Dublin City University
Faculty of Health and Science
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PUBLIC HEALTH NURSES' EXPERIENCES OF TRAINING IN MARTE MEO COMMUNICATION SKILLS

A Research Thesis presented to Dublin City University for the degree of Master of Science (MSc by Research).

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Date:	**July 2011**
Maximum Word Count:	**45, 000**
Actual Word Count:	**43, 706**

DECLARATION.

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of MSc by Research is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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ACKNOWLEDGEMENTS

I owe my deepest gratitude to my supervisor, Dr. Jean Clarke, for her never ending generosity of self; her wisdom, her knowledge, her time, her belief that I could do it; without her expert guidance this thesis would not be completed.

I wish to acknowledge my sincere thanks to the participants of this study as without them this research thesis would not have been possible. I thank them for giving of their time and sharing their experiences with me.

I wish to thank my former General Managers and the Director of Public Health Nursing who from the outset supported me in undertaking this study and to the HSE for providing funding (College fees).

A sincere thank you to my colleague and friend Patricia Byrne, for her continuous support and encouragement and who was with me every step of the way.

I am indebted to Maria Aarts, for her inspiration over the years and for her ongoing support to me in developing Marte Meo in Ireland.

I am grateful to Geraldine Quinn and Maureen Mullery for giving so kindly of their time to read and proof-read my thesis.

Thank you to Dr. Frank Byrne, for my first introduction to the Library and for his comments and support during this research process; to Hans Honders for keeping me informed with updates of international Marte Meo developments and to Dr. Mel Duffy for the sharing of her knowledge and books on Heidegger.

I wish to thank my extended family, friends and colleagues who have listened, questioned, commented and been there for me throughout this research process.

Finally, to my dear husband, Michael, to my son, Liam and my daughter, Nuala, thank you for your love and care, for giving me the space, the time, and the encouragement to keep going when I felt like giving up. This thesis is dedicated to you.

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ABSTRACT

Title: Public Health Nurses' Experiences of Training in Marte Meo Communication Skills

Aim: The aim of this research study was to explore with Public Health Nurses their experiences of training in Marte Meo communication skills.

Method: A qualitative design using a phenomenological approach was used. Data analysis was guided by a hermeneutic circle of understanding and drew upon Heideggerian principles of philosophy. Data were gathered by unstructured individual interviews with ten Public Health Nurses who participated in the Marte Meo communication skills training course.

Findings: Data analysis led to the development of three principal themes categorised as: looking with an extended lens; being at the other end of the lens and awkwardness in simplicity. The findings of this research study suggest that the Public Health Nurses develop a wider focus that facilitates a shift in their clinical practice toward enhanced understanding, and beyond a task-focused orientation. A public health nursing model of practice that emerges is one which focuses on affirming parents, builds on parents' strengths and affirms and enhances the Public Health Nurses in their practice.

Conclusion: The Marte Meo communication skills training course is experienced by the Public Health Nurses as an empowering model of interaction in their work with families.

CHAPTER 1

1.1 Introduction

In Ireland, Public Health Nurses (PHN) role specific to family support is to provide a service to children and families in prevention, health promotion, treatment and care. As the work of the PHN is clinical and home-based she[1] is ideally placed to provide support to parents in their parenting role from a very early stage of the child's development. Training and up-skilling is an essential component of professional development for practitioners in clinical practice. The goal of this research study is to develop an understanding of PHNs experiences of training in Marte Meo communication skills. The Marte Meo method provides practical and detailed information on child development, developmental processes and how social and emotional development is supported in daily interaction moments. Participation in Marte Meo communication skills trains PHNs in interpersonal skills and in observational skills, with a specific focus on child development and attachment. Thus the purpose of this study is to explore with PHNs their experiences of training in Marte Meo communication skills. This study is of qualitative design, is based on hermeneutic phenomenology and draws on Heideggerian principles of philosophy.

1.2 AIM OF THE STUDY

The aim of this study is to explore with PHNs their experiences of training in Marte Meo communication skills.

[1] In the interest of simplicity and clarity the feminine form of the pronoun is used throughout.

1.3 RATIONALE FOR THE STUDY

Within healthcare and social policy it is noted that parents need support in their parenting role and that PHNs are ideally situated to provide this support (Commission on the Family Report, 1998). As a Marte Meo trainer in the Health Service, I continuously hear from PHNs that Marte Meo communication skills training provides them with concrete information on social and emotional child development, heightens their observational skills of parent-child interaction, and supports them to work from the premise of strengths of their clients. PHNs report that the training provides an insight into their interpersonal skills on a personal and professional level. Similar reports from summative evaluations of Marte Meo communication skills training are given by PHNs in Norway (Onsøien, 1997) and Denmark (Bakke, 2000). However, there is no empirical research evidence of the experience of PHNs, including Irish PHNs, in relation to their experience of the training.

In the literature, Kemp et al (2005) observe that home visiting nurses must have detailed knowledge of child development and observational skills that will enhance positive parenting behaviour and interaction. An exploratory qualitative study on clients' perspectives on the demand for a health visiting service (Collison and Cowley, 1998) identifies the interpersonal skills of the health visitor and her ability to build a facilitative relationship with clients as being a valuable aspect of the service. A randomized controlled trial on evaluating the efficacy of an early home-based intervention by child health nurse visitors in Queensland (Armstrong et al., 2000) reports a significant increase in parental competence scores resulting in improvements in practical child development knowledge and child management.

This increase is partly attributed to the nurse focusing on enhancing parent competencies in the home environment.

Marte Meo communication skills training, trains PHNs in observational skills; provides detailed practical information on developmental processes and provides an insight into their interpersonal skills. In Ireland, to date 130 PHNs have participated in Marte Meo communication skills training but a study has not been undertaken in relation to hearing the views of PHNs on their experiences of the training. However, results from a mixed method study by Kristensen (2003) of eleven families who had received Marte Meo guidance in the Danish Public Health Care Service suggest that the use of the Marte Meo method in primary health care can improve parent-child relationships. While these findings within the Public Health Care Service are encouraging the study did not explore the experiences of the Public Health care providers. While summary evaluations have been undertaken on the Marte Meo method, "no robust evaluation of the work is available" (Osterman, Möller and Wirtberg, 2010, p50), particularly in relation to the experiences of health care providers. It is now time to undertake an Irish study to hear of the experiences of PHNs of training in Marte Meo communication skills. Thus, results from this study can contribute to national and international evidence on the role of skilled PHNs in family work and to the understanding of how the learning process during Marte Meo communication skills training is experienced by PHNs.

1.4 BACKGROUND TO THE MARTE MEO METHOD

The Marte Meo method is a film-based interaction programme that provides detailed and practical information to parents, carers and professionals on supporting the

social, emotional and communication development of children, adolescents and adults in daily interaction moments. The method was developed by Maria Aarts from the Netherlands in 1987. The words Marte Meo mean "on one's own strength". This was deliberately chosen to highlight the central focus of the Marte Meo method which is to "encourage people to use their own strength to advance and stimulate developmental processes on the part of children, parents, professional care givers and thus learn to optimally utilize their capacities" (Aarts, 2008, p56, 2000,p42).

The Marte Meo method was introduced as a practical model for developing new parenting and child rearing skills in daily interaction. Aarts' (2000) method is based on natural[2] developmental models, looking to nature and the natural system[3] to provide information on developmental processes at action level. Ovreeide and Hafstad (1996, p18) identify the relationship between parents and child as the "basic process" that the method is built on. The method is specifically designed for parents and professional caregivers in the caring role, as well as for people who advise parents about their children's development, such as public health nurses (Aarts, 2008, 2000).

Aarts identified two main gaps for professionals in transferring information to parents who required information on child development or child rearing. Referring to child and family agency planning meetings among professionals, Aarts (2008, 2000) noted that too much abstract information and too much problem–oriented

[2] Natural in this context means the natural day-to-day interaction between people that was studied by Aarts to develop information on basic models of interaction (Aarts, 2000, pp20-21)
[3] Natural system in this context means the day-to-day interaction between people in well functioning families.

information was discussed[4]. Aarts set out to develop a method where the focus for the professional would be to "identify, activate and develop skills to enable and enhance constructive interaction and development" (Aarts, 2008, p56, 2000, p42). Through its development, Aarts (2008, 2000) increasingly noted that Marte Meo information worked best when the user combined his/her information with his/her own professional and practical experience and theoretical background. Therefore, Marte Meo training is an additional skill for professionals from a wide variety of health and social care professionals, such as, public health nurses, social care workers, social workers, psychologists, speech and language therapists, nurses in care of the elderly and care of persons with physical and intellectual disability.

Aarts uses film as a tool to analyse parent-child interaction, as the technique of interaction analysis[5] provides detailed information about natural supportive child-rearing behaviour from actual day-to-day situations (Aarts, 2008, p63). When used in therapy, detailed information is transferred to parents regarding their child's development and their supportive interaction[6] in daily interaction moments. Initially, a therapist makes a short film of daily interaction between parents and their child/children, e.g. during mealtime or playtime activity. The therapist analyses the film in his/her workplace and selects the best moments from the film to show the parents. These best moments are used to confirm parents for the support they are

[4] Bjernetes and Drugli (1997, p7) in the Municipality of Trondheim also recognised in their study, on the use of developmental support communication, that health clinic consultation was problem focused.

[5] Interaction analysis is the technique used to analyse daily interaction second by second. For example, interaction between a parent and a child at a mealtime can be filmed and analysed second by second connected to the elements of supportive interaction.

[6] Elements of supportive interaction consist of: The adult identifies and follows the child's focus of attention; the adult confirms the child's attention focus by naming; the adult awaits the child's reaction to his/her action; the adult names the ongoing and upcoming actions, events, experiences and feelings of the child; the adult confirms the desired behaviour approvingly; the adult names what is happening in the child's world; the adult signals beginnings and endings in dialogue (Øvreeide and Hafstad (1996, pp21-28).

giving to their child in daily interaction. Secondly, the therapist selects opportunity moments to transfer new information to parents regarding the needs of their child. During a review session with parents, with the use of their family film, the therapist identifies for parents their supportive interaction and the learning moments of new developmental information. The parents practice the new parenting information and, approximately one week later, the therapist makes a new film to transfer the next step of information. The process of making and reviewing film is repeated, allowing for parents to develop, and see, their new parenting skills and their child's developmental progress.

When used in training at communication skills level, the trainer uses film, provided by the participants, to transfer information on child social and emotional development; developmental processes and how development is supported in daily interaction moments through parental supportive interaction. Participants are also trained in interpersonal communication skills so they have an awareness of their own interaction which they can use in a positive way with parents and clients. This study explores with PHNs their experiences of training in Marte Meo communication skills and thus results can contribute to research evidence on the role of skilled PHNs in family work.

The underlying theoretical frameworks of the Marte Meo method are attachment and social exchange theories; these will be explored within the literature review, which follows in the next chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This literature review provides an overview of attachment theory and social exchange theory as the underpinning theoretical frameworks of the Marte Meo method. There is very limited research evidence on how the Marte Meo method has been employed within the role of the PHN to provide support to parents. Therefore, the role of the PHN in providing support to parents in their parenting role is examined in relation to the PHN developing a relationship with parents, enhancing the competence of parents, and working from a premise of parental strengths. The skills required to facilitate the process of supporting parents are also discussed. Literature on learning and empowerment is also explored, to aid the understanding of the learning process during Marte Meo communication skills training.

Electronic databases were used to carry out the literature search, including CINHAL, Academic Search Complete, MEDLINE and PsycINFO. Keywords used for the search included parent-child attachment, mother-child attachment, father-child attachment, nurse-parent relationships, learning, empowerment, nursing competencies, health visiting. The literature search also comprised of an electronic journal search of reference lists that were included in research papers.

2.2 ATTACHMENT THEORY

The Marte Meo method focuses on the attachment relationship between parent/caregiver and child and on the social and emotional developmental needs of the child in daily interaction moments. The parent-child relationship is of the utmost

importance to the child's development, particularly in the early months. Ainsworth (1969, p970) refers to attachment as an enduring affectional tie that one person forms to another specific individual. Bowlby (1969, p177) describes a "child's first human relationship as the foundation stone of his personality." Bowlby argues (1988, 1969) that when an infant experiences maternal care as meeting his/her needs, and being reliable, the infant develops trust in the caregiver. When the child develops a primary relationship built on trust and security, the child internalises this model of attachment and this becomes the building blocks for the child's future capacity to establish relationships, and to seek and give care. A child can experience the caregiver as a secure base when his/her needs are met. Having a secure base facilitates the child to build in self-confidence, develop trust and a sense of self-worth (Schofield and Beek 2006, Holmes, 2001, Bowlby, 1988). When a child develops trust in an attachment figure, he/she can use the attachment figure as a secure base and learns to know that the person is available to him/her, particularly at times, when he/she experiences emotions such as love, joy, happiness, upset, fear (Schofield and Beek, 2006). Furthermore, when a child develops a sound relationship model of attachment his/her ability to regulate his/her emotion is enhanced and he/she develops trust in the availability of other(s) for support and comfort in difficult emotional times (Howe, 2005).

When a child's needs and signals to the caregiver are not met, not followed, or are mis-interpreted, the child builds a picture of the caregiver as unreliable, which in turn develops a sense for the child, that the parent is either unavailable and, or, hostile (Howe, 2005). In situations where the child consistently experiences the absence of a reliable and attentive parent he/she also develops a model of

himself/herself as unworthy of love. In these situations the child has difficulty in developing trust in an adult or having a good self-picture or sense of self. Within a very short period of an infant being born, most mothers can distinguish between her child's different signals. The mother manages to do this without any prompting; it happens in an instinctual way. Winnicott (1960, p52) describes, as a strange thing, how mothers, without instruction, can adapt satisfactorily to changes in their developing infants and how the adaptation is without any knowledge of theory. In essence, what the mother is doing is relying on what she herself has acquired, through her experiences of being parented, her own internal thinking process, and thus using what Aarts (2000, p44) terms, the "natural developmental model." This natural developmental model is what people do in a natural way in caring for their child. The usual pattern seems to be that mothers who function well, and who are not experiencing ill health or excessive stress, do tend to recognise their baby's need and to enjoy responding to those needs (Armstrong et al., 2000). Winnicott (1960, p54) describes this pattern of response as the "essence of maternal care."

According to Winnicott (1960) if the mother is unavailable to her child's needs and is unable to provide good enough maternal care, the child does not really come into existence, which means the child may not develop to his/her full potential, socially and emotionally. For example, an original study by Murray (1992) on mothers with post-natal depression and effects on infant development confirms that post-natal depression affects the communication between mothers and their babies; in addition it found that the babies were insecurely attached to their mothers.

According to Bowlby (1969,p216) "babies enjoy human company;" for example, in the early days, babies are quietened by social interaction and, when they are picked up and caressed they respond "babbling and smiling." This process of social interaction between parents and their babies enables the development of a physical and emotional attachment (Howe, 2005). However, Bowlby's (1969), writings suggest attachment in the nature of monotropy, meaning a close bond with just one attachment figure (McLeod, 2007), and focus principally on the mother as the attachment figure for the child. Yet, Bowlby (1988) did suggest a hierarchy of attachment figures in the lives of children, and acknowlegdes that a child's principal attachment figure can depend on who cares for the child, and on the family composition of the family unit in which the child lives. In almost every culture the child's natural mother, father and older siblings can be attachment-figures and it is from these figures that a child can select his/her principal attachment figure (Bowlby, 1965, p305). Research studies (Fox, Kimmerly and Schafer, 1991, Rutter, 1979, and Schaffer and Emerson, 1964) on the development of infant-attachment-figures have shown that infants can make attachments to more than one attachment figure.

Many studies of infant-mother attachment (De Wolff and van IJzendoorn, 1997, Isabella, Belsky and von Eye, 1989, Ainsworth, 1969) have been undertaken over the years and it is only in recent years that infant-father studies have taken place. A major contributor to studies on infant-father attachment is Michael Lamb. He reports that there is substantial evidence to show that most infants form attachments to both mothers and fathers at about the same point during the first year of life. He also acknowledges the existence of a hierarchy among attachment figures, such that most infants prefer their mothers over their fathers; he argues that these preferences

may develop when the mother is the main caretaker and may well disappear, or be reversed, if fathers share caretaking responsibilities or become primary caretakers (Lamb, 2002, p93). A study undertaken by Bretherton, Lambert and Golby (2005, p246) on involved fathers of preschool children, as seen by themselves and their wives, concludes that as attachment figures, fathers feel valued when they are able to reassure and comfort an upset child effectively. The findings also show that affection and close physical contact are important aspects of attachment situations, as also are quiet times together between father and child. Brown et al. (2007, pp213-215) engaged a qualitative study of 46 children and their fathers to explain the parenting predictors of father-child attachment security in early childhood; findings support the important role of parenting quality in the father-child attachment relationship and parenting behaviours in determining the quality of this relationship. A key dimension of parenting quality is the sensitivity of parents in responding to their childrens cues and signals while parenting behaviours include positive affect, task orientation and the amount of intrusiveness in parental interaction (Brown et al., 2007, pp200-201).

