locate the level of involvement occurring, depending on the type of engagement with equal status being achieved at the higher level with collaboration or partnership (Rhodes, 2012).

Method

A narrative inquiry approach through a single case study was chosen with the aim of conducting an in-depth investigation into the impact of user involvement on student learning and practice (Polit and Beck, 2008). The single case study allows a focus on unique details and context, illuminating and illustrating the experience (Todres and Galvin, 1995). The participant was purposefully selected as she had been particularly affected by one aspect of involvement and had expressed an interest in exploring this further. This provided an intense case sample with the opportunity to give voice to the speaker's viewpoint, elicit rich information and explore in detail this individual's thoughts, feelings and actions (Holloway and Freshwater, 2009) about the involvement experiences she had encountered in her pre-registration nursing programme.

This approach allowed for a high level of reflexivity with acknowledgement of the researchers biases, preferences and pre-conceptions that it would have been impossible to 'bracket' (Polit and Beck, 2008). The naturalistic approach to inquiry (Denzin 1971) allowed me to reflect as well as the participant, accepting this as an important part of the research data.

Data collection

In depth narrative interviews were conducted with the participant, one on completion of her three year education and training programme with a follow up interview after working for 12 months as a registered children's nurse. The interviews were tape recorded and transcribed verbatim. Approval for the study was obtained from the School research and ethics panel. Written consent was obtained from the participant.

The interviews focused on a small number of questions (see Table 1) to provide a loose structure, without detracting from the essence of narrative research, centering on the flow of talk from the participant (Holloway and Freshwater, 2009).

Table 1 Interview Schedule

Interview 1
Your experience of service user and carer involvement
How input from service users and carers differs from other teaching and learning experiences
Whether you have used this experience to build your understanding about a topic in your studies
Whether involvement helped you gain any knowledge that you couldn't have got in any other way
If this has affected the way you approach practice
Interview 2
To reflect on the service user and carer involvement you had during the course - see what you remember about it now, a year on.
Has the involvement of service users and carers in the course had any impact or effect on your practice as a staff nurse?
If so can you give me examples?

Analysis

Analysis was conducted utilising 'The Listening Guide' (Doucet and Mauthner, 2008). This interpretive approach adopts a 'relational' ontological position and is interdependent rather than independent. The data is analysed through different lenses achieved by undertaking multiple and successive 'readings' of the transcripts. The four readings approach the analysis from a different perspective. Reading One – relational and reflexivity constituted narratives, listening for the plot and reflexivity. Reading Two – tracing narrated subjects, listening for the use of 'I'. Reading Three – reading for relational narrated subjects, listening for relationships and finally Reading Four – reading for structured objects, listening for cultural contexts and social structures. This particular paper reports the findings of Reading One and Two as this specifically relates to the student and lecturer perspective pertinent to nurse education.

Findings

Reading One – Listening for the plot and reflexivity.

The aim in this reading is to attend to the words, the voice used and narrative position of the participant with identification of central themes. Alongside this is a focus on my own response, reading the narrative on my own terms. Acknowledging how my own background, history and experiences will affect the interpretation and writing of the findings. As an academic who has had significant experience of involvement it would not be possible to ‘bracket’ my beliefs and opinions and much better to acknowledge and take into account my subjectivity (Mauthner and Doucet, 2003).

The participant will be referred to as Anna, a pseudonym used to protect her identity, due to her wish to maintain anonymity of her workplace.

The central themes identified were authenticity, knowledge of self, resilience and coping, professional relationships, personalisation of care and influence on practice.

Authenticity: In reading one Anna spoke about how service users help you to learn what you cannot learn from a lecture or a book. *Real people dealing with a real situation....it's real life....not written in the text book... . It makes you appreciate the family unit... You can't learn that in a lecture, you've got to learn that from somebody dealing with it.* She spoke of the *valuable insight* gained.

The value of listening to experiences grounded in reality is well documented in the literature (Agnew and Duffy, 2010; Furness *et al*, 2011; Khoo *et al*, 2004; Price, 2004; Rush, 2008; Stickley *et al*, 2009). This also echoes my own feelings about user involvement that its authenticity is its strength, resulting in meaningful and memorable learning.

Anna felt that the involvement of parents in clinical skills exams was beneficial. *Clinical exams...are quite fake and set up....so although your child is a plastic doll, the parent is a real parent.....I think it's a lot easier...you feel like you're doing it in hospital.*

O'Donnell and Gormley (2012) report that mental health nursing students suggested the involvement of service users in skills assessment scenarios would make them more dynamic and less stale.

These comments again made me reflect on the authenticity of involvement and the student's perception of the role of the lecturer. Even though examples from professional practice are frequently used to inform teaching, it is apparent that this does not compare to the 'real' situation that the service user can portray.

In terms of value, Anna rated involvement 9 out of 10, again reiterating the reality.

In reading two one year later Anna still recalls clearly the types of involvement she experienced during her nurse education. She recalls the impact of the session that had affected her personally the most and states *that's never left me, that sort of had quite a big impact on myself.....that experience pretty much has helped me out a lot in my job....we deal with death and dying.* She felt that involvement had given her *unique insight and awareness.*

When asked for an opinion on the importance of involvement in education Anna was clear *'it is definitely a 10, I think it's a must, they show you stuff that other people cannot show you'*. She reported that *'to truly understand a parents or patients perspective users and carers need to come in and share their 'real' experiences.'*

These findings relate to the published literature with Rush (2008) reporting that the 'lived experience' enabled mental health nursing students to gain insight and take specific actions in practice. Additionally Furness *et al* (2007) found that students valued hearing from

people who were able to tell them what they had been through. Furthermore, Agnew and Duffy (2010) and Price (2004) found that integration of theory and practice was facilitated by hearing stories direct from service users. This affirmed my views that involvement has a lasting impact on students with the likelihood that this will impact on their actions in practice.

Knowledge of self: In reading one Anna talks of her involvement experiences in detail particularly how this had affected her. She spoke of being surprised at her extreme reaction to one session, she had expected to be upset as the topic was the journey of a teenager diagnosed with cancer up to and after his death, she had not expected to be distraught. Anna spoke about getting to know herself with the realisation that *she was emotionally connected on a personal rather than a professional level*. This helped her understand the need to develop strategies to deal with situations ‘*putting personal stuff to one side*’ and serious considerations about whether she could be a nurse and the type of nurse she wants to be.

Emotion was a key theme identified by Rush (2008) with students saying they felt uncomfortable, with a lump in their throats knowing that others were feeling the same. Price (2004) also noted that involving a parent in teaching was an emotive experience with one student being clearly moved and others being extremely attentive.

I could identify with Anna’s experience through my own encounters of user involvement and how this made me reflect on myself and how I deal with situations that have a personal connection. I had initially been concerned about the effect this had on Anna and had reservations as to whether this was a good thing or ‘too much’ to encounter as a student.

In reading two Anna again reflected on this session and what she had learnt about herself, her personal style described as an *over analyser* and how understanding this had

helped in practice *I definitely did need that, ...I don't know where I would be now if I hadn't had that.*

From this interview any doubt that I had as to whether exposing students to service users who recount experiences that are likely to be upsetting was a good thing was dispelled. Enabling students to understand how they respond to such situations, in the relatively safe environment of the university setting, is preferable to finding this out in the practice setting. It did make me think however, of the importance of preparing students and the support networks that need to be in place.