McKeown (1998 p 39), in writing on the changing role of fathers in Ireland, describes men as becoming good fathers when they recognise the invitation signals from their child and respond to the child's cues. He further explores the issue of what constitutes a "good enough" father and concludes that a good enough father must:

> Be physically present on a reasonably regular basis to his child and have a positive and not a negative influence on his child. (McKeown, 1998, p39)

McKeown (1998, p39) acknowledges that it is not easy to define a positive rather than a negative influence but concludes that a positive influence involves an attachment between the child and parent that protects the child from physical and emotional harm. Within psychological literature, (Pleck, 2010, Brown et al., 2007, Flouri, 2005,) fathering is explained in two parts; the "father's presence status" and the "father's involvement." Father's presence status refers to his residence status in the family. Father's involvement refers to his level of engagement with the child, availability to the child and responsibilty for the care of the child (Pleck 2010, Brown et al., 2007, Flouri, 2005). According to Durkin (1998), research evidence on father-child relationships suggests that attachments are formed particularly when the father lives at home. In summary, research evidence shows that children develop attachment to their fathers as well as their mothers and that the sensitivity of parental interaction is a major influence on the development of parent-child attachment.

Writings and research on attachment theories suggest that attachment plays a vital role in the development of each child and that parenting quality is a major influence on the child developing attachment relationships (Brown et al., 2007). In view of the supportive role that PHNs play in parenting (Leahy Warren, 2007, 2005), it is essential that PHNs have a sound knowledge base (Gage, Everett and Bullock, 2006, Heaman et al., 2006, Kemp et al, 2005, Kristjanson and Chalmers, 1991) of social and emotional child development. This involves PHNs identifing when the attachment process is established in order to affirm parents, and to enhance parenting competence, as well as, being able to pick up early signals of attachment problems, so that they can support parents with the appropriate information in a concrete and understandable way (Barlow and Underdown, 2005). Evidence in literature suggests

that PHNs must have well developed observational skills and interpersonal skills in order to convey the right information to parents (Kemp et al., 2005, Cheek and Jones, 2003, Goding and Cain, 1999), and appropriate to the needs of their child. However, in Ireland, it appears that there is a lack of training in communication skills and in social and emotional child development in the basic training of PHNs. In the *Requirements and Standards for PHN Registration Education Programmes* (An Bord Altranais, 2005), there is no module in communication skills training, while only a broad training in child development is included. Marte Meo comunication skills training can provide PHNs with training in observational skills; it provides detailed practical information on social and emotional developmental processes and provides training and insight into the nurses' communication and interpersonal skills. To aid the understanding of PHNs interpersonal skills in building relationships with parents, social exchange theory will be examined in the next section.

2.3 SOCIAL EXCHANGE THEORY

As well as drawing on attachment theory, the Marte Meo method also draws on the theory of social exchange. The main work on social exchange theory originated with Homans (1961) who stated that social interaction involves exchange between two people. This theory was built on by Blau (2006, p8); he describes social exchange as a process of relationship building based on trust and involving a voluntary transfer of resources from one person to another, within various settings. An exchange between two people can be termed a "symbolic interaction" (Roloff, 1981, p15). Symbolic refers to the "underlying linguistic foundations of human life" and the word interaction refers to the fact that people "interact with each other" (Lindesmith,

Strauss and Denzin, 1991, p6). Mead (1934) was the most influential scholar in developing the idea of symbolic interaction, which he used to describe a process where the human mind develops out of the interaction and communication processes that it experiences, and where language is the basis for symbolic interaction. Blumer (1986) broadened Meads' theory of symbolic interaction; he argues that human beings act toward things on the basis of meaning, which is derived from social interaction with another and modified through a process of interpretation. Therefore, understanding symbolic interaction, as a medium through which interaction occurs, involves one person interpreting the meaning of the other person's actions, rather than just reacting to the actions and language of the other. Symbolic interaction is the underlying framework of the Marte Meo method, as the method focuses on supporting development and building relationships in daily moments of interaction (Osterman, Möller and Wirtberg, 2010). The exchange that takes place between parent and child, nurse and parent involves an exchange of the elements of supportive interaction (see chapter 1, p5.)

The literature suggests that social exchange theory can be used as a model in home visiting for client-nurse interaction (Byrd, 2006, Chalmers 1993, Chalmers, 1992). According to Chalmers (1992), the theory of giving and receiving in health visiting practice provides both an explanation and understanding of how experienced health visitors[7] (HV) work with clients in the community, particularly in relation to health promotion. Byrd (2006) indicates that client-nurse interaction is viewed as an exchange process and leads to an exchange of resources. Resources can be an exchange of information, exchange of concrete goods and confirming or validating

[7] Health Visitor refers to public health nurses based in the U.K.

the parent. Social exchange theory is useful in understanding how PHNs initiate, maintain and end the home visiting process (Heaman et al, 2007, Byrd, 2006). Initiating contact with a client, for the first time, demands good interpersonal skills from the nurse, to ensure that a connection is made (Kristjanson and Chalmers,1991). This initial contact also influences the progression of the relationship and the outcome of the work between PHN and client (Heaman et al, 2007, Kitzman et al, 1997, Paavilainen and Astedt-kurki, 1997). For example, findings from a study by Paavilainen and Astedt-Kurki (1997, p139) indicate that trust is needed between nurse and client to build a relationship and to proceed towards a common goal. Successful termination of contact is achievable between the HV and client when the exchange of resources is successsfully experienced, as HVs provide a service and clients experience success in meeting their needs and the needs of their children (Chalmers, 1992, p1322). In other words, successful termination is possible when resources such as health information, reassurance, developmental assessments and physical goods are provided by the nurse to meet the client's need and the client provides resources such as time for the visit, access to the home, attentiveness and information so that the nurse can address the clients concerns (Byrd, 2006, p273).

Hanafin and Cowley (2006) report from an Irish case study that the interaction that takes place between the PHN and client forms the substance of contact in the relationship. In other words, interaction involving the steps of initiation and exchange between nurses and their clients leads to the essence of the contact. In Canada, Jack, DiCenso and Lohfeld, (2005) report that mothers were able to deepen their connection with their HV when the HV had good interaction. Good interaction

is identified by mothers as when the HV smiles, nods to encourage, is humorous, allows time for the mothers to talk and exchange ideas with each other. Chalmers (1993) found that the interation between HV and client influences the process of identifying need in that need was more easily disclosed by the mother and discovered by the HV. In summary, the interaction between the nurse and client is essential to the successful work of health visiting and public health nursing. Research findings suggest that enhancing and building the skills of PHNs in their interaction with clients is important for relationship building and for the success of home visits.

Although research shows the importance of adequate interpersonal skills and relationship building skills in home visiting, Goding and Cain (1999) and Chalmers (1993), contend that health visitors receive little assistance in their health visitor training in developing and enhancing their interpersonal skills, and little attention is paid to the theoretical basis for the process of assessing interpersonal competence in training. It is suggested that this study, whose aim is to explore with PHNs their experiences of training in Marte Meo communication skills, will grow our understanding of how specific training toward enhancing interaction with parents and families is experienced by PHNs and how such training enables (or not) their interpersonal competence. Existing literature on the role of the PHN in relation to supporting parents in child rearing practices will be examined in the next section.

2.4 ROLE OF THE PUBLIC HEALTH NURSE

This section will examine factors that influence the PHN in her role of supporting families, particularly those with children aged 0-6 years. The PHNs role in relation to social support and observational skills will also be examined.

The PHN has a vital role of working in a holistic way in the community. McMurray (2006, p6) refers to holistic care as "encompassing the whole and not just the physical components of health." In other words, holistic care includes caring for the the psychological, social, spiritual and physical aspects of a person. PHN practice is guided by the principles of primary health care which encompass a broad spectrum of activities to encourage health and well-being (McMurray, 2006). Their practice includes the provision of care at primary[8], secondary[9] and tertiary[10] levels, making decisions, communicating and building individual, family and community strength and giving leadership (Clarke, 2004). The PHN works with individuals and the family in the health clinic and/or in the family home. In Ireland the *Strengthening Families for Life Report* (Commission on the Family,(CoF) 1998) recognises that the PHN is often the first professional to enter a family home upon the birth of a baby. She can be the first point of contact for people seeking health services and she is ideally placed to provide family support. The key role for the PHN service specific to family support is identified as providing a service to children and families in prevention, health promotion, treatment and care. Within healthcare and social policy it is increasingly being noted that parents need support in their parenting role and that PHNs are ideally situated to provide this support (Commission on the

[8] Primary public health nursing care involves health promotion and prevention.
[9] Secondary public health nursing care involves care giving by responding to identified need.
[10] Tertiary public health nursing care involves rehabilitation and health restoration after illness. (McMurray, 2003, p6).

Family Report, 1998). In the Northern Ireland document *Health for All Children, Guidance & Principles of Practice for Professional Staff* (H.S.S.&P.S., 2006, p7) one of the objectives of the "Hall 4 Core Programme[11]" is to support the local community to create a home environment in which the child can be safe and can grow and thrive physically and emotionally. In Ireland, Denyer, Thornton and Pelly (1999) recognise that a child-centred model of practice is necessary to ensure the best support possible for the child's development. A child-centred model of practice is one where services working with children and families recognise that the children and parents should be at the centre of them.

Visiting families in their own home is a large part of the PHN role. In a U. K. study on child protection and public health (Crisp and Green Lister, 2004, p660), home visitors report that "their supportive involvement with families began with the birth of a child, and not just when problems arose." The role of the HV in the study is widely seen as one to support families. Results of studies on evaluating home visits and home visiting programmes suggest that home visiting is effective in improving parenting skills, parenting competence, child development knowledge and child behaviour (Armstrong et al, 2000, Kendrick et al, 2000, Herrmann,Van Cleve and Levisen 1998). Significantly, Armstrong et al, (2000) report the focus of the visits includes, enhancing parenting self-esteem and confidence by reinforcement of success, providing anticipatory guidance for normal child development problems, for example, sleep problems, crying, behaviour difficulities, and promoting preventative child health care, for example, encouraging child immunizations. PHNs in their

[11] The Hall 4 Core Programme is the UK, Health For All Children (HALL 4) (Hall and Elliman, 2003) framework commended to all Health and Social Services Boards and Trusts, which sets out proposals for preventative health care, health promotion and an effective community-based response to the needs of families, children and young people http://www.health-for-all-children.co.uk

visits to families can offer practical advice on child rearing or provide practical supports for the family. These findings suggest that nurses providing a solution-based orientation in the family can facilitate positive change and development. Having a solution-based orientation, in the context of parent-child relationships, is one where the focus of the PHNs interaction is on valuing the parents nurturing role in families and supporting them providing their children with the best start possible in a safe and, supportive environment (Rowe and Barnes, 2007). In summary, the literature identifies the PHN as a professional who is ideally placed to support parents in their parenting role in relation to parent-child attachment, child management skills and child and family health promotion.

The role of the PHN in relation to social support is examined in the next section.

2.4.1 Social Support

Cobb (1995, p379) defines social support as a process that enables a person "to believe that he/she is cared for and loved, esteemed, and a member of a network of mutual obligations." Throughout the literature (Leahy Warren, 2007, 2005, Plews, Bryar and Closs, 2005, Hebbler and Gerlach-Downie, 2002, Tarkka, Paunonen and Laippala, 1999), PHNs are recognised as professionals who provide social support to parents and families. In a study on social support and confidence in infant care of first-time Irish mothers, Leahy Warren (2007, p372, 2005, p484) identifies the functional elements of social support as: informational[12], instrumental[13], emotional[14] and appraisal[15].

[12] Informational support is information that is exchanged between people which has a positive outcome for recipients (Cobb, 1976 cited in Leahy-Warren, 2007, p370).

In relation to appraisal support Leahy-Waren (2007, 2005) reports that first-time mothers most frequently recognise PHNs as sources of appraisal support. However in a Finnish longitudinal study, Tarkka, Paunonen and Laippala (1999) report affirmation or appraisal support by PHNs to be the least frequently identified by first-time mothers of three month olds. The study did, however, establish a positive correlation between mothers successfully coping with child care and the social support given by PHNs. Results in this study also identify that the supportive, encouraging and affirmative actions of the PHN build self-confidence in mothers, particularly as new mothers learn to recognise and respond to the needs of their child. In Sweden data from a study by Jansson et al. (1998), on the views of mothers and public health nurses on quality in child healthcare, reveals that the PHN is seen as a key element of the necessary social support that is required by mothers, particularly in relation to acknowledgement, confirmation and support in mothers' parenting role. In the UK Plews et al. (2005) identify mothers' perceptions of health visitor support as being significant in relation to child-health matters and in terms of mothers' well-being.

Evidence from the literature suggests that interpersonal skills of the PHN, and her ability to build a relationship with clients, is an important aspect in facilitating the giving of support (Jack et al, 2005, Hanks and Smith, 1999, Collinson and Cowley, 1998, Paavilainen and Astedt-Kurki, 1997). It is essential that PHNs have the

[13] Instrumental support is a transaction in which direct aid or assistance is given (Khan and Antonucci cited in Leahy-Warren, 2007. p370).
[14] Emotional support is when one has emotional concern for the other(s) (Leahy-Warren, 2007, p370).
[15] Appraisal support refers to affirmation or expressions of agreement or rightness of some act or point of view (House 1981 cited in Leahy Warren, 2007, p370) . From a Marte Meo perspective the notion of appraisal support can be understood as supporting parents by affirming them in their interactions with their child, by nodding, giving good faces and using the main elements of interaction that sets the atmosphere to be supportive (Bjerntes and Drugli, 1997).

knowledge and skills to address the needs of families in a way that is understandable to the family to effect change (Heaman et al., 2006, Shinitzky and Kub, 2001).

In summary, research evidence identifies social support as an important element of support that PHNs can provide to parents. The interpersonal skills of PHNs are an influencing factor in building relationships with parents. PHNs need to have the required knowledge and skill base to identify the needs of a family. Observational skill is a skill required by PHNs in family work, which will be examined in the next section.

2.4.2 Observational Skills

It is recognised in health care policy (National Core Child Health Programme Review Group, (NCCHPRG), 2005, CoF, 1998) that there is a need to continuously strengthen all areas of parent support and child-health and to shift from formal testing to observation of child behaviour and development by trained professionals. Kemp et al. (2005) argue that nurses involved in sustained home visiting must have detailed knowledge of child development and the observational skills which will enhance positive parenting behaviour and interaction. Chalmers' (1993) original study on the work of health visiting reports that many HVs' have difficulty in articulating their experience of assessing, picking up and responding to cues in a family. Some HVs. describe their responses to certain situations as using their "sixth sense" or having a "gut feeling" (Chalmers, 1993, p905). Benner and Tanner (1987, p23) describe the sixth sense that nurses experience as intuition and define intuition as having "understanding without a rationale." This understanding is based on background understanding and skilled clinical observation. However, there is a lack

of evidence-based research relating to how PHNs manage to articulate or document this sixth sense or intuition (Ling and Luker, 2000, Chalmers, 1993).

In looking at health promotion for children, the report *Best Health for Children Revisited* (NCCHPRG, 2005, p18) recommends that there needs to be an increased emphasis, by the professional, on affirming and promoting bonding between parent and child, and on promoting parenting skills and age-appropriate play. However, in practice it can be the experience of professionals that the focus can be problem-oriented, with abstract parenting information[16] being discussed with parents (Aarts, 2008, 2000, Bjerntes and Drugli, 1997). Aarts (2008, 2000) developed Marte Meo as a method that has practical and detailed information on child development that is understandable for parents and professionals.

The method was introduced into ireland in 1991. Since its introduction O' Donovan (1998) undertook a small non-research evaluation study of Marte Meo interventions with families and in residential care situations; she reports satisfaction from parents' and residential care staff with results achieved. A qualitative exploratory study of Marte Meo therapists (Maughan, 2008) on the value of Marte Meo therapy in establishing, re-establishing and supporting attachment relationships, reports that Marte Meo therapy assists caregivers, including parents, in forming attachment relationships with their children. Berkeley and Flynn (2006) report positive findings in their small scale research of parents on the benefits of the Marte Meo programme

[16] Abstract parenting information is when the professional gives information on parenting or child development to parents in a general way and without telling the parent how to do it, e.g. "You need to have more contact with your child," " you and your child need a better relationship," "your child needs to build confidence".

in supporting the child with autism to develop social communication within the family environment.

In relation to PHNs, the Marte Meo method is a tool that can be used to train PHNs in their interaction with parents to promote parenting competence, to develop observational skills in relation to bonding between parents and their child and to support PHNs to work from the premise of clients' strengths. This implies that the PHNs work in a solution-focused way so that they are "interested in exploring and developing with clients their strengths and abilities rather than focusing solely on their weaknesses and disabilities" (McAllister, 2007, p2). However, in order for PHNs to have observational skills to read signals of parents' strengths, PHNs must develop knowledge and awareness of how parents support the social and emotional development of their child in daily interaction moments (Kristensen, 2003). Therefore for the purpose of this review, learning and empowerment will be examined in the next section in relation to PHNs training in Marte Meo communication skills.

2.5 LEARNING AND EMPOWERMENT

The Marte Meo Communication Skills Training Course for Public Health Nurses aims to:

i. train PHNs in observational skills with a specific focus on child development and attachment;
ii. provide PHNs with concrete information on child development and developmental processes;

iii. train PHNs in communication skills toward enhancing their awareness of their own individual interactive style with families;

iv. train PHNs to work from a premise of building on parents' strengths.

Training and upskilling is an essential component of continuing professional development. An Bord Altranais (1994) give emphasis to the importance of continuing professional education and training opportunities for competent nursing practice. Training is defined as "the art or process of teaching or learning a skill or discipline" (Concise Oxford Dictionary, 1990, p1295). Learning is defined as "gaining knowledge of something or acquiring skill in some sort of practice" (Collins Dictionary, 1999, p456). Learning takes place in many settings and at this juncture will be looked at in the context of a formal training process.

Lave (1996, p150) states that learning is a feature of "changing participation in changing practices" especially when people engage together and their activities are interdependent. Wenger (1998) argues that learning changes a person's ability to participate, to belong, to negotiate meaning, and takes place within social participation and ultimately shapes a person's identity. Eraut (2000, p114) describes learning as a process of when knowledge is acquired and also when existing knowledge is used in a new context. During the Marte Meo training process PHNs learn new knowledge as well as learn how to use their existing knowledge in a new way. Eraut (2004b, pp201-221) portrays the learning of previously acquired knowledge or skills in new situations as "transfer" in the learning process. The literature on learning in health and social care indicates that learning supports and opportunities are significant components to developing knowledge and skill (King, 2009, Eraut, 2006a, 2003a).

During the training process, Marte Meo information is transferred via video film or DVD. Everyday films of family situations are analysed in relation to interaction between parent and child, the support that the child receives in daily interaction moments and the developmental level of the child. PHNs are trained with the use of these films to "look" to see what happens in everyday interaction, and to "look" to see how this interaction takes place. The use of video film offers opportunities for the nurses to learn a new way of looking at a family, to identify moments when parents support their child which in turn stimulates the developmental process for the child. Holmström and Rosenqvist (2004, p 210) imply that the use of video film in professional education can create a new understanding of the client-professional encounter which is essential to "developing professional competence for effective patient education." Video film/DVD is identified as a tool to facilitate professional reflective practice (Holmström and Rosenqvist, 2004, Raingruber, 2003). Videotapes bring experiences back to life, allow the person to look again and open the way to further develop understanding (Raingruber, 2003) of the nurses interaction when with their clients.

The Marte Meo trainer facilitates a reflective process with the PHNs by pausing the film, in moments, to identify skills of parents in daily interaction, the social and emotional needs and developmental level of children and the nurses own interpersonal skills. Eraut (2003b, p119) describes the use of videofilm as a "show and tell" strategy of learning and identifies the use of videotapes as having the most potential for enhancing sharing in a learning situation. The Marte Meo trainer uses real family-life films as well as clinic-based films provided by the PHNs as a means of transferring concrete information on child development and interpersonal skills to

the nurses, thus providing an opportunity for PHNs to see and hear information within many different family and clinic contexts.

The repetition of the information from different family and clinic situations facilitates the PHNs to integrate the knowledge in daily practice as they all have experience of practising as PHNs and an understanding of the client group with which they are working (Brown, Collins and Duguid, 1989). Having an understanding of their client group suggests a knowing (Chinn and Kramer, 2010) that refers to their ways of perceiving themselves and their world as PHNs. Knowledge refers to knowing that can be expressed in a way that it "can be shared or communicated with others" (Chinn and Kramer, 2010, p3). The sharing of what one is doing through the use of video enhances the group's capacity to learn from each other (Eraut, 2004a).

Eraut (2006b) states that feedback is recognised as an aspect that influences learning and is a key element of interpersonal communication. Feedback is an essential component of the Marte Meo training process; feedback is given to nurses individually, in the group setting, on both the family and health clinic film situations that they bring to the training. The purpose of the feedback in this educational setting is to transfer concrete information on family interaction, to identify interpersonal strengths of each individual nurse and to provide guidance on the quality of the nurses' understanding (Eraut, 2006b) of the Marte Meo information. Furthermore, Eraut (2006b, p114) argues that an influencing factor in feedback is the style in which the communication of feedback is given and received. From a Marte Meo perspective feedback is given in a supportive way where trainers model the

elements of supportive interaction in their communication with the person. These elements involve trainers setting a friendly atmosphere through the use of good tones and the giving of a smile; selecting and showing film clips that will raise awareness of the person's own interpersonal skills, and providing space by waiting in interaction moments[17] for the person to receive, integrate and form a response to the information. In other words, feedback needs to be communicated in both a constructive and emotionally sensitive way (Eraut, 2006b). Feedback in this way contributes to empowerment through teaching (Chally, 1992).

The Marte Meo training process strives to empower PHNs to implement Marte Meo skills and to work in a solution-focused way with parents. According to Kuokkanen and Leino-Kilpi (2000, p236) the experience of empowerment is "fundamentally positive," where engagement is solution rather than problem-focused. Conger and Kanungo (1988, pp474-476) suggest that empowerment can be viewed as enabling, where the focus is on building motivation and providing people with a strong sense of "personal efficacy."[18] According to Bandura (1977), a self-belief in one's capabilities to perform a task influences the outcome, while Corbally et al. (2007) found that motivational techniques and continuing education nurtured a sense of empowerment amongst Irish nurses and midwives. Specifically within the Marte Meo Communication Skills Programme,[19] trainers identify the participants' strengths toward facilitating their belief in their own personal efficacy (Bandura, 1977). The

[17] Moments of interaction where the trainer says something and then waits, by pausing, for the PHN to respond

[18] Personal efficacy is the belief that one has in his/her own competence, the ability to perform work activities with skill (Chang, Liu and Yen, 2008, p2783)

[19] Through the medium of the PHN's films the Marte Meo trainer identifies the individual strengths of each of the nurses which suggest facilitating the nurses' belief in their personal efficacy. As a Marte Meo trainer it is my experience that during feedback when a person is shown on film what he/she manages well in interaction moments, he/she is activated to continue to do more as the awareness level of the person is raised.

opportunities presented within the Marte Meo communication skills training, where PHNs are encouraged to develop an awareness of their strengths in interaction with other(s) toward enhancing their personal efficacy, fits with Conger and Kanungos (1988, p476) notion of empowerment. The need to feel empowered in order to empower other(s) is acknowledged by Chavasse (1992, p1) who states that nurses need self-confidence that is gained from appropriate knowledge and expertise in order to be able to empower others.

Empowerment is a key element of health promotion, which is an essential part of the PHNs practice to promote the social, emotional and physical health and well-being of children, parents and families. The Ottawa Charter (WHO, 1986) defines health promotion as "the process of enabling people to increase control over, and to improve, their health." It further outlines the necessity of supporting people in social and personal development through the provision of information and the enhancement of life skills. Empowerment, from the viewpoint of clients is viewed as enabling people to be in charge of their own health agendas, while at the same time supporting people to develop skills to achieve their agendas (Rodwell, 1996). From a Marte Meo perspective PHNs can facilitate the empowerment of parents by having an awareness of their own interactive style and working from a premise of strength with families (Bjerntes and Drugli, 1997). Findings from a Canadian study by Aston et al. (2006) report that mothers commented on the PHNs interpersonal communication skills as an important factor toward helping them to build their own confidence, while PHNs commented on their endeavours to foster the empowerment of mothers by attempting to focus on the mothers' strengths and capabilities. These findings are consistent with those of Falk-Rafael (2001) who suggest that PHNs who focus on

strengths rather than limitations within the parent-PHN relationship can lead to an increase in client confidence, which in turn can lead to positive changes in the clients' behaviour towards their family and community.

In summary, the literature identifies learning and empowerment as essential components to developing knowledge, skills and competencies. Feedback through the use of video is seen as a reflective process which aids the understanding of interpersonal communication. Empowerment is identified as a key element of PHNs practice to promote the social, emotional and physical well-being of children and families. Findings from studies suggest that PHNs who employ an empowering style of intervention with clients and families and who work from a premise of strength – "starting where people are and building with what they have" (Aarts, 2008, p64), are likely to achieve a more positive outcome for families and children.

2.6 CONCLUSION

A review of the literature suggests that PHNs can play an influential role in supporting parents in the parenting process. Key theories which illuminate our understanding of family support interventions by PHNs and other professionals, are attachment theory and social exchange theory. Attachment theory concentrates on child development, both from the perspective of relationships and from the perspective of developmental processes. Social exchange theory focuses on the trusting relationship built between individuals, who are in direct contact with each other, through interation, and which involves the voluntary transfer of resourses. Social exchange theory provides a framework for understanding client-nurse

interaction during home visiting. Thus, an understanding of attachment theory and social exchange theory is important for this study.

The literature identifies the importance of PHNs working from a premise of parents' strengths and capabilities toward enabling them to provide the best support possible for their child's development, and the need for continuous professional development to support PHNs to build competencies in order to enhance parenting skills and know-how. One such programme of development is the Marte Meo communication skills training[20] (Aarts, 2008, 2000). There is very limited research evidence on how the Marte Meo method has been employed within the role of the PHN to provide support to parents or on the experiences of PHNs regarding the Marte Meo communication skills training. Thus this piece of research will undertake a qualitative study of PHNs' experiences of training in Marte Meo communication skills.

The next chapter will look at the methodology used in this study.

[20] The Marte Meo communication skills level of training is also known as the Marte Meo Practitioner level of training.

CHAPTER 3: METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the stages involved in my research study and the justification for the decisions made in the research process. The paradigms of qualitative and quantitative research designs are identified. The justification for a qualitative design based on hermeneutic phenomenology for this study is clarified. A discussion on philosophical underpinnings and the selection of Heideggerian philosophy to be drawn upon for this study is presented. Ethical considerations, participant recruitment and sampling is explained. An account of my data analytical framework and the development of emerging themes is outlined.

3.2 RESEARCH QUESTION

The research question addressed in this study is:

What are Public Health Nurses' experiences of training in Marte Meo communication skills?

3.3 AIMS AND OBJECTIVES

The aims and objectives of this study are:

- To complete a qualitative phenomenological study on Public Health Nurses' experiences of training in Marte Meo communication skills;
- To interview Public Health Nurses to develop an understanding of their experiences of training in Marte Meo communication skills;
- To analyse the interview data;

- To report the findings of the data.

3.4 RESEARCH DESIGN

Literature identifies two main paradigms in research which are quantitative and qualitative research designs. Selection of the research problem to be investigated is an extremely important initial step in the research process and determines, to a large extent the nature and quality of the research (Dempsey and Dempsey, 1996). Quantitative design is based on testing a theory made up of variables, measured with numbers and is open to statistical evidence (Creswell, 1994). Quantitative inquiry is carried out to describe new situations, events, or concepts in the world; to examine relationships among concepts and to determine effectiveness of cause and effect (Burns and Grove, 2003). Quantitative researchers have a belief that truth is absolute and that all human behaviour has a purpose and is measurable. Hence, the researcher does not become part of the research study as he/she remain objective, meaning that one's values, feelings and personal ideas do not become part of the research process (Burns and Grove, 2005).

Quantitative data collection relies on measurement and counting; analysis follows rules, is uncomplicated and clear-cut (Morse, 2006). Numerical scores are also used by quantitative researchers in dealing with experiences and emotions of participants and studies are written in the third person prose (Denzin and Lincoln, 2005). Data are usually of a factual nature in which participants have to tick boxes and findings are displayed in chart or graph form (Gerrish and Lacey, 2006). The data are reduced and organised by statistical analysis, differences among groups are identified and study findings are usually generalisable (Burns and Grove, 2005). As

the emphasis for quantitative researchers is on the practice of developing generalisations they are purposely unconcerned with rich descriptions (Denzin and Lincoln, 2005). In collecting data of peoples' experiences a weakness in quantitative studies is that emphasis is not on processes but rather on the measurement and analysis of casual relationships between variables (Denzin and Lincoln, 2005). Since a quantitative approach involves the collection of numerical and statistical data and this study has an emphasis on process and meaning of the experiences of PHNs, a quantitative research approach is inappropriate.

Qualitative design, on the other hand, takes place in a natural setting[21], is based on building a holistic picture with words and detailing views of participants; it attempts to interpret the phenomena in terms of the meaning people bring to them (Creswell, 1994, p 2, Denzin and Lincoln, 2005, p3). Qualitative inquiry is an interpretative act, it emphasises process and meaning, the intimate relationship between the researcher and what is studied and seeks answers to how social experience is given meaning (Denzin and Lincoln, 2005, p10, Morse, 2004, p739). According to Denzin and Lincoln (2003, p51) a qualitative researcher studies a specific setting that involves people in the real world situation, in order to understand the meaning of participants' lives as the participants describe it. Qualitative research is realistic, interpretive, and grounded in the lived experiences of people (Marshall and Rossman, 2006, p2). In contrast to quantitative researchers, qualitative researchers interact with their participants during the research process and thus become part of the study. Quantitative researchers remain detached from study participants while qualitative researchers have full engagement with their study participants.

[21] Natural setting in this context means that the research takes place in the real-world setting, that is, places where everyday experiences take place (Denzin and Lincoln, 2005, p27).

Quantitative inquirers believe that detachment or distance from study participants is required for objectivity within the research process. However, qualitative research embraces subjectivity as a reflexive subjectivity. (Reflexivity is discussed in section 3.6, p42 in this chapter)

According to Patton (2002), fieldwork is the central activity of qualitative inquiry. A qualitative researcher can be described as "going into the field" as he/she has direct and personal contact with the study participants in their own environments. Rossman and Rallis (2003, pp8-10) offer the following as characteristics of qualitative research and researchers:

Qualitative research:

- Takes place in the natural world;
- Uses multiple methods that are interactive and humanistic;
- Focuses on context;
- Is emergent rather than tightly prefigured;
- Is fundamentally interpretive.

The qualitative researcher:

- Views social phenomena holistically;
- Systematically reflects on who he/she is in the inquiry;
- Is sensitive to his/her personal biography and how it shapes the study;
- Uses complex reasoning that is multifaceted and iterative.

As the purpose of this study is to explore with PHNs their experiences of training in Marte Meo communication skills, a qualitative study is appropriate. Little is known

about PHNs experiences of this training; therefore a qualitative approach offers the opportunity of exploring their experiences and acquiring important knowledge for policy, planning and future research (Marshall and Rossman, 2006).

A qualitative approach is fitting to this study as it is uniquely suited to uncovering the unexpected and exploring new avenues of understanding (Marshall and Rossman, 2006) of participants' experiences of training in Marte Meo communication skills. In design, qualitative inquiries can use ethnography, grounded theory, phenomenology or case study research methods (Creswell, 2009). According to Marshall and Rossman (2006), the purpose and research questions set out by the researcher are shaped by the identified problem and thus guide the researcher in the decision of which method to use for an inquiry. Case study is not appropriate as it is a research strategy that focuses on the study of single cases which can include the study of an individual, a group or organization and uses multiple methods of data collection (Robson, 2002). Individual experience is the focus of this study. Ethnography is also inappropriate as an ethnographic study provides a description and interpretation on people's behaviour in relation to the complexities of cultures and social structures within their social contexts (Parahoo, 2006, Walliman, 2006, Robson, 2002). Grounded theory was also considered; however, as grounded theory studies are concerned with generating theory regarding a particular group of people in a particular setting (Robson, 2002, Moustakas, 1994) in which knowledge of social realities is achieved (Starks and Brown Trinidad, 2007), it is inappropriate to this research inquiry. Having reviewed the different qualitative approaches, I decided that a phenomenological approach is suitable for this study.

Phenomenology is the study of individual lived experiences (Marshall and Rossman, 2006, Van Manen, 1997). Van Manen (1997) refers to a phenomenological study as a study of the "human science" as it is the study of lived meanings and it attempts to describe and interpret these meanings to a certain level of depth and richness. Therefore, phenomenology answers questions of meaning from the perspective of those who have experienced particular phenomena (Mapp, 2008). Specific to this inquiry, a phenomenological approach will give PHNs the opportunity to tell of their experiences of training in Marte Meo communication skills and offer me, as researcher, the opportunity to develop an understanding of their lived experience and the meanings to which it gives rise (Polit and Beck, 2006).

Phenomenological studies are descriptive (eidetic) or hermeneutic (interpretive) in approach and embedded in philosophical tradition. The main differences between descriptive and hermeneutic approaches are in how findings are generated and how findings are used to enhance professional knowledge (Lopez and Willis, 2004). There are many schools of thought in relation to the philosophical underpinnings of phenomenology and I explored Husserl and Heidegger to facilitate my understanding of the different philosophical points of view in order to select my approach for this inquiry. The philosophical approach that I chose is influenced by the aim of my study which is to understand experiences and to interpret what is happening, rather than to generate knowledge (Koch, 1999).

3.5 PHILOSOPHICAL FOUNDATIONS OF PHENOMENOLOGY

Phenomenology was introduced by the German philosopher Edmund Husserl (1859-1938) and further developed by his student Martin Heidegger (1889-1976). As

previously stated, there is descriptive and interpretive phenomenology with fundamental differences between both. Descriptive phenomenology founded by Husserl aims to determine the meaning of the experience of a person and to provide a comprehensive description of it (Moustakas, 1994). Descriptive phenomenology describes the essence of a particular phenomenon where the focus of attention is on what is essential to the phenomena, through a reflective process involving suspension of opinion and prejudice (Le Vasseur, 2003). According to Koch (1995, p832) Husserlian phenomenology "emphasises epistemological questions of knowing and concentrates on experience" of the participants. It was Husserl's belief that in order for the researcher to grasp the fundamental lived experiences of those being studied it is necessary for the researcher to shed all prior personal knowledge of the phenomena in question (Lopez and Willis, 2004), a process called the "epoch process" (Moustakas, 1994, p85).