Resilience and coping: In reading one Anna spoke about how involvement taught her that she had to detach her personal life from her professional life to deal with difficult situations in practice. Strategies that she adopted were *once I leave work, I have left work and as soon as that uniform comes off, all those issues come off with that uniform.* She also said *it's a bit like acting...you put your uniform on and you're in that professional capacity.*

In this reading, on the one hand I could see the benefit of having the ability to detach. On the other I did wonder whether this was a protective mechanism for Anna, was she afraid to show any emotion. I wondered if the detachment would affect her ability to demonstrate compassion due to the removal of 'self' in interactions with her patients.

In reading two Anna feels she is able to offer the '*right level of emotion*', showing care and compassion without compromising her own well-being. Anna takes comfort from other staff members she works with and they support one another. Anna feels she has '*worked around feelings to be able to do the job*' with the ability '*to detach*'. She acknowledges having boundaries for example handing over the care of a child at the end of a shift, rather than staying on, even if that child is very ill. Anna identifies that there are

occasions where I've felt I've been out of my depth...and nobody ever debriefs you on these things. This is discussed further in the influence on practice category.

In this reading I feel that Anna was able to articulate how she acknowledges her emotions and what strategies she uses to enable her to deal with this.

Professional relationships: In reading one Anna speaks about developing appropriate relationships with parents as well as children. The example she uses is finding out and using parent's names, rather than the standard mum and dad. A service user had told students this had made her feel like she mattered too. *We do it for the children ...so why can't we do it for the parents as well....* She goes on to say *just that little thing helps....negotiation of care is just easier....my relationship with parents and their families seems to have been a lot stronger...being on first name terms.* This is balanced with her acknowledgement of the need to have boundaries as discussed in the resilience category.

In reading two Anna is very clear about her role, she focuses on the relationship with parents as she now works in a neo-natal unit. Anna feels she can be friendly but not over familiar understanding the difference between a personal and professional relationship. *'I am looking after the baby on behalf of the parents'*. She reports that some staff refer to 'my babies', she believes this influences the relationship staff have with the baby as they see only the patient and are not open to family centred care. The example she gives is being challenged by a senior member of staff about following a distressed father out of the unit. She was told *you're looking after his son, his son is your patient, he is not your patient.* Anna believes *for me, my patient involves their family...it's not just the patient himself.*

Here I feel that Anna is demonstrating that she develops therapeutic relationships, established by showing respect, empathy and a caring attitude. This enables a person-centred

approach with psychological care (Bach, 2004) and facilitates effective relationships with the parents of children that she cares for.

Putting patients at the centre of care: In reading one Anna spoke of how involvement had highlighted the value of recognising the need to see *'the other side'* understanding empathy. Taking the time to find out the unique perspective of individuals, *two children could have the same illness, but the family units might be completely different. How important it is to hear how they cope.*

In reading two Anna again reiterates that a major factor that influences good care is personalisation achieved by addressing individuals by name. Anna has found that parents equally remember and use her name rather than *'nurse'*. This focus on family support results in Anna receiving compliments and positive feedback from parents.....*they sent a letter with me named in it..so they appreciate that support.* She derives a lot of job satisfaction from being thanked for care given in sometimes difficult circumstances and sees this as acknowledgement of doing her job well. *The first withdrawal that I did....they have been back and thanked me ...I made that experience sort of as nice as it possibly could be for them.*

Anna talks about trying to ...*give the parents what they wantyou need to find out what the family want.* She discusses the differences in reactions, attitudes and behaviours of families to situations that make them unique and in need of individualised care. Anna relates this back to involvement saying *I think that stems from what ..(service user) said.* She also refers to input from another service user that helped her understand that *everybody's different... one thing that came across to me from (service user) is the fact that everybody's different...do these parents want to know and in what depth...giving parents options.*

A number of studies contend that user involvement facilitates the development of empathy, and cultural awareness, allowing situations to be looked at differently with improvement in communication skills, involvement of users in decision making with partnership approaches to care (Khoo *et al*, 2004; Furness *et al* 2010; Price, 2004; Schneebeli, 2010; Simons *et al*, 2007; Stickley, 2009).