Epoch is a Greek word meaning to stay away from or refrain (Moustakas, 1994, p85); therefore the researcher involved in descriptive phenomenology uses bracketing to set aside his/her own ideas, knowledge and pre-conceptions of the phenomena being studied to allow for the phenomena to be described in its totality and in a new way (Moustakas, 1994). Bracketing leads to phenomenological reduction which is seen to preserve the validity or objectivity of interpretation against researcher self-interest (Koch, 1995). According to Koch (1995) and Munhall (1994) in descriptive phenomenological inquiry, structured approaches are applied during data analysis and follow procedures developed by Colaizzi (1978), Giorgi (1970) and van Kaam (1969). These structured approaches follow a specific framework of interpretation and all have similarities of transcribing and coding data

into themes (Mapp, 2008). Structured methods of analysis are often used within nursing research to determine validity (Koch, 1995). The validity criteria of credibility, dependability, confirmability and transferability are discussed later in this chapter, pp. 56-58.

Heidegger (1889-1976) a student of Husserl, challenged Husserl's notion of epoch and advocated that the researcher is as much part of the research as the participant and his/her previous knowledge is a pivotal requirement for the interpretation of data (McConnell-Henry, Chapman and Francis, 2009). Heidegger (1962, p61) believed that "the meaning of phenomenological description as a method lies in "*interpretation.*" His focus was on Dasein which translated means 'the kind of beings we are' (Cerbone, 2006, p42), and his belief was that consciousness could not be separated from "being in the world" (LeVasseur, 2003, p415). Heidegger introduced interpretive or hermeneutic phenomenology which goes beyond description to look for meanings that are hidden in human experience (Moustakas, 1994).

Heideggerian phenomenology emphasises the existential-ontological questions of the experience of understanding by questioning how people come to understand (Koch, 1995). Heidegger introduced the idea of the hermeneutic circle to "describe the experience of moving dialectically between the part and the whole," where the aim of the researcher's experience of data analysis is to understand differently rather than to understand better (Koch, 1996, p176). The hermeneutic circle represents the art of understanding which is accomplished through the continuous movement between the

parts and the whole of a text, while seeking understanding (Annells, 1996). Heidegger (1962, p195) states:

> This circle of understanding is not an orbit in which any random kind of knowledge may move; it is the expression of the existential *fore-structure* (original italics) of Dasein itself.

Heidegger believed that movement within the hermeneutic circle is essential to allow the researcher to look at the phenomena in question in relation to what is known about it already; thus, "the presuppositions or expert knowledge on the part of the researcher are valuable guides to inquiry and, in fact, make the inquiry a meaningful undertaking" (Lopez and Willis, 2004, p729). Heidegger described the researcher involved in hermeneutic analysis as relying on, or grounded in, their "*fore-structure*" toward understanding through interpretation. *Fore-structure* in this context involves the concepts of "*fore-having*, *fore-sight* and *fore-conception"* (Heidegger, 1962, p 191).

According to Geanellos (1998a, p155, 1998b, p241) fore-having refers to background practices from life experiences which make interpretation possible, for example, my everyday experiences as a Marte Meo trainer facilitate me to make interpretation possible. Fore-sight refers to "background practices that carry with them a point of view from which interpretation is made," for example, my personal and professional thoughts, feelings and ideas that formulate my point of view in relation to the Marte Meo training. Combining the interpretation from fore-having and fore-sight leads to fore-conception, which refers to "background practices which create expectations about what might be anticipated in an interpretation," in other words my pre-understanding. According to Plager (1994, p72) "the fore-structure links understanding and interpretation." Thus, understanding within interpretive or

hermeneutic phenomenology is found in the hermeneutic circle rather than by following a prescribed procedure (Koch, 1995) and researchers become immersed in the research using their knowledge and preconceptions to guide the inquiry (Lopez and Willis, 2004). In the context of this study, my prior knowledge, pre-understanding and experiences of being-in-the-world as a Marte Meo trainer assisted me in being "strong in my orientation to the object of the study," which is the PHNs' experiences of Marte Meo communication skills training, "in a unique and personal way" (Van Manen, 1997, p20). Engaging in a process of reflexivity assisted me in having an awareness of my preconceptions throughout the research process. (See section 3.6, p42 for a discussion on reflexivity).

Having explored the philosophies of both Husserl and Heidegger I chose Heidegger's hermeneutic phenomenology as appropriate to this study. Background experiences and knowledge pervade the main emphasis of philosophical hermeneutics (Annells, 1996). According to Koch (1999), hermeneutic inquiry is about understanding rather than about creating knowledge; it offers the opportunity of credible insights that bring us in closer contact with the world as opposed to offering us opportunities of a usable theory (Van Manen, 1997). In essence, I am positioning my fore-structure in this study in that, while I am not a PHN, I do provide Marte Meo training to PHNs[22] as well as to a wide variety of other professional disciplines in the Health Service. My day-to-day professional work involves me being immersed in the knowledge and work of the Marte Meo method, therefore it would be difficult to bracket my knowledge, ideas and preconceptions of this training as would be required in descriptive phenomenology. Rather than

[22] I was not the course trainer for the group of PHNs who participated in this study.

bracketing my experiences and knowledge I engaged in a hermeneutic process which allowed me to have a shared reality of the interview process with the PHNs and thus offered me the opportunity to create constructions of the shared reality (Koch, 1999). A shared reality involves the researcher in dialogue with the participant in a "genuine conversation" where the inquirer is open to the experience and is willing to engage in dialogue that may challenge his/her understanding (Schwandt, 1999, p458). I brought my interests and fore-structures (Heidegger, 1962) to the interview data, whereby meaning and significance were read into it (Koch, 1996). Meaning and significance are derived from detailed data analysis where "data generated by the participant is fused with the experience of the researcher and placed in context" (Koch, 1996, p176). I am embedded in this inquiry in a historical context[23] (LeVasseur, 2003) as every encounter entails an interpretation based on my background (Koch, 1996).

Leonard (1994, p55) contends that within the hermeneutic circle of understanding the researcher and research participant are regarded as "sharing common practices, skills, interpretations and everyday practical understanding by virtue of their common culture and language." According to Gadamer (1997, pp345-346), "language is the middle ground in which understanding and agreement concerning the object takes place between two people." In this study, my individual interviews with participants provided the "medium of the hermeneutical experience" (Gadamer, 1997, p345). (Interviews are discussed in this chapter, pp50-52.) Koch and Harrington (1998) argue that to ensure rigour in a hermeneutical research study the

[23] Historical context meaning my background knowledge and experiences as a Marte Meo trainer

researcher must engage in a process of reflexivity. Rigour within qualitative inquiry is discussed in this chapter, section 3.10, p54.

3.6 REFLEXIVITY

Reflexivity involves the researcher being in a process of an immediate, continuing, vigorous and personal self-awareness in all stages of the research process (Guillemin and Gillam, 2004). Reflexivity supports the phenomenological researcher to endeavour to disentangle perceptions and interpretations from the phenomenon being studied (Finlay, 2002). According to Finlay (2002) the practice of reflexivity can be a valuable tool to:

- Examine the impact of the position, perspective and presence of the researcher;
- Promote rich insight through examining personal responses and interpersonal dynamics;
- Empower others by opening up a more radical consciousness;
- Evaluate the research process, method and outcomes;
- Enable public scrutiny of the integrity of the research through offering a methodological log of research decisions.

I engaged in a reflexive process during this research project by maintaining a reflective diary for the duration of the study. My reflective diary assisted me in giving considerable thought to my own experiences, and to be explicit in identifying the ways in which my experiences relate to the PHNs experiences, which are the phenomenon being researched. Therefore my reflective diary enabled me to engage

in a process of self-reflection and interpretation (Laverty, 2003). Throughout my study I have written in the first-person as this will further identify my self and my self-aware role in this inquiry (Patton, 2002).

Often, the qualitative researcher is the research instrument in both data collection and data interpretation and thus qualitative inquirers can be accused of, or criticised for their "subjectivity" (Patton, 2002, p50). However, Van Manen (1997, p20) argues that in phenomenological inquiry objectivity means the researcher is "*oriented*" to the object of the inquiry and thus remains "*true to the object.*" According to Van Manen (1997), objectivity within the context of being oriented means showing the object or phenomena, describing it while remaining true to it and, at the same time, having an awareness of oneself in order to avoid getting sidetracked, or misled, by irrelevant or unrelated matters. Subjectivity, on the other hand, involves the inquirer being as "perceptive, insightful and discerning" as much as is possible in order to show or reveal the full richness and depth of the phenomena in question (Van Manen, 1997, p20). According to Koch (1996) researchers take their value positions into the research, which in turn assist them to understand the meaning of a particular phenomena (See section 3.8.3, p48 for discussion on bias). I remained true to the phenomenon of this study, that is the experiences of PHNs of training in Marte Meo communication skills, by staying strong in my orientation to my research question and remaining close to the experience as lived (Van Manen, 1997) in my interviews with participants. The findings are backed up and supported by quotes and vignettes of the participants responses. (See Chapter 4, p69.)

3.7 SAMPLING

Burns and Grove (2005) identify sampling as a process of selecting a portion of people, events or settings to undertake a research study. There are two forms of sampling strategies, namely non-probability and probability. In this study I used non-probability sampling as individual participants were chosen by non-random methods (LoBindo-Wood and Haber, 2006). Non-probability sampling strategies include convenience, quota and purposive sampling. The target group for this study were PHNs who participated in the Marte Meo communication skills training and therefore lived the experience. I used the non-probability strategy of purposeful sampling, as a phenomenological study selects individuals based on their particular knowledge of a phenomenon being studied (Streubert Speziale and Carpenter, 2003).

3.7.1 Purposive Sampling

In this study I used purposeful sampling as phenomenological studies require that all participants have experience of the phenomena being studied (Creswell, 2007). According to Patton (2002, p230), purposeful sampling is undertaken by using "information-rich cases" which provide a great deal of insights and in-depth understanding about issues of central importance to the purpose of the inquiry. Information-rich cases are cases that are selected purposefully to suit the study (Coyne, 1997). As the aim of this study is to explore with PHNs their experiences of training in Marte Meo communication skills, PHNs who experienced the training were invited to participate in this study as they are "information rich cases." Purposeful sampling in this study provided the information-rich data on the phenomenon of PHNs' experiences of training in Marte Meo communication skills.

3.7.2 Sampling Size

Marshall (1996) states that for a qualitative study a fitting sample size is one that adequately answers the research question. According to Patton (2002, p244) "there are no rules for sample size in qualitative inquiry." Patton (2002) further states that sample size depends on the purpose of the study, what the researcher wants to know, what will be credible and the time-frame and resources available. As this study is within the confines of an MSc and the focus is on experiences and in-depth information the sample size is small. I invited each of the ten (n=10) PHNs undertaking Marte Meo communication skills training in 2009-2010 to participate in the study. Exclusion criterion was a stated desire by a PHN not to be included in the study. All PHNs who participated in the training agreed to be interviewed.

3.7.3 Access to Participants

The aim in participant selection in phenomenological studies is to select participants who have lived the experience that is the focus of the study (Laverty, 2003). The experiences of PHNs are the focus of my inquiry; therefore, before commencing the research, I sent a letter to the Director of Public Health Nursing (Appendix A) in the Local Health Office to inform her of the research inquiry and to gain formal access to the participants.

3.7.4 Participant Recruitment

The recruitment of participants for this study is from the group of PHNs who participated in the Marte Meo communication skills training course between 2009 and 2010. As researcher, I provided the facilitator of the training course with

envelopes to hand out to each of the PHNs involved in the training. Each PHN received a plain language statement (PLS), with details of the study (see Appendix C), a consent form for participation (see Appendix D) and a stamped addressed envelope to me, to send the reply if they wished to participate. All (n=10) of the PHNs agreed to participate thus, all were interviewed. Before participant recruitment commenced ethical approval was granted by the Research Ethics Committee at Dublin City University.

3.8 ETHICAL CONSIDERATIONS

A key ethical issue in conducting a research study is the recognition and protection of the rights of the human person (Burns and Grove, 2005). Each participant must be treated with respect and each individual matters (Gerrish and Lacey, 2006). Ethics are concerned with protecting participants from harm during the research process; participants have the right to agree to become part of the study, to confidentiality, anonymity and privacy throughout the research process. For this study I provided all participants with a plain language statement, informing them of the purpose of the study. Participants also signed an informed consent form. Pseudonyms are used in the written report and tape recordings and transcript of interviews reside in a safe, locked place. According to Munhall (1994) the most critical ethical obligation for phenomenological researchers is to describe and interpret the experiences of others as truly as possible. Schwandt (1999, p454) refers to the truth of what we make of things as "the truth of the best account possible." I accomplished truth, as the best account possible, by becoming embedded in the hermeneutic process of data analysis toward gaining a true understanding of the participants' experiences. Davies and Dodd (2002) state that the researcher clearly

acknowledging and locating his/her position within the research process is embedded in ethical practice. I maintained a reflexive diary throughout the research process to aid me in achieving clarity. (See page 42 for discussion on reflexivity). In writing this thesis, I have provided details to the reader of how I, as researcher, am positioned throughout the study.

3.8.1 Informed Consent and Autonomy

Morse (2008) outlines that it is the right of research participants to know what the study is about; therefore, it is the responsibility of the researcher to give as much information as possible regarding the study to potential participants. This information facilitates participants to make up their minds whether they wish to participate or not (Parahoo, 2006). According to Sim (1991, p1288), personal autonomy of the participants can be supported when research participation is regarded as a "moral claim on members of society which they are ultimately free to decline, rather than a strict requirement with which they are obliged to comply."

For this study, I sought informed consent from prospective participants, i.e. PHNs, by providing them with a plain language statement to inform them of the purpose of the study and a consent form for written consent. The PHNs were informed that the interviews would be tape recorded for transcription purposes and the tapes would be stored in a locked cupboard until after completion of the study. The tapes will be destroyed within two years of the study being completed. The PHNs were informed in the plain language statement that participation in the study was voluntary and that they could withdraw from the study at anytime without any consequence to them. Offering participants the capacity to withdraw from the study provides them with a

means of exercising autonomous choice (Giordano et al, 2007). None of the participants withdrew from the study.

3.8.2 Confidentiality

Christians (2005) writes that assurance of confidentiality is the primary protection for participants against unwanted disclosure. To protect participants' confidentiality and anonymity in this study I used pseudonyms during data collection, interview transcriptions, data analysis and in this final written report. While group members were aware of who was interviewed, no names are used to identify participants and no demographic information is used in the study. Participants were informed in the plain language statement that some of their words (Morse, 2007) may be published in the final report. Participants were informed that the only other person who would have access to the interview information would be my research supervisor who also signed a form of confidentiality.

3.8.3. Potential for Conflict of Interest and Bias

The elements of potential for conflict of interest and bias were examined by the School of Nursing Ethics Advisory Committee and Dublin City University Research Ethics Committee. The committees were concerned that my role as researcher-practitioner could potentially influence the responses from participants during the interview process and my interpretation of the data. I clarified my role in that I was not the facilitator who delivered the training to the group of PHNs who participated in this study and the duality of my role as co-ordinator of the Marte Meo Training Centre and researcher was articulated in both the PLS and informed consent forms.

Also, the principle of "non-violent communication" (Bourdieu 1999, p610) can be applied, where the need "to understand what can and cannot be said" as well as the "social proximity and familiarity" inherent within the notion of non-violent communication provided the participants "with guarantees against the threat of reasoning reduced to objective causes, and having choices experienced as free turned into objective determinisms uncovered by analysis." In other words, rather than the "insider" role of the researcher being considered as a conflict of interest, it was viewed as a critical element of the process of understanding. In taking the perspective of Bourdieu, and how this might be accommodated within my study, as well as the need to develop understanding of my particular phenomenon (the experiences of public health nurses of training in the Marte Meo communication skills), then the choice of phenomenology did, in and of itself, foreground the whole notion of knowledge and knowledge-creation within my study.

Objectivity is not sought or achieved within qualitative research as the notion of bias is inherent where knowledge and understanding is a process of co-production and co-construction influenced by context and the belief systems of the researcher and the participants (Hewitt, 2007). Furthermore, my use of reflection (See section 3.6 for discussion on reflexivity) fore-grounded my subjectivity as researcher and examined my "impact, position, perspective and presence" thus laying claim to the trustworthiness and integrity of my study (Finlay, 2002, p532). The use of reflection provided the lens through which the data were analysed and rigour achieved (See section 3.10 for discussion on rigour). Following clarification on my researcher-practitioner position ethical approval was granted by the Research Ethics Committee, Dublin City University.

3.9 DATA COLLECTION

Data as described by Walliman (2006) are the raw materials of research. In qualitative inquiry, data are collected by observation, interviews and or questionnaires (Robson, 2002). Interviews can be the primary data collection in qualitative studies (Gerrish and Lacey, 2006). Interviews can be individual face-to-face interviews or focus group interviews. A focus group interview is an interview with a small number of people on a specific theme (Patton, 2002). I did not use focus group interviews in this study as I wished to hear of the individual experience of each of the participants.

There are three main types of individual interview structures which are fully structured, semi-structured and unstructured. Nunkoosing (2005, p700) refers to "*structure"* as the level of control the interviewer maintains during the interview. A fully structured interview has definite questions with set wording. A semi-structured interview has definite questions but the order can be changed according to what the interviewer is looking for. An unstructured interview is informal and of a conversational style (Patton, 2002, Robson, 2002). This study is a phenomenological inquiry and the primary tool of data collection is the interview as it gives insight into how participants make sense of their experiences (Parahoo, 2006). Van Manen (1997) indicates that descriptions of lived experience are data on which to work in phenomenological studies. The data were collected by using face-to-face, individual in-depth, unstructured interviews

3.9.1 Unstructured Interviews

An unstructured interview, also known as the informal conversational interview offers flexibility and spontaneity to the interviewer to follow the interests and thoughts of interviewees (Patton, 2002). The interview process in phenomenological inquiry takes place within an environment of safety and trust (Laverty, 2003). In unstructured interviews participants are usually asked to describe their experiences of the phenomena in question and interviewers follow the thoughts and ideas of participants. In this way unstructured interviews are open with very few direct questions and stay as close to the lived experience as possible (Koch, 1996). However, according to Sorrell and Redmond (1995) framing of the opening question is important in order to collect data that will answer the research question.

The aim of unstructured interviews is for participants to describe their experiences which allow the researcher "to gain a holistic understanding of the experience" (Sorrell and Redmond, 1995, p1120). Patton (2002) states that data collected from unstructured interviews are different for each person interviewed as open-ended questions facilitate the interviewee to describe their experiences in their own words. Unstructured interviews were used in this study as it allowed me to explore in-depth with each of the PHNs their experiences of training in Marte Meo communication skills. The flexibility of unstructured interviews allowed me to follow the interests and thoughts of the PHNs and thus to generate rich data. I began each interview with one interview question:

> Can you please describe your experiences of training in Marte Meo communication skills?

My aim in undertaking unstructured interviews was for the participant to be in charge of the flow of the conversation and for my use of probes to be shaped by the course of the conversation (Koch, 1996). My interview process is described in section 3.9.4 of this chapter.

3.9.2 Timing of the Interview

The PHNs completed their training in Marte Meo communication skills in March 2010. I conducted the interviews over a four week period during April and May 2010, as the detail and richness of the story is often better when nearer to the experience in time (Gerrish and Lacey, 2006). I commenced with the interviews on 12th April 2010 and completed the final interview on 6th May 2010.

3.9.3 Interview Location

PHNs have a busy daily schedule and it was important for me to offer a choice of venues that would make it easier for each PHN to schedule an interview into her day. Therefore, the choices of interview locations were the Health Centre of each of the participants, the Marte Meo Training Centre (the office of the researcher) or a venue of the PHNs choice. Eight (n=8) interviews took place in the Marte Meo Training Centre and two (n=2) interviews took place in the Health Centre of the respective PHN.

3.9.4 Interview Process

Interviews lasted between twenty nine minutes and thirty seconds to fifty-seven minutes and twenty seven seconds. Interviews were audio recorded with the

participants' prior consent. Immediately after each interview I wrote up my field notes of the interview process, as the period after an interview is deemed to be critical to the rigour and validity of qualitative inquiry and is a time to reflect on what happened during the interview (Patton, 2002). My field notes consisted of written data of my observations and reflections about each interview, for example, as a reflection in my field notes after my interview with Colleen I wrote:

> She (Colleen) sometimes looked at me, as if asking for help and bit her lip and would look away, as if not knowing where to go next. I used silences to help her to go on, used gestures with my hands to go on and sometimes reflected back (what she had just said).

My field notes became an important tool for me to use as a context for analysing my data later as my field notes contained my immediate ideas and insights (Patton, 2002) following data collection. While interviews were conducted in an unstructured manner, I used probing during the interview process to help interviewees expand on a response (Robson, 2002). I used verbal probes and nonverbal probes, and sometimes used both together, to keep my participants talking about their experience. My verbal cues included "umm," "yea" and nonverbal was occasional nodding of my head. I used these as "*elaboration probes"* (Patton, 2002, p373) when I wished to encourage a participant to continue with her story. I also used direct verbal elaboration probes in the form of a question when I wished a participant to go further in order to increase the depth and richness of a response, for example: "can you tell me a little bit more about...?" or "can you expand on that a little for me.?" I also reflected back, using a questioning tone, some of the things participants said as a way of prompting them to go deeper into the experience, for example; "so you say from an attachment point of view...?" In some moments when a participant appeared to have finished speaking, I used the "silent probe"

(Hermanowicz, 2002, p485) in that I remained silent to encourage participants to go on and follow their own line of thought and thus speak "freely and openly" (Hermanowicz, 2002, p486) about their experiences of training in Marte Meo communication skills.

All of the interviews were transcribed for data analysis. The main advantage of recording interviews was that I had an unedited record of what was said; hence, it was easier to check what was said and repeated checking was possible. Recording also means that the raw data are available for checks against researcher preconceived ideas and for secondary analysis by others (Walliman, 2006).

3.9.5 Pilot Study

Gerrish and Lacey (2006, p538) define a pilot study as an initial small scale type of study undertaken before the full research is carried out. A pilot study is like a "dress rehearsal" in which the proposed data collection design is practised as truly as possible (Robson, 2002, p185). Doing a pilot study gives the opportunity to the researcher to test out the interview format, questions, equipment, e.g. audio recorder and to gauge the length of time an interview may take (Gerrish and Lacey, 2006). Conducting a pilot study supports the researcher to pick up any errors that may need to be corrected before the real study is undertaken (Burns and Grove, 2005). The pilot study enables the researcher to experience the interview structure, from access to making contact with, and interviewing participants. It allows the researcher to become familiar with equipment, interview techniques and to identify what works and what to leave out (Seidman, 2006). A pilot study is undertaken early in the research process to allow time to analyse and review findings which will assist

planning for the larger study (Mason, 2002). I undertook a pilot interview with a PHN who had previously participated[24] in Marte Meo communication skills training and thus lived the experience. My purpose for undertaking a pilot interview was to gain confidence in the interview structure, to give me experience of posing my interview question and in using probes to follow and develop the conversation in an in-depth way with the interviewee. The pilot interview also facilitated me to practice using my audio equipment, to place it in the best position for clarity of voices, to record the interview and to download the interview to my personal computer.

3.9.6 Data Storage

In qualitative studies, most often data are collected and recorded simultaneously; therefore it is the responsibility of the researcher to maintain, keep track and store the data in a safe place (Hansen, 2006). My interview data were audio-recorded and down-loaded to my laptop and also onto compact disc. The compact discs were kept in a locked cupboard in my place of work and I set up a filing system using pseudonyms to ensure anonymity for the participants. To enhance security of the data on my laptop I used a private password to access the data.

3.9.7 Transcribing the Data

All interviews were recorded and all interviews were transcribed in full. According to Hansen (2006, p112) full transcription of interviews is the "gold standard" of transcribing. I transcribed three of the interviews verbatim. Due to time constraints within my MSc study I sent seven interviews for transcription to a professional

[24] The PHN involved in my pilot study was not a member of the group for this research study

transcriber. My experiences of transcribing the data are detailed in section 3.11.2, p61 of this chapter.

3.10 RIGOUR

Measures of scientific rigour are essential in all research. Reliability and validity are judgements of quantitative studies while credibility, dependability and transferability are the evaluation criteria in qualitative studies (Hansen, 2006). According to Davies and Dodd (2002, p280) rigour in research methods is a type of "systemised, ordered and visible approach." Davies and Dodd (2002) outline that an explicit part of ensuring rigour is accountability which begins with the researcher laying open and making visible the research process. According to Koch (1996) rigour is related to the trustworthiness of a study and this can be achieved by the researcher accounting for his/her events, decisions, and influences during the research process. I have accounted for my decisions throughout my final report, (Methodology Section and Data Analysis) which add to the rigour of my study. Cohen, Kahn and Steeves (2000) state that rigour in qualitative studies mean that all research decisions are well thought out, well examined and well described. As this is a qualitative study I will outline the criteria of credibility, dependability, confirmability and transferability.

3.10.1 Credibility

According to Hansen (2006) credibility of a research study is judged by the truth and accuracy of the findings. To ensure credibility in this study all interviews were audio-recorded which assisted accuracy in the transcription of the participants' views. Participants were invited to a consultation meeting prior to the writing of the final report to discuss findings. Seven of the ten participating PHNs attended the

consultation meeting. Of the three PHNs who were unable to attend, two were on annual leave and one had moved to a different part of the country. The consultation meeting offered participants the opportunity to agree or disagree with the findings and thus to clarify the accuracy for me (Parahoo, 2006). All of the PHNs in attendance concurred with the findings of the study which ensures data validation and trustworthiness of the study findings. Maintaining my reflective diary (Section 3.6) and describing my process of data analysis (Section 3.11.2) also adds to the credibility and trustworthiness in this research process. As previously stated a pilot study was conducted with a participant who provided me with the opportunity to identify any errors with the interview technique and also determine the appropriateness of the study.

3.10.2 Dependability

The dependability of a research study relates to matters such as appropriateness of methods, and clearness of methods and analysis (Hansen, 2006). A reader should be able to judge the dependability of a project by the researcher providing a clear account of the research process. According to Streubert Speziale and Carpenter (2003) the criteria of dependability in a study is met once the researcher demonstrates the credibility of the findings. Dependability of this study is demonstrated in my description of my data analysis (section 3.11.2) and findings are backed up with direct quotes from participants in Chapter 4.

3.10.3 Confirmability

Confirmability is the criteria whereby the researcher tries to stay as close to the truth as possible and to the reality described by the participants (Hansen, 2006). To assist

confirmability the researcher can keep an audit trail of events. An audit trail is a record of activities while carrying out the study (Robson, 2002). To ensure auditability in this study I maintained a reflective journal throughout the research process, (See section 3.6 for discussion on reflexivity). Throughout this research report I have explained and justified the process of my decision-making for the reader to follow.

3.10.4 Transferability

The results from qualitative research are seldom generalisable as in quantitative inquiry. In quantitative studies findings are described statistically and generalisability is the degree to which study findings can be applied to other groups and settings (Polit and Beck, 2006). In qualitative inquiry transferability is the criteria used to refer to findings that are understandable and recognisable by others (Hansen, 2006). Results in qualitative studies cannot be described as generalisable as usually findings are from a small purposeful sample and data are presented in text with rich description (Hansen, 2006). Polit and Beck (2006, p336) refer to rich or thick description as "a thorough description of the research setting, and the transactions and processes observed during the inquiry." Therefore it is the researcher who provides adequate information to allow judgements about contextual similarity (Polit and Beck, 2006) and it is the reader or the user of the report who dictates whether the findings fit or are transferable (Streubert Speziale and Carpenter, 2003).

3.11 DATA ANALYSIS

Qualitative data analysis is intricate, creative and ongoing in the research process (Gerrish and Lacey, 2006). According to Cresswell (2007), qualitative data analysis is inductive and creates patterns and themes. The inductive process involves the researcher working back and forth between emerging themes and the data until a comprehensive set of themes is established. Phenomenological analysis requires the researcher to become engrossed in the data while interpretive phenomenological analysis provides a set of flexible guidelines, which the researcher can adapt to suit the study (Smith and Eatough, 2007). According to Cohen, Kahn and Steeves (2000, p72) the goal of interpretative analysis is to achieve a "thick description that accurately captures and communicates the meaning of the lived experience for the informants being studied." The analysis framework for this study is informed by Heideggerian philosophical ideas which require involvement by the researcher and the participant(s) toward the achievement of a hermeneutic circle of understanding.

3.11.1 Analytic Framework

The hermeneutic circle describes the experience of moving between the part and the whole, via dialogue (Koch, 1996, p176). The hermeneutic circle is the basis for interpretation, where text is allowed to speak for itself, and where the process of "reading between the lines" of the interview transcriptions allows the researcher to uncover the true essence of the experience (McConnell-Henry, Chapman and Francis, 2009, p5). Uncovering the true essence of the experience involves the researcher entering into the world of the participant, in order to interpret the real meaning the person gives to the experience and in the truest way possible. Oritz (2009, p3) describes the hermeneutic process as one that involves:

(a) Searching for overall meaning of the text as a whole;

(b) Interpreting parts of the text and comparing the two interpretations between the whole to the parts and vice versa;

(c) Moving beyond interpretation to revealing the unknown.

Streubert Speziale and Carpenter (2003, p63) outline the three main steps in hermeneutic analysis as:

1. Naïve reading: The researcher becomes familiar with the text by reading it as a whole and begins to formulate ideas and thoughts about its meaning;
2. Structural analysis or interpretive reading: The researcher is involved in identifying patterns of meaningful connection, moving between the parts and the whole;
3. Interpretation of the whole: The researcher reflects on the initial reading, as well as the interpretative reading, to ensure a comprehensive understanding of the findings and themes that emerge.

According to Koch (1996) to really get into the hermeneutic circle the researcher should be aware of his/her own background and experiences and identify how these interact with the participants' experiences. Hence, the hermeneutic process becomes a dialogical method whereby the horizon of the interpreter and the phenomenon being studied are combined (Dowling, 2004, p36). According to Van Manen (1997, p79) "grasping and formulating a thematic understanding is not a rule-bound process but a free act of 'seeing' meaning." Hence, I chose to trust that "understanding would come" (Smythe et al., 2008, p1393) by allowing myself to be free within the hermeneutic circle of reading, re-reading, writing and re-writing. In essence, I

allowed myself to experience, what Smythe et al. (2008, p1393) describe as, a process of "learn[ing] to trust that understanding will come, but not without the circling discipline of reading, writing, talking, mulling, re-reading, re-writing and keeping new insights in play." I achieved my hermeneutic circling and the eventual analysis of my data by following the steps of Streubert, Speziale and Carpenter (2003).

3.11.2 My Process of Data Analysis

Analysis in a hermeneutical phenomenological inquiry begins with data collection (Streubert Speziale and Carpenter, 2003, Cohen, Kahn, and Steeves, 2000); thus my data analysis commenced once I began my first interview. During the course of the interviews I found that I was processing (Seidman, 2006) what each participant was saying by "actively listening and thinking about the meaning of what is being said" (Cohen, Kahn and Steeves, 2000, p77). My interviews were unstructured in that I had one question for the participant, which was:

> Can you please describe your experiences of training in Marte Meo communication skills?

I followed each participant's thinking by using probes and reflecting back what was said, toward helping them to go deeper into their experience of training in Marte Meo communication skills. I audio-recorded all of the interviews, in order to accurately capture what each participant was saying, thus preserving the words of the participants and providing me with original data (Seidman, 2006, p114). After each interview I immediately wrote field notes; these recorded my initial thoughts and reflections on the interview and on what the participant said. I noted the tone of voice, atmosphere and body language of the participants as they spoke and I noted

my reactions. I later transferred these field notes to my laptop. My field notes became my "emergent field-based insights" (Patton, 2002, p384); I reviewed and reflected on them throughout my data analysis.

When all of my interviews (n=10) were completed I began the process of transcription. I transcribed three of my interviews; however, since I was under time constraints I hired a professional transcriber to transcribe the remaining seven. Transcribing three interviews enabled me to get to know, and become aware of, the content of what participants were saying in their interviews. When the transcribed interviews were returned to me from the transcriber, I simultaneously listened to and read each transcription. This allowed me to check the accuracy of the transcription (Cohen, Kahn and Steeves, 2000) and to make sure the transcribed data were fitting with what was said. Listening to and reading these interviews also allowed me to familiarise myself with the data.

3.11.3 Naïve Reading

My naïve reading of the interviews began once I had completed the task of listening to the interviews to check for accuracy. I began to listen to each interview again, this time to get a sense of the overall meaning of what participants were articulating. I initially jotted down ideas of what I thought the participants were saying and then jotted down words of meaning that connected with the ideas. These ideas and words became the basis for my theoretical memos and reflected how my findings were derived from my data (Boeije, 2010). I also noted similarities that were coming up in each interview. I then began the process of more in-depth reading of each interview; I underlined words of meaning that I thought were significant and put

theoretical memos in the margins, which helped me to begin to "formulate thoughts about its meaning for further analysis" (Streubert Speziale and Carpenter, 2003, p63). In this early stage of data analysis I simultaneously used my audio-recorder and my transcriptions to listen to, and read, my data. I was actively involved in the process of listening, reading, re-listening and re-reading, a phase that Cohen, Kahn and Steeves (2000, p76) refer to as "immersing oneself in the data." Being immersed in the data gave me a sense of the richness and depth of the data which, in turn, helped me to gain an understanding of the meaning of the participants' experiences as I asked questions of, and listened to, the data.