I feel that Anna is articulating insight into compassionate, empathic care following the key elements of family centred care with a partnership approach, effective communication, assessment, negotiation and empowerment (Smith *et al*, 2002). She ensures that all family members are recognised as care recipients, not just the child with care planned around the whole family (Shields *et al*, 2012).

Influence on practice: In reading one Anna says how user involvement has influenced her practice.. *You realise that... is actually a person as welland incorporate that into your nursing care.....my relationships with patients and their families seems to have been a lot stronger.*

She explains *what I've been able to do is ask what involvement parents want.....negotiate care better....talking to (service user)..it makes you able to negotiate care better when in practice.*

This relates again to Price's (2004) study where students reported that user involvement made them consider parents and siblings reactions to illness and hospitalisation and the supportive role of the nurse.

For me this demonstrates that Anna has the confidence to ask parents what they want, rather than wondering what to do. She puts the child and family in the centre of care, with negotiation and shared decision making.

In reading two Anna is able to give specific examples that have influenced her practice as a staff nurse in a neonatal unit.

Things don't sink in until you actually go into practice...I think that ..(user involvement)... definitely.... gave me much more awareness.

You need to find out what the family want and I think that stems from what ...(service user) ...said

Sometimes ...some of the things ..(Service User) said pop into your head....when looking at where do we go from here.....

One thing that came across to me from (Service user) is that...everybody's different ..that impacts on what you do on the ward.

Anna speaks about diffusing a situation by allowing an angry parent *to rant...I let her finish...trying to understand their needs...where they are coming from...she feels user involvement has helped her appreciate the need for effective communication and made her practice less defensive. This was supported by Wood and Wilson Barnett (1999) who identified that students who had experience of user involvement in education were less defensive when caring for patients in clinical settings.*

Anna is also influencing practice through suggesting that 'debriefs' are undertaken following difficult experiences encouraging reflection, development of resilience and improvements in care.

I believe this shows that Anna is a caring reflective practitioner who works in partnership with families, appreciating the need for individualised care and the uniqueness of each person.

Reading Two - Tracing narrated subjects, listening for the use of 'I'.

The purpose of this reading is to discover what the participant speaks of and knows of themselves. To hear Anna's own perspective and the sense of agency with a focus on personal pronouns, I, me, you, identifying multi layered voices. The construction of 'I' poems is used to capture central meaning (Doucet and Mauthner 2008).

Interview Transcript one: Anna spoke with a strong voice of 'I' throughout particularly when speaking of involvement experiences and the impact on herself and how she had to think about 'self'. For example she said *I thought I might be a little bit upset...but I was particularly like devastated...* There was a shift to 'we' and 'you' when speaking about listening to others perspectives.... *Other people we've met.... they give you valuable insight into what its like to be a parent...you know it's like seeing it from the other side.... They make you realise....that people are dealing with this on a day to day basis.* 'I' was used again when speaking of how she had changed and how this had affected professional relationships. *I've been able to deal with things bettergetting over that has helped me again in practice.....* When talking about boundaries, personal and professional issues and coping strategies there was a continuous shift between the use of 'I' and 'you' as she related to herself and practice. *Gives you insight into things then you can change your mindsetAs soon as I walk out the door I'm Anna, I'm not a nurse, I'm Anna, that's the way I deal with it... You have to detach your personal and professional life...*

Interview Transcript Two: Anna again used 'I' on multiple occasions specifically when recollecting involvement experiences *I remember....I thought that was quite good.....that sort of had a quite a big impact on myself....so I think that experience pretty much has helped me out a lot in my job.* When speaking about establishing professional relationships with parents *I looked after him (the father) .. I very much focused on family*

support.... And when speaking about difficult situations she has had to deal with...I mean the first time I did a withdrawal,..I had no idea what I needed to do to undertake that process...all I kept thinking...I suppose...you need to find out what the family wants.. I think that stems from...(user involvement). Anna changes to the use of 'you' when speaking about practice in general referring to the team.... When you're caring for a patient in intensive care...you're trying to make them better....when it comes to palliative care....your care turns to the family .. you put everything in place to make the child as comfortable as possible whilst you're withdrawing...there are certain things we need to do.