At this juncture I began to use the NVivo 8 computer software package[25] to store my interview data. I needed to manage my data with the NVivo package in such a way that I could utilise the package to store and order my data and to have a sense of managing NVivo (Bazeley, 2007). I had continued to immerse myself in the data by reading, re-reading, listening and re-listening to the interviews and I now began to put my initial ideas from each of the interviews into "free nodes."[26] For example, each time a participant described an experience of "seeing more" in her daily practice, I placed her actual words - by cutting and pasting - into a free node called "looking and seeing." I found the NVivo 8 package helped me with the initial analysing, categorising and management of my interview data (Creswell, 2007, p167).[27] Through my use of NVivo 8, I was able to stay afloat in the initial phase of

[25] www.qsrinternational.com
[26] A node is a term used in NVivo 8 to refer to a reference about a specific theme. A free node is the first level of analysis where it is a "stand alone" node and the researcher puts meaningful sections of the transcripts under a heading. There can be many free nodes during analysis. Nodes are used for the process of coding
[27] I participated in one day training in the application of NVivo 8. (www.qdatraining.eu)

naïve reading of the interviews, before moving on to a more structured analysis of the data.

3.11.4 Structural Analysis

In my second level of analysis I began to "identify patterns of meaningful connection" (Streubert Speziale and Carpenter, 2003, p63) where I re-ordered, re-labelled and combined together similar emerging themes. At this point I began to use tree nodes[28] as my way of coding. I dwelled on my data through my free nodes, through a process of reading and re-reading. I used memos to record themes and insights that were connected to, and emerging from, each interview. One memo referred to a participant Lili; she spoke of feeling "privileged" to be able to identify with a parent what they were doing well with their child by saying to a parent, "you see what you just did there?" Lili spoke of "draw[ing] their [parents] attention to something they have just done that is good," as well as being able to tell the parent why it was good. In my memo I noted the emergence of a "respect model" being built between the nurse and parent and of how respect is needed to have a relationship. (See Strengthening the Nurse-Parent Relationship, Chapter 4, p87.)

I began to see similarities between what the nurses were describing and I then grouped similar themes together; for example, in my free nodes I had nodes describing moments of where the participants gave a sense of the experience of the building of their self-confidence. I named a tree node "confidence in practice" and within it I had sub-themes of; "choice in practice"; "reflective practice"; "learning"; "professional development." By engaging in this interpretive process of analysis and

[28] A tree node is a term used to refer to themes that are emerging as a main theme with subthemes within.

management of my data I was able to stay afloat and keep track of the complexity of the data, as well as finding a way of managing and not losing the richness of the data. My experience of using a computer package correlates with the writings of Thorne (2000, p69) who views them as "aids to sorting and organising data" though "none are capable of the intellectual and conceptualising processes involved to transform data into meaningful findings."

3.11.5 Interpretation of the Whole

On my third level of analysis, I moved toward a process of "*interpretation of the whole*" (Streubert Speziale and Carpenter, 2003, p64) by going back again to the overall written transcripts and moving between the whole and the parts, in keeping with being in the hermeneutic circle of analysis. I re-ordered and re-labelled my emerging themes and I refined down my understanding of what was being said. For example, as well as immersing myself in the data where the participants spoke of experiencing the enhanced competence of parents I also immersed myself in the data where they described their own experience of enhancement. This led me to rename the tree node "confidence in practice" as "confidence building model" and, in so doing, to achieve clarity in my understanding, in that confidence building involved two levels of experience: the nurses' experience of a building of their own confidence as well as an experience of enhancing the confidence of parents. I then developed sub-themes to encompass the underlying meaning of the experiences of confidence building of the nurses, as well as their experiences of building the confidence of parents - selecting positives; reflective practice; enhancing competence of parents; and learning. Each sub-theme allowed me to capture the

descriptions of the nurses' experiences connected to their own confidence building, as well as their experiences of enhancing the competence of parents.

According to Smythe et al. (2008, p1392), working with data is "an experience of thinking," one that lets "thinking find its own way, to await the insights that emerge." My thinking allowed new insights to emerge as I engaged with the written transcripts by reading, re-reading, reflecting and writing on themes identified in my earlier memos. I experienced moving dialectically between the part and the whole; I was properly in the hermeneutic circle of analysis and I allowed the text to speak for itself. I was able to uncover the true meanings of the participants' experiences (McConnell-Henry, Chapman and Francis, 2009, Koch, 1996).

The process of my interpretation of the whole involved a simultaneous process of using "statements and or phrases that seemed particularly essential or revealing about the experience being described" (Van Manen, 1997, p93) and writing on the emerging themes suggested by the experiences. From reading and re-reading my interviews I formulated the themes and threads that ran through my data - for example, I considered how the practice of "looking with an extended lens" actually facilitates change in the practice of the PHNs (see section 4.2 for discussion on looking with an extended lens). In addition, when writing, I began to put notes in square brackets [ ] when something connected with the literature that I had read, or where I made connections with my understanding of the philosophy of Heidegger. For example, when I was writing about the nurses' experiences of enhancing parental competencies, I made a note of the Heideggerian connection to the solicitude of care. Using the square brackets helped me to remember what my

thoughts were and to make the connections with the data. In essence, I had engaged in an interpretive process of analysis of interview data, derived from unstructured interviews with ten PHNs, that allowed me to reveal meaning in the following themes that emerged: looking with an extended lens; at the other end of the lens, awkwardness in simplicity.

In summary, my data analysis involved Streubert Speziale and Carpenter's (2003) three main steps in hermeneutic analysis: naïve reading, structural analysis of the interview texts and interpretation of the whole, including the interview texts, fieldnotes and evidence from my reading of the literature.

3.12 DISSEMINATION OF FINDINGS

The findings of the study have been written up and will be distributed to all participants and to the Director of Public Health Nursing in the local health care office. Emerging findings from the study have been presented in a poster presentation at the 2011, *3rd International Nursing and Midwifery Conference* held in Galway, Ireland. Research findings will be sent to nursing journals and the *Marte Meo International Journal*. According to Streubert Speziale and Carpenter (2003, p71), phenomenological inquiry offers the opportunity to reveal and illuminate phenomena important to nursing practice, education and research. This study is the first inquiry into the experiences of PHNs in training in Marte Meo communication skills and will greatly contribute to enhancing our understanding of the Marte Meo method and of PHN practice. Implications of my findings for practice and recommendations for future research in education and practice are discussed in Chapter 5, p135.

3.13 SUMMARY OF METHODOLOGY CHAPTER

This chapter presents a detailed account of my research design and the decision steps that I took within my research process. The philosophical underpinnings of my study are identified. Reflexivity and ethical considerations are explained. Methods of sampling and recruitment participation are justified and discussed. The issue of rigour in my study is identified and the steps taken to ensure validity are described. A detailed account of the process of my data analysis, how the developing themes emerged and the steps leading to their development is provided. The findings and discussion on my findings are presented in the next chapter.

CHAPTER 4: FINDINGS AND DISCUSSION

4.1 INTRODUCTION

This chapter outlines the findings and discussion of a hermeneutical phenomenological study on public health nurses' experiences of training in Marte Meo communication skills. Data were gathered from ten unstructured interviews with Public Health Nurses who participated in the Marte Meo communication skills training course that was completed in March 2010. To maintain confidentiality all participants were given a pseudonym. The interview narratives were interpreted according to a hermeneutical phenomenological inquiry and drew upon Heideggerian principles of philosophy. On analysing the data the model of practice that emerges from the meanings of the PHNs experiences is one that affirms parents, builds on parents' strengths and affirms and enhances the PHNs in their practice. This model of practice makes a valuable contribution to our understanding of the Marte Meo method particularly in the area of the Marte Meo communication skills training. The principal emerging themes of the model of practice (see table 1) as experienced by the PHNs in this study are:

i. Looking with an extended lens: PHNs find they bring a fresh perspective to their practice and report that this wider focus facilitates a shift in their practice toward enhanced understanding, and beyond a task focused orientation. Sub-themes are:

   - seeing more than before;
   - transition in practice;
   - strengthening the nurse-parent relationship;
   - heightened self-awareness.

ii. Being at the other end of the lens: PHNs find it useful to be at the other end of the lens as part of professional learning. Sub-themes of this theme are:

- apprehension;
- easing into it;
- a means to an end;
- confidence building.

iii. Awkwardness in simplicity: This theme captures the PHNs initial awkwardness in having a focus on social and emotional development and using emotional developmental language ascribed in part to the simplicity of communicating the process entailed in Marte Meo. Sub-themes are:

- awkwardness in dealing with and expressing emotional language;
- using emotional language and experiencing presence.

The findings relating to these themes are presented in this chapter.

Table 1: Model of Practice – Public Health Nurse Engagement

Theme	Subthemes
Looking with an extended lens	Seeing more than before Transition in practice Strengthening the nurse–parent relationship Heightened self-awareness
Being at the other end of the lens	Apprehension Easing into it A means to an end Confidence building
Awkwardness in Simplicity	Awkwardness in dealing with and expressing emotional language Using emotional language and experiencing presence.

4.2 LOOKING WITH AN EXTENDED LENS

4.2.1 Seeing More Than Before

Looking with an extended lens helps the nurse to see moments of everyday interaction between parent and child. Having a heightened knowledge of what to look for in everyday moments supports the nurse to look in this extended way. The nurses describe having the words to use with parents that are understandable by the parent. The words the nurses use are connected to what they see the parent doing in everyday moments with their child. Because the nurse has a new way of looking at the interaction between the parent and child, she can identify and put words on what she sees. Lili illustrates this in the following statement:

> When you see a mother repeating the baby's sound, when you see a mother smiling for a baby when the baby looks for a mother during a weight check, and when you can turn around, follow through and say, "you see what you just did there, you just made your baby very happy, your baby saw your smiling face and feels safe now even though we are in this strange environment."

This nurse describes 'how' she affirms the mother in a simple moment of interaction firstly by seeing what the mother is doing and then by telling the mother what she sees. The nurse adds information for the parent by telling her "your baby saw your smiling face and feels safe now." The nurse's comment on how she uses words that are understandable suggest that she supports the parent to be aware of his/her own positive behaviour which in turn can help the father/mother to repeat this behaviour again. Furthermore, her comments demonstrate her understanding of what she is looking for in the daily interaction moments between parent and child. In her development of an "eye" for looking at supportive interaction in daily moments, the

nurse becomes clear in her focus on how to enhance the competencies of the parent. This process of enhancing the competencies of parents is further described as:

> And that has the knock on effect of making the mother feel delighted with herself and positively reinforces her parenting skills. And she is being told what she is doing, why it is right and the reason that it is right and that is in a couple of seconds. (Lili)

Within healthcare and social policy it is increasingly noted that parents need support in their parenting role and that PHNs are ideally situated to provide this support (Commission on the Family Report, 1998). In this study the PHNs report that they are able to support parents in their parenting role by having an understanding of what they are looking for in daily interaction moments and by sharing with the parents by telling them what they see:

> I suppose trying to make them [parents] at ease and then again, I mention something in a very subtle way how, you know zoning in on the positives, I suppose that's what it's all about, "did you see the way little [name of baby], like she's 18months, did you see the way when you looked at her there and said that, or smiled at her, she totally responded to you?" and that sort of thing. (Rosa)

The PHNs role is recognised as one that involves working in a holistic way which encompasses the whole and not just the physical components of health (McMurray, 2006). Boykin (1998) states that the focus of a nurse's practice will influence what is seen by the nurse. Evidence from this study suggests that PHNs see differently when their focus includes getting to know and nurturing the parent(s) as well as the biological, psychological and developmental aspects of the baby and the family:

> It is very important to take everything, the emotional, physical, psychological [development] is huge, nearly emotional and psychological [development] I would rate just as high as the physical aspects of the weighing and the half a centimetre in height every four weeks or whatever the criteria is. It is not just about the focus of the weight, weight, weight... I am much more observant and I probe a bit more and it is very important from that point of view. You

> don't just focus in on one aspect because it [emotional and psychological aspects] is just [so important] (Daisy)

Daisy describes looking with an extended lens that opens her focus to seeing social and emotional developmental needs of children which provides her with a holistic way of looking. Cara illustrates that because she sees more now than before [prior to completion of the Marte Meo communication skills training] she is able to see positive things in families, even in difficult situations:

> I think a lot of the parents, you can see it even, no matter how dysfunctional or if you know there's stuff going on, you can see the way the mammy looks at her baby or the way they talk to them and that, that there's always something positive that you can look at amongst any kind of crisis.

Findings suggest that because the nurses have a positive orientation in seeing more, that they are able to affirm parents in small and significant moments of parenting in the totality of the parents' reality.

According to Leahy Warren (2007, 2005) the PHN is recognised by first time mothers as a source of appraisal support. The supportive and affirmative actions of the PHN build self-confidence in mothers, particularly as new mothers learn to recognise and respond to the needs of their child (Tarkka, Paunonen and Laippla, 1999). In this study the PHNs also identify their own affirmative behaviours at both an action and verbal level as being supportive to parents toward enhancing their competencies. Lili illustrates this by stating:

> For example, today the baby was standing and mum was praising her and I said, "I can see you are praising her and you realise that when you praise her she is going to feel very happy with herself, she will internalise that.." I didn't say internalise, but I said she'll take that in. "What you are doing is causing your baby to improve her development because she can see you positively responding." When she was copying her, the mum was also

> copying what the baby was saying, imitating her and giving her time; I named all that.

The nurse's comment on her interaction suggests that when she uses everyday language to describe what she sees the mother doing with her baby, she enhances parental competencies. The encounter between the PHNs and the parents is one that Heidegger (1962) describes as solicitude which is the state of Dasein's Being-in-the-world in our relation to others. In this study the nurses' way of being-in-their everyday-interaction with parents they encounter is a form of solicitude:

> Everyday Being-with-one-another maintains itself between the two extremes of positive solicitude - that which leaps in and dominates, and that which leaps forth and liberates. (Heidegger, 1962, p159)

Heidegger (1962, p158) further explains that solicitude that leaps in, is when a person "takes over for the Other that with which he is to concern himself." When a nurse works in the realm of solicitude that leaps in she can take over the care of the other and thus the person can become dependent. However, solicitude that leaps forth, is "not in order to take away his "care" but rather to give it back to him authentically as such for the first time" (Heidegger, 1962, p159). When a nurse works in the realm of leaping forth she helps individuals to become aware of themselves and builds their way to becoming independent. In this study the nurses demonstrate their way of being-with-parents as one of the solicitude of leaping forth; they describe how they affirm parents, which suggests a process of enhancing the competencies of parents toward helping them to be-in-the-world of their baby. By seeing more than before as a consequence of their Marte Meo training, the nurses can identify what parents manage well in daily interaction moments and, in so doing,

they affirm the parents in what they are doing in the moment. Molli illustrates her role as a PHN in providing care as solicitude that leaps forth:

> Just birth notifications[29] as well, just going into a new mum and picking up on the positives and encouragement, giving them positive feedback. It really helps, really encourages them to build on what they have already I think. You can just even see it on their faces when you notice; it [being aware] tunes me in more to noticing things and their communication.

Molli implies that she is able to see more than before with her extended lens, and at different levels. Molli sees by observing what the parents manage; she then reacts to it by telling (showing) the parents what she has seen, before seeing (reading) again the signals and reactions of the parents to what she says. This seeing, showing and seeing again enhance all the more the clarity of her lens because of her heightened observation of what is happening in the interaction moment. Lili also demonstrates how she affirms parents in her solicitude of being with parents:

> [I] draw their [parents] attention to something they have just done that is good. It is great to be able to have that, it is almost a privilege to be able to tell somebody that and tell them why they are doing something good in a moment.

Marcy illustrates her extended lens by how she affirms mothers in everyday moments of interaction:

> The mothers love hearing something that they can actually use, they don't have to buy something. It is something that you just do and it is very natural to some mums but also even if it is natural and you are telling them that, that [mothers' interaction style with her baby] is really good, and it is great to praise mums as well. It is great to be able to say, "that is really good and that is what you are doing." People love that because it gives them a sense of pride.

The nurses give a sense of enjoying being-with-parents when they work in a manner which supports the parent to build on what they are already doing well. Heidegger (1962, p159) describes this type of solicitude as "authentic care." Boykin and

[29]All new births are notified to the PHN service within 24 hours of hospital discharge.

Schoenhofer (1990, p149) assert that "through interpersonal human care transactions, there is reciprocity between persons that allows for a unique and authentic quality of presence in the world of the other." Marcy demonstrates her awareness of reciprocity when she refers to how she affirms the mothers and the mothers' having a sense of pride. Findings suggest that the nurses' practice within a world of emotionality (Denzin, 1984) which locates the person in the world of social interaction. The nurses illustrate how seeing and telling the mother what she is doing, and connecting information in the same moment, can enable the mother to feel good about herself; for example, Molli says "you can just even see it on their [mothers'] faces when you notice." Having this extended lens can focus the nurse's practice on "knowing and nurturing wholeness" (Boykin, 1998, p43).

Supporting the parent-child relationship from early in the child's life encourages the parent to give the child the best start possible as the "child's first human relationship is the foundation stone of his personality" (Bowlby, 1969, p177). The nurses illustrate how they now pay more attention to what they see happening in the relationship between parent and child. In addition, they describe how they have a heightened awareness of the importance of a good start for the baby to support his/her social and emotional development. Rosa experienced an opening up of her way of looking as she states:

> It's just seeing things ..... through different eyes as you're kind of tunnel vision[ed] and this [Marte Meo] suddenly opens it up for you..