The construction of 'I' Poems is used to illuminate the central meaning, see figures 1 and 2.

The use of 'I' poems has enabled me to listen to how Anna spoke focusing on her voice, the ontological narrative, rather than my interpretation of what she was saying (Douchet & Mauthner 2008).

Upset

I was absolutely distraught...it was a bit too much for me

I was emotionally connected

I was really upset

Can I do this, can I be a qualified nurse

I didn't think I could be because I was so upset

Coping

It's put me in good stead

I dealt with it

I coped with it

I managed to cope

I don't think, without having the service user prior to that, that I would have coped

Figure 1- 'I' Poems Transcript One

Upset

I mean I was

I was really upset that day

Really, really upset

I think then going into this job

That sort of experience ...has made me stronger

I do feel more confident

Everything that I do is aimed at what the parents want

Coping

I do feel

I obviously did think that yeah, it was a bit too much (involvement)

Now I'm out there in the big wide world

I think, I definitely did need that

I don't, I don't know where I would be now had I not had that

Professional Practice

I progressed, I feel I progressed from that

I'm out and I'm nursing

I'm in a highly stressful emotive area in the health service

That's (involvement)...helped me to be able to deal with what I have to deal with

Figure 2 – 'I' Poems Transcript Two

Discussion

The discussion will include comments on the transformative learning that occurred, the influence this has on practice and its relationship with current issues in nursing. The findings of this study will then be located to the ladder of involvement (Arnstein, 1969; Tew 2004). Finally a personal reflective account will be included.

The single case study with a narrative approach allowed for an in depth analysis of the students perspective. The data collected elicited rich material and within this it is possible to identify that transformative learning occurred. Transformative learning is defined as:

The process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mind-sets) to make them more inclusive, discriminating, open, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide actions (Mezirow, 2000, p. 7).

Throughout the narrative Anna refers to how user involvement has increased her self awareness, reflecting on what she has learnt about herself and how to look after herself. She also demonstrates a greater awareness of others and how this has enabled her to be more open. She actually states that involvement *gives you insight...you change your mindset*. She has reflected upon the involvement experiences she has had and how this has influenced and guided her actions in practice. She takes this further by reflecting on how these actions have affected her practice and used this to influence further action.

The findings in this study relate to the previous literature and in particular resonate with the outcomes of the studies conducted by Price (2004 and Rush (2008). Price (2004) states that the main benefits of user involvement for children's nursing students were: it provided a powerful learning stimulant, gave a realistic viewpoint and aided the integration of

theory and practice. Rush's (2008) study with mental health nursing students identified five underpinning mechanisms arising from user involvement: lived experience, emotions, role reversal, reflection, training preparation and support for service users, which facilitated students gaining new knowledge and taking specific actions in practice that led to transformative learning.

It is possible to relate the findings of this work to the current issues in nursing in the UK. The Compassion in Practice Vision and Strategy (D0H, 2012) identifies fundamental values and behaviours for nurses, midwives and care staff as; Care, compassion, competence, communication, courage and commitment. Anna's narrative demonstrates that she is practicing these values and behaviours, particularly when discussing professional relationships and putting patients in the centre of care.. The need to deliver patient centred care with the ability to put the patients' needs before your own identified in the Francis Report (2013), is also articulated in the narrative. Anna speaks about knowledge of self, resilience and coping, professional relationships and putting the patient in the centre of care. Whilst it is not possible to ascribe these attributes purely to the user involvement experiences that Anna had, she does associate her approach in practice with the encounters she had with service users during her nurse education. The narrative presents a practitioner who has an understanding of the need and the ability to put personal issues to one side, insight into the importance of listening to the unique perspective of each individual and the imperative of a partnership approach to care, traits that are essential in ensuring the failings in health care identified in the Francis report are not repeated.