According to Heidegger (1962, p215), "the care for seeing is essential to man's Being." Here Rosa describes how by seeing things differently, by beholding, she encounters the world [her practice] with a heightened perception:

> Being is that which shows itself in the pure perception which belongs to beholding, and only by such seeing does Being get discovered. (Heidegger, 1962, p215)

In the moment of the visit of the nurse to the parent, or the parent to the health clinic, the nurses describe, firstly being able to see what the parent is doing and then being able to react to what they see. The nurses react by telling the parents in everyday words what they have seen. Looking with an extended lens broadens the perspective of the PHNs during their contact with parents. The PHNs know what to look for in relation to parent-child attachment and are able to build on what parents are already doing. Molli demonstrates her broadened perspective by stating:

> You can see that straight away when you know what you are talking about and when you point out these things [following the child's lead]. Mothers become a lot more interested when you have positive things to say and when you are noticing these little things that I suppose most people don't notice and they don't know they are doing themselves.

Rosa illustrates changes in her looking by stating:

> As PHNs or in any part of nursing be it [the] hospital setting, you go in and you're looking, observing people, you know they could be in hospital, could be in pain, could be a bit sad or whatever you're observing, you do the same with any situation, going into someone's house, coming into the clinic, but I suppose it's just seeing things in a different light, with different eyes and just the subtleties of mothering and looking after kids, children, that you might, I just feel that I see more than I did before.

Here, both Molli and Rosa demonstrate how they are looking from a broadened perspective, a perspective beyond looking in the traditional medical way. They identify how they have moved from the biological or psychological aspects of care to having a focus for practice on knowing and wholeness (Boykin, 1998). Rosa illustrates her movement in her practice as she says "it's seeing things ...with different eyes."

Findings suggest that seeing more enables the nurses to have a growing awareness of their "sixth sense" or their "gut feeling" (Chalmers, 1993, p905, Benner and Tanner, 1987, p23), in relation to picking up cues in parent-child interaction:

> Whereas beforehand [prior to participating in the Marte Meo communication skills training], I'd look at those [parent-child interactions], but I wouldn't know how....I'd see it [parent-child interaction] and I'd have a feeling about the whole situation but I wouldn't know what exactly I was [seeing/experiencing]. (Molli)

Daisy illustrates how she has words to articulate her intuition and intuitive knowing connected with early attachment and social and emotional development:

> Well, I suppose I have just been looking at the interaction between the parents and the child, how they are interacting, the tones they are using, how appropriate they are with the baby, how appropriate they are with handling the baby. That all gives me an indication as to how that child, or how that infant, is going to develop in the environment, in the situation. I suppose the most important thing that I would like to see is that the parent is providing a safe and predictable environment for that baby.

Daisy tunes in to what she sees happening in the parent-child relationship, she indicates how she has made a transition in her practice beyond looking at safety from a prevention of accidents point of view to include also looking at safe attachment. In other words, Daisy suggests that she now has the knowledge of what to look for in parent-child interaction which lets her know the parent is providing a safe and predictable environment for the development of the parent-child attachment. Here Daisy demonstrates how her shift in focus is beyond being task- oriented to one that encompasses the emotional aspects of development.

Some nurses express their experience of looking with an extended lens when they describe picking up signals of post natal depression from mothers. In Ireland the *Strengthening Families for Life Report* (Commission on the Family,(CoF) 1998)

identify that PHNs are usually the first health professional to have contact with a family in their home upon the birth of a baby. The PHNs' ability to pick up everyday signs of postnatal depression is essential to the well being of mother, baby and family. PHNs use the recognised Edinburgh Postnatal Depression Scale (EPDS), (Cox, Holden and Sagovsky, 1987, pp782-786) to determine if a mother has, or is, at risk of developing post natal depression. Participants in this study point out how having a more developed 'eye' supports them to pick up early signals of post natal depression. Pearl illustrates thus:

> We would be aware of post natal depression obviously but it is just sometimes a bit later, someone that kind of skipped you by as being very normal and you are thinking, why they are just not really... there is just something about this Mum or person that is not right. And you start probing and asking and you watch them with their baby, it is more of a chore than a joy and I suppose it [the Marte Meo eye] just probes you a bit more to ask and see are they ok really and have they supports. It just helps along those lines.....

Lili also describes how her more developed eye helps her to see what is happening in the relationship between mother and baby. She states:

> Your eyes are open in terms of looking at how a mother relates to a baby, for example, in ways previously to doing a Marte Meo programme you take a passing interest, you are thinking about a bit of post natal depression, you would be thinking, how is mum, is mum happy? You'd be thinking is baby happy? Baby looks alert on handling and you kind of wouldn't go beyond that, or I wouldn't have gone much beyond that.

Pearl and Lili give a sense of a transition in their practice from one of looking at the physical aspects of care to one of opening up to see the social and emotional aspects of the child's development and the parental influence on this. The nurses make a shift into realising the importance of really observing the parent-child interaction as attachment is built between the parent and child in daily interaction moments. Attachment and developmental theories suggest that the interaction between parent

and child greatly influences the parent-child relationship (Bowlby, 1969, Winnicott, 1964). In early relationships Winnicott (1964, p45) says that "a baby appreciates, perhaps from the very beginning, the aliveness of the mother." When the baby sees the mother's smile again and again he/she begins to get a warm feeling as:

> The pleasure the mother takes in what she does for the infant very quickly lets the infant know that there is a human being behind what is done. (Winnicott, 1964, p45)

Findings from this study suggest that the PHNs experience a development of their skills in picking up early signals of post natal depression by developing their observational skills in relation to parent-child attachment:

> It is probably just looking at the attachment when you do go into do an assessment, the first new birth assessment, just to see how mum is getting on with baby and the interaction between the two, and dad as well, and really how they share out their love as well for the baby. (Colleen)

Molli states that at "the first new birth assessment" she begins to look for signals connected to the parent-child attachment which helps her to "see" how the family are really getting on with the baby. By being able to pick up signals and reading the parents' faces the nurses can give positive reinforcement at an early stage in relation to building relationships:

> I will tell them [parents] exactly what they are doing, "you are doing very well and you spoke to the baby with lovely tones and you came right into the baby just exactly at 20cms which is the ideal point of contact at this moment in time and that is very important because the baby can only see a shadow at this stage but can see to 20cms and it is very important because it will really get a sense that the baby is wanted and loved." (Daisy)

Daisy illustrates how she affirms parents about their parenting behaviour so the baby learns to know that "there is someone human behind what is done" (Winnicott, 1964, p45). The findings of an original study by Murray (1992) on the impact of post-natal depression on infant development conclude that as well as other developmental

delays the attachment of the children to the mother is affected with children displaying an insecure attachment to their mothers. It is therefore significant in this study that PHNs describe how they are tuned in to look at the mother's and father's signals, to read his/her facial expressions and look to see does he/she share his/her pleasant faces with his/her baby. When the nurses react to what they see in positive moments of interaction they appear to be working in a preventative and empowering way, by drawing parents attention to their skills as parents and encouraging parents to continue doing what they are doing.

Findings suggest that by affirming parents' parenting skills the nurses are enabling them to build on what they do well toward enhancing their competencies. To work in an empowering way the nurse's orientation is on supporting parents to develop an awareness of their parenting skills which is, in a Heideggerian sense, working in the solicitude of leaping forth. In other words, the nurses focus is outward toward the other, supporting the other to be independent. Cara illustrates how she works in a solicitiude of leaping forth and encourages a parent by drawing his attention to his pleasant tones:

> I had this big guy who is at least 6ft 5 in and he brought his new baby in for a check, you know now he was a big burly guy [demonstrates size by gesturing] and he was here and he was getting her undressed and he was chatting away to her, and he was just so lovely with her and I just said to him, "your tones with her are lovely [stressing lovely] and it's really lovely to see it; she is really loving it." Well, [gasp], he was beaming from ear-to-ear and like, you know like you'd think that, ach, sure he knows it, he's grand, he's a good Daddy but he went out of here as if he was walking on air and it was just lovely. And you see it all the time, you'd say to them, "god your great with her" and.... different things like that and am, it's amazing the response you get, you know they're walking out going, "great aren't I," and I suppose it's just giving them[parents] that bit of confidence knowing that they're doing the right thing.

Cara gives a sense of the meaning of her experience of affirming the parent in this way as one of a sharing of joy for both her and the parent. By being with the parent in this way there is a sense of connection between the nurse and the parent. Boykin and Schoenhofer (1990, p150) describe connectedness occurring by being with one another and when there is connectedness "moments of joy can be experienced," in this instance by both the nurse and the parent. Denzin (1984) states that emotions are central to being human and are experienced in the presence of other human beings. Findings in this study suggest that the nurses and parents experience an emotional experience as moments of joy. For Denzin (1984, p93) emotional experiences are social experiences and happen in the presence of others, where presence of the other "becomes a significant part of the meaning, order and significance of that experience."

In summary, the findings from this study suggest that having an extended lens helps the nurses to develop an eye for seeing more than they did before [prior to their training in Marte Meo communication skills], specifically in being able to connect with parent-child interactions, and being able to support attachment and relationship building between parent and child. Having an extended lens enhances the nurses ability to pick up early signals of post natal depression which, in turn, offers the nurse the opportunity of offering primary support to the parent at an early intervention level. Findings also suggest that when the nurses develop an eye for seeing more of what parents manage, they can affirm parents in their parenting skills toward enhancing the competencies of parents. By seeing more in good moments the nurses develop their observational skills to see and react to strengths of parents and in so doing experience emotionality in their work practice and work, from a

Heideggerian sense, in the solititude of leaping forth. Findings suggest that having an extended lens supports the nurses to make a transition in their PHN practice. The findings on transition in practice will be discussed in the next section.

4.2.2 Transition in Practice

The PHNs refer to having a deeper understanding of emotional development of children and the effects on parent-child attachment following their Marte Meo training. Having a deeper understanding of knowing what to look for helps the nurse to focus more on the interaction between parent and child. The nurses describe a shift in their practice, from one of being task orientated to one of having a deeper understanding which helps them to have a different focus when they meet a parent. Pearl states:

> Sometimes it is just a deeper little understanding of, "Is everything really ok here, has the mother issues, why is she not focusing in on her baby, is she feeling down herself?" Maybe just taking the focus off the direct task of the green card[30] being for child health and pushing it a little on the other parts that are going to make this child healthy, and very much the mother who is also very much our focus, least I forget her. But we tend to focus in on that card perhaps and using a Marte Meo approach you are just not looking at the child, you are very much looking at the mother and baby and the other children in the family. And it opens up your focus to all that.

From a Heideggerian perspective Pearl refers to her "green card" as one of the tools she uses to monitor the child's physical development. She gives a sense that her experience during the training is one where she can put the "green card" into the background and turn her focus to "mother and baby." In other words, Pearl can open her focus to the mother and baby interaction and has a choice of when she wants to use the green card during her visit:

[30] The green card is the PHN held child health record.

In visiting some families the nurses may also need to order appropriate interventions or approaches and the nurses imply that they are now in a position to feel confident in knowing when an intervention is needed for a family. Colleen illustrated by saying:

> I can pick up maybe if something is not right and maybe see can I make any alterations and if not I can liaise with [name of service] or whoever, if I feel that there is a problem, that I would be aware that if they needed an intervention that it could be carried out. I suppose that is my own development then because I have the course done, if there is a problem, [I can] pick it up as well.

Pearl also states that with the "background knowledge" she now has, she is confident in knowing when is the right time to refer a family for further support:

> This woman is doing everything that I would have thought she should be and there still is a problem, so then you would always refer but maybe then it just makes you see that this is a bit out of my limit with this particular family and you need to refer on.

Traditionally PHNs work in the area of child welfare, which is quite task-oriented in that the physical development is measured, to ensure the child is meeting his/her milestones, and to pick up any early signals of developmental delay. The PHN implies that opening up her focus to parent-child relationships is also a significant part of the child's development as so much is determined by the early attachment of parent to child and vice versa. Pearl continued by stating:

> I have to say with new mothers, just it [emotional developmental information] opened your eyes and it makes me very much look at their attachment. I suppose before I wouldn't have even bothered with that in my notes, it wouldn't have been an issue, it would have been [the baby's] head size and reflexes and do they walk, do they do whatever they are supposed to do.

Daisy demonstrates transition in practice by stating:

> I wouldn't have been able to name half the things [elements of communication] at the beginning [of the Marte Meo training course], even though I would have been doing it. But now I am much more aware of

> everything and I really take time to look and observe a distance away and really take the whole situation into account, rather than focusing on maybe what my, you know, oh "I must weigh the baby today and see what the weight is." It goes much further than that and it is about realising that there are so many other aspects [to a child's developmental needs].

Pearl and Daisy experience looking with an extended lens in a way that supports them to have a wider focus in their practice which leads them to a shift from technical tasks to emotional and social understanding. Having a deeper understanding of emotional needs of children enriches the encounter between nurse and parent. The nurse moves between parent and child and sees the bigger picture, which again indicates a shift from just the task at hand to the emotional commitment that is also given by the nurse in her interactions with parents. Molli illustrates how she now directs her focus when she visits a family with a new baby:

> I would go into a birth notification now and straight away start looking at the mother's relationship with her baby and being more in tune to that and more in tune [with] how she is talking to her baby and bonding with her baby and looking at the baby and her tones and her facial expressions and things like that. They were all highlighted to me in the course. Whereas beforehand I'd look at those things but I wouldn't know how... I'd see it and I'd have a feeling about the whole situation but I wouldn't know what exactly I was [looking for]... whereas now I have more of a solid [idea], I know what the basis for this good bond is. I wouldn't have known exactly what I was looking at before, that it was either good or bad.

Molli also seems to be saying that opening up her focus builds her confidence in relation to the knowledge that she has as a PHN. There is a movement between knowing what she already knows and building on this to help her see it differently, which in turn helps to open up her focus. Molli gives a sense that there is a shift for her in her knowledge base regarding attachment between parent and child. Prior to the training she would have a "feeling" about a particular situation, where as now she knows what she is looking for as well as having a "basis" for what she sees. Marcy also describes a situation where her knowledge base has increased and

demonstrates how she can now see when a mother is not interacting with her baby in a way that is needed by the baby to support his/her development. Previous to doing the Marte Meo communication skills training, the nurse may have given the mother information at a health and feeding level; but here, Marcy illustrates how she now gives information at the social and emotional level:

> If I go to see mum and she has just had a baby and I will probably always spend about an hour with her and I will just mention it and I will just say, "when you are with [name of child], when you are feeding him you should keep a 20cm distance and make eye contact and have good facial expressions when you are feeding him and all of this promotes bonding and attachment and security.... And even when he looks away to still look at him and have the warm facial expressions so when he looks back at you he will see that, it will help long term with his self esteem."

The Marte Meo skills training is operationalised in the everyday practice of the nurses during the actual course as the nurses implement their learning from session to session over the six month period. The accounts from Marcy, Molli, Daisy and Pearl suggest that they experience a shift or change in their orientation in their work practice when with a family, during the course of the training, which suggests that the educational process of Marte Meo training "works through the situation of productive work" (Wertsch, Minick and Arns, 1999, p168). The nurses can practice their new knowing in relation to parent-child interaction in the context of home visits and clinic work. The shift or transition in their practice is one that moves beyond a biomedical approach that is primarily task oriented; for example, like measuring head circumference and checking weight, to one that also includes the social and emotional needs of the baby and parent-child attachment.

In summary, this section identifies the transition in practice that the PHNs experience during the course of the training. Having a deeper understanding of

emotional and social developmental needs of a baby and how parents can support theses needs enhances the transition in the PHNs practice. The PHNs also experience a strengthening of the relationship between the nurse and the parents and this will be discussed in the next section.

4.2.3 Strengthening the Nurse-Parent Relationship

Some of the PHNs describe their experience of affirming mothers as, moments that build a connection between them and the parent. The nurses imply that by affirming a parent in the here-and-now, and connected to what they see the parent doing, bring a response from the parent that builds their relationship. Lili illustrates this:

> It is incredible, not only the eye-opening aspect, to see the relationship of the mother and the baby and seeing her following the baby's initiatives and naming it, but also what was eye-opening was how she responded to me saying that to her.... Mum after mum after mum is delighted to hear it; it is kind of like a praise.