Relating this work to the Ladder of Involvement it is possible to locate Anna's practice to Arnstein's (1969) ladder of citizen participation. This framework is designed for assessing citizen involvement in decision making about service planning in the United States of America. Arnstein suggests it is relevant to a number of situations at an interpersonal,

institutional or societal level. The eight rung ladder relates to the redistribution of power to allow real participation, with influence and shared decision making. Anna describes care that suggests she is working at a high level of involvement, Level 6, Partnership on Arnstein's ladder, this equates to citizen power that facilitates negotiation and increasing degrees of decision making. Anna's view is that this positively affects care delivery.

As regards Tew's (2004) ladder of involvement, redeveloped from Arnstein's ladder to enable educational institutions to judge their level of user involvement in the curriculum, the experience that affected Anna the most equated to Level 2, limited Involvement with the service user telling their story. This suggests that the level of user involvement seemed irrelevant to Anna's experience as a relatively low level of involvement during her nurse education has influenced a high level of participation in practice.

The use of hierarchical frameworks is criticised by Tritter and McCallum (2006) as being too rigid with a focus on citizen power and failure to recognise the complex, dynamic and evolutionary nature of involvement. Tritter (2009) suggests an alternative framework, a matrix and a model of involvement to illustrate complex and dynamic relationships.

In relation to children's nursing practice it is evident that user involvement frameworks have striking similarities to the elements of family centred care, effective communication, assessment, negotiation and empowerment and the family centred care continuum designed by Smith *et al*, (2002). This continuum extends from no involvement, with nurse led care, to participation, with equal status, to parent and child led care, where the parent or child are the experts. The significant feature being the recognition of family members as care recipients that are involved in the planning and delivery of care should they chose to do so (Shields et al, 2012).

Personal reflection on this work confirms my subjective belief that user involvement is a meaningful and memorable way of enabling students to develop knowledge and understanding of personalised care that is likely to influence behaviour in practice. At a time when care and compassion in healthcare is high on everyone's agenda it is important to consider effective ways of facilitating students learning on the fundamental values and principles of care. Involvement has the potential to teach compassion with insight into unique perspectives assisting the development of empathic understanding and interpersonal and communication skills within professional relationships. Importantly, this needs to be managed effectively, and is potentially damaging without the right support mechanisms in place for service users and carers and students alike

Involvement is one aspect of teaching and learning offered amongst a range of strategies according to the subject being taught, and to give students a variety of learning opportunities. It is important that involvement is considered equal to other teaching and learning strategies employed, with acknowledgement that it is a powerful way of bringing the patient voice into education, allowing it to take its rightful place as a core component of the curriculum.

Limitations

The limitations of this study are that the results illuminate the views only of the participant and researcher. The familiarity between the researcher and participant could question the objectivity of this work. Conversely, it could be argued that the relationship allowed and encouraged Anna to open up and that reflexivity is a fundamental aspect of the study. The fact that the participant was asked to recall a specific element of her learning experience in isolation will have influenced the content of the narrative material obtained. The results are not generalisable though are transferrable to other cases. The strength lies

with the authenticity of the account and rigour is based on trustworthiness remaining true to the meaning of the narrative (Lincoln and Guba 1985).

Conclusion

This paper contributes to the emerging evidence base and literature on the impact of user involvement on student learning and subsequent practice specifically from a children's nursing perspective. An area that currently has a dearth of published material. The method of data analysis captures the voice of the narrator, whilst acknowledging the researchers own response to what is expressed. The findings demonstrate that in this case user involvement did result in transformational learning and influenced behaviour in practice. Further research with a range of students that follows a longitudinal approach is required to explore more widely the lasting impact of involvement on practice.

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