Here, Lili gives a sense of wonderment at the eye-opening aspect of seeing the parent-child relationship through an extended lens, and at the response she gets from the mother. Lili suggests being affirmed herself through the responses she gets from parents. The underlying meaning of the experience is a sense of a feel-good factor between the parent and the nurse. In this study the nurses suggest that having an orientation on the social and emotional development of the child influences their engagement and relationship building with parents. Daisy experiences parents being "glad of the approach" when she affirms them for what they already know, and for "building on information that they may not know." Daisy suggests that when parents experience an affirming approach a greater rapport is built between them and the PHNs. By affirming parents in this way the nurse practices in a relationship of

generosity[31] (Frank, 2004, p2), where, in this case the nurse, as host and through a process affirming parents (guests), meets the parents at an emotional level and sets an atmosphere of building relationships. The notion of generosity can be further explicated within Heidegger's notion of being-in-the-world and being connected to others:

> The world of Dasein is a *with-world* [*Mitwelt*]. Being-in is *Being-with* [original italics] Others. (Heidegger, 1962, p155)

Cerbone (2008) contends that in a Heideggerian sense, our everyday activity with others that we encounter in the world is marked by various modes of solicitude. Heidegger (1962, p158) maintains that solicitude can "*leap in"* for another person or "*leap ahead of"* another. The nurses again give a sense of their interaction with the mother as one of leaping ahead of or leaping forth. In this way, building relationships are supported by not only dealing with the biological aspects of the child's development but by affirming the parent around the social and emotional aspects of their child's development. Molli stated:

> I think that is something [saying positive things].... They are the basics and they [parents] like hearing that kind of stuff and it builds up your relationship with them then.

Molli suggests that when she identifies for a parent positive things that the parent is doing, that the parent enjoys hearing it and this is a stepping stone to building the relationship between the parent and the nurse. In a relationship of generosity the nurses experience joy in the presence (Frank, 2004) of the parents and suggest that parents reciprocate this joy.

Lili illustrated the experience of building a trusting relationship by stating:

[31] Generosity begins in *welcome* (original italics): a hospitality that offers whatever the host has that would meet the need of the guest. (Frank, 2004, p2)

> It [social and emotional information] solidifies a relationship more between you and the parent because it is on more of an emotional level. It is not just about whether the baby has gained weight or lost weight so you are appealing to an emotional level in the parents. And again they are coming out rewarded. It is not just, "well done your baby has gained weight, you are feeding him." It is, "well done you have a happy baby and by the way you are going on your baby is going to have good self esteem." And that means they trust me, that means they know that I am not checking on them, that I have information that I can share with them that is very simple, that is not over their heads, that doesn't sound technical and is absolutely useful. So it definitely enhances nurse-mother relationships, definitely.

Lili indicates that parents have an opportunity of feeling rewarded as parents for their parenting skills when she communicates with parents at "more of an emotional level." Lili suggests that being with parents in this way helps build the parent-nurse relationship of trust. Falk-Raphael (2001) identifies the development of a trusting relationship between nurses and their clients as being central to a practice of empowerment.

Findings from this study suggest that the nurses experience a move away from a paternalistic model of practice to an empowering one. In other words, the nurses indicate that by affirming parents, and having a strength-based orientation in their work, they are able to build a trusting relationship with parents. Findings concur with the findings of Aston et al. (2006, p66) which conclude that central to supporting empowering relations is the PHNs ability to build on the strengths of their clients by starting "where the client was." Rosa says that "communication is the key to what we do" which collaborates with the findings of Paavilainen and Åstedt-Kurki (1997) who maintain that nurse-parent relationships are created and established through interaction and are the means for therapeutic change. Findings concur with the findings of Jack et al. (2005, p189), where the most important outcome of a home visiting programme is identified by mothers as the development of a "connected,

trusting relationship with the home visitor." Establishing trust through supporting clients' strengths, open dialogue and working with clients builds a therapeutic relationship between nurses and their clients (Aston et al., 2006).

Findings suggest that nurses enable an emotional response from parents when they share information with parents that is connected to the emotional level of their baby. When Lili appeals to an emotional level in the parent she experiences a level of trust being built between her and the parent. According to Denzin (1984) each individual is connected to society through the emotions they experience. Jaggar (1989, pp152-153) refers to emotions as "ways in which we engage actively and even construct the world." When the nurses work in partnership with parents and affirm them for what they see them doing that supports their child's development, in essence, the nurses are constructing the world of the parent in their parenting role. This suggests an empowering model of engagement as the nurses' practice focuses, and builds on the parents' strength and capacity (Falk-Rafael, 2001). According to Rosa constructing the world of the parent and child means "not giving a lecture" but rather, introducing to the parents a very normal part of baby parenting and letting them know the importance of their supportive interaction toward helping them to do more of it.

The nurses refer to "sharing" information with parents which in turn enhances the nurse-parent relationship. Relationship building is the essence of caring and can be accomplished through interaction (Duffy, 2003). Van der Zalm and Bergum (2000, p215) state that "Nurses are nurses precisely for interaction with others." According to Denzin (1984) emotions are embedded in social acts and interaction with others. In interacting with others, emotions provide a way by which a person is able to work

towards self-knowledge (Lupton, 1998). Personal knowing is essential to building relationships as it means "knowing one's own "personal style" of "being with" another person" (Fawcett et al., 2001, p116). Carper (1978, p19) refers to the development of a pattern of personal knowing to when the nurse strives to "actualise an authentic personal relationship between two persons." This pattern requires the nurse and client to be involved in a relationship which is one of "engagement rather than detachment" (White, 1995, p79). The findings of this study suggest that a relationship of engagement involves the nurses setting the scene and making an emotional connection with the parents which suggest working in an empowering model of engagement. According to Ghate and Hazel, (2004, p23) parents can feel disempowered when they are not listened to and respected by the professional; they recommend that health professionals need to find ways to "demonstrate respect for parents' own expertise in their own lives." In this study findings suggest that the nurses respect parents' abilities and affirm their strengths and thus are acknowledging parents as "experts in their own lives" (Ghate and Hazel, 2004, p23).

Jaggar (1989, p153) states that emotions can be attributed only to what are sometimes called "whole persons, engaged in the on-going activity of social life." In this study the activity of social life is when the nurses are engaged in a relationship with parents that will support their parenting to also be one of knowing and wholeness. Findings from this study suggest that the PHNs' experience a shift in their clinical practice from one that is a task-oriented medical model to one that is empowering and holistic.

Lili describes an experience of being with a young mother who was very "cagey" of her and how, by connecting with the mother about what she was doing well, a supportive relationship was built between them:

> I was with a young mum..... Her own little baby isn't developing as quickly as other babies. She had such a fear of her baby, and was quite cagey with me initially..... and it was very difficult for her. She felt that she wasn't doing anything for him but she was and I was able to tell her, "sure look at the way you are holding him and you see the way he is looking at you and do you realise how much it means to him that you are there, he feels safe and secure and he knows that you are there because he is not looking at me, he is looking for his mum." Already, before you have started identifying any problems there is so much good here. And to be able to say, "he may have problems but he also has a need for you and you are fulfilling his needs as it is." And the suggestion that she can help him; beyond the meds she can help him... "If you are doing something with him, tell him, talk him through it" and that empowered her as well. And you could see, she can do something, she was enabled or empowered... The end of the visit was much happier than the beginning of the visit. Her stress was a bit more reduced and again she trusted me because I wasn't there to threaten her and I recognised her as being very important, it is not just [name of hospital] and his medications, she could give him a lot. And that broke down a bit of a barrier she might have had, it was my first meeting with her, and it nearly branded me as safe, almost.

Lili gives a sense of her caring presence when with this mother. She finds a way to help the mother to get a sense of self as a parent. Having the orientation of looking to see, as well as opening up her focus to parent-child interaction and what the parent was managing, supported Lili to "break down the barrier and [to] be branded as safe." Findings suggest that the nurses move from a style of engagement that is viewed as checking up where parents become cagey and fearful to a respectful and empowering model of engagement. Lili identifies the empowering model when she says "I recognised her [the mother] as being very important." An empowering model of engagement enhances parenting abilities and thus allows parents feel in "control" and experience "good" support (Ghate and Hazel, 2004, p23). Boykin and Schoenhofer (1990, p149) refer to caring as "the human expression of respect for and

response to wholeness." Here we see when Lili uses her knowledge and responds to the wholeness of the other person as opposed to looking only from a biological sense, she is actively engaged in the "person-to-person process of being and becoming" (Boykin and Schoenhofer (1990, p149). In other words, Lili supports the mother to be aware of the good things that she is doing as a parent with her child and in this way suggests an experience of empowering the mother as a parent to a baby with special needs. From a Heideggerian perspective Lili chooses to care in the "solicitude of leaping forth" to support the parent to become aware of her strengths which may help her to go on in the everyday care of her child:

> This kind of solicitude pertains essentially to authentic care – that is, to the existence of the Other, not to a *"what"* with which he is concerned; it helps the Other to become transparent to himself *in* his care and to become *free* for it [original italics]. (Heidegger, 1962, p159)

Findings suggest that the nurses support parents to believe in themselves by building on what the parent already knows and thus empowering them in the care of their child. The nurse takes an interest in the basic day-to-day interaction between the parent and child. Peplau (1965, p44) identifies the nurse "showing interest" as an interpersonal competence that is powerful and growth-provoking. The nurses suggest that they "show interest" in parents' abilities, by giving the parents a sense that they "matter" (White, 1995, p79), which suggests a relationship of generosity (Frank, 2004). In so doing, the nurses' orientation is on what the parent is already managing - very often without the parent having an awareness of it. Associated with this developed style of engagement with parents is a sense of enjoyment in being able to affirm parents in such a practical way. Daisy illustrates how she affirms the mother:

> I will tell them exactly what they are doing.. "You are doing very well and you spoke to the baby with lovely tones and you came right into the baby just

> exactly at 20cms which is the ideal point of contact at this moment in time, if it is an infant." And I would comment on how well they are doing, that is very important because the baby can only see a shadow at this stage but can see to 20cms and it is very important because it will really get a sense that the baby is wanted and loved.

Here Daisy describes in very real terms the moment-to-moment interaction that she sees between the parent and child and how she affirms the parent in her engagement with the child. This new way of affirming the parent in daily interaction moments is much more than just words; it connects to the essence of parenting which is to support the developmental process of their child. Burks (2001, p668) states that the aim of the nurse's action in many nursing settings is to influence the action or behaviour of the client. In this study the nurses describe how they intentionally affirm what the parents already know and/or what the parents are already doing as a way of building the parents' confidence. Lili illustrates in the following vignette how she uses what she observes in an everyday moment of interaction to affirm and acknowledge parents:

> You see there is always opportunities, even in the waiting room, if you see a baby on a mother's lap and the mother is playing with them you could actually say, "there is a lucky baby". There are ways to actually even give a word to it that is going to just build parent's confidence. You don't know what kind of a day they have had. Parents love to be told that they are a good parent and what they are doing in a moment is really good, you can't tell them they are a good parent but you can say, "you see what you just did there?" And draw their attention to something they have just done that is good. It is great to be able to have that, it is almost a privilege to be able to tell somebody that and tell them why they are doing something good in a moment.

Lili gives a strong sense of the honour it is for her to be able to affirm a parent in a moment which suggests a sense of joy that the nurse can have about her daily work. Boykin and Schoenhofer (1997, p62) describe nursing as caring which involves "acknowledging, affirming and celebrating persons as caring." Lili gives the

impression that her sense of joy builds the rapport between the nurse and parent. Lili goes further to say:

> It [Marte Meo language] makes things flow much more easily and again it takes the kind of, I am the professional and you are just the parent and I am going to impart my marvellous knowledge to you. And all you are doing is you are looking and you are telling. Ok there is science behind it, maybe it is scientific in so far as it has been identified and studied and a method has been created but it's such soft science and it is fantastic.

Here Lili describes how in her communication, she looks and thus sees and hears and then tells parents what she sees, and in so doing suggests an experience of a strong "authentic presence" (Boykin, 1998, p46) in the moments when she is with a parent. When nurses have an intentional and authentic presence in the family they give of the self, which, as Boykin (1998, p46) outlines, is different from being attentive as "attentiveness is not inclusive of giving of self." The findings in this study suggest that through having an intentional and authentic presence in their practice nurses enhance the welfare (Noddings, 1984) of their clients.

In summary, the findings from this study suggest that having an extended lens helps the nurses to experience a strengthening of the nurse-parent relationship. The PHNs' experience of affirming parents on what they already manage brings a response from parents that enhances the nurse-parent relationship. The nurses engage with parents in a way that connects to the parents' strengths, starting with where they are and enter into a respectful model of engagement that shifts beyond being task oriented to an empowering model of interaction. In the next section the PHNs' experience of a heightened self-awareness will be discussed.

4.2.4 Heightened Self-Awareness

Data suggest that part of looking with an extended lens is the nurses having a sense of a heightened awareness of their own interaction in moments of their daily practice. Having a heightened awareness supports the nurse to be conscious of what she is doing in interaction moments, which requires the nurse to have what Rolfe refers to as:

> A specific type of mindfulness which involves intense concentration on the task at hand, and has a direct impact on the situation in which it is taking place. (Rolfe, 1998, pg27-28)

The type of mindfulness that Rolfe (1998) refers to is one of being conscious of oneself in any given situation and implies that this consciousness is reflection-in-action. Boykin (1998, p46) refers to reflection-in-action as involving a "way of listening and communicating through which one gives of self." In this study the PHNs imply reflection-in-action by a giving of self, by allowing space to look and watch and by being available to see what is going on for the other person or people in the family. Rosa describes her awareness of self:

> I think it has helped me to listen maybe in a different way and you know to give that time because I am a talker, a chatty person and I use it [waiting to allow space for the mother to talk] with my mums from the day the baby is born.

Heidegger (1962, p208) identifies allowing space as an essential element of discourse and calls it "keeping silent"

> In talking with one another, the person who keeps silent can 'make one understand' (that is, he can develop an understanding), and he can do so more authentically than the person who is never short for words.

In this study the PHNs report that having an awareness of waiting or "keeping silent" in interaction moments supports them in understanding what is going on for the other

person. Some of the nurses describe a heightened awareness of self in their interaction with parents and also with their elderly clients. Pearl illustrates:

> Watching and taking time and not always rushing in with our story of how things should be. I do think you have to put your finger in, step back a little and watch them, with the elderly and very much with mothers... And that is very important and on a first or the first early visits, it [to look and wait] is a very good approach to take, maybe not going in with bundles of information and rush it as much. Take your time, let them talk, how they are behaving, while they are talking or while you are talking and train your eye more to watching around what is being said using all forms of communication, verbal, non [verbal] and all the bits that go with it. Just a more acute training of looking around you and allowing space.

Pearl describes the importance of her own interaction when she comes in contact with her clients. Having an awareness of the effect of her own communication in interaction moments supports Pearl in her observations of self, others and situations. Pearl also gives a sense that her heightened observations enable her to "not always rush in with her story of how things should be," but instead her heightened awareness allows space for her to see firstly what the client can do on his/her own strength (Aarts, 2008). By allowing space, the nurse watches for every cue and sign from the other person and draws on her knowledge base which assists her in reflection-in-action (Boykin, 1998). Through keeping silent during their interaction with others the nurses explain how they have developed a heightened awareness and an understanding of what is going on for the other person.

Heidegger (1962, p208) suggests that "keeping silent" is much more than being quiet; it requires the person to have a level of consciousness of self that will allow him/her to hear what is genuine. This means that the nurse must have the ability to really listen in order to be present and understand the other. Freshwater (2002) suggests that one of the important components to developing a therapeutic caring

alliance is knowing and recognising the self through self-awareness. Daisy illustrates her heightened awareness of herself:

> I wouldn't have been able to name half the things [having words to describe emotional development] at the beginning, even though I would have been doing it but now I am much more aware of everything and I really take time to look and observe a distance away and really take the whole situation into account

Shelley comments:

> But it [interaction between parent and baby] is just something I watch out for now, I go down to the mothers and I am watching what way they talk, how they are actually dealing with or how they are interacting with the baby, those things that you kind of take for granted.

In this study the PHNs suggest that looking with an extended lens or using the Marte Meo eye enables them to have a heightened awareness in observing what they see and also to be observant of themselves. Looking with an extended lens is two-fold; firstly, having the developed eye to observe others in interaction moments and secondly being aware of oneself in the interaction. Pearl continues:

> And I suppose when we feel we are under pressure we do rush things, over talk, don't allow the person just to be themselves and be comfortable with that spacing and time. And I noticed that in the dressing clinic too, it is nice to come in, "sit down over there [name of person], take your time and tell me what happened you." And you can still be pulling out the paperwork, they can be taking their time in saying it and allow a little silence.... That is a very good part of it for me; it has helped me step back a little, not to rush as much.

Pearl indicates that time can influence how she is in interaction with others but gives a sense too that she also has a realisation that she can still be in interaction with someone even though she may also be "pulling out the paperwork." Colleen suggests that her heightened awareness of her interaction also helped her to have an awareness of her body language:

> So it's very beneficial and it just improves your communication skills as well especially with mother and baby, and the elderly as well that you can just

> give them time and by nodding or smiling or agreeing with them that they know that you are there and you are listening to them. And that is all good. They are very observant as well and they can actually pick up clues from your face, and just to be aware of that. (Colleen)

Colleen illustrates how by nodding and smiling she gives the message to an older person that she is listening and is also aware that her face gives the message to the person of her availability to them. Denzin (1984, pp36-37) refers to the face as presenting the "emotional self of a person to others" and how emotions are "communicated nonverbally through visual interaction." In having an awareness of self Colleen sets a positive atmosphere, suggesting a "caring attitude" (Noddings, 1984, p19). Having a caring attitude gives the message of remaining present throughout the conversation, as the other person can read the message of enjoyment, worry or interest on the nurses' face (Noddings, 1984).

A caring attitude also involves verbal interaction and Daisy describes her caring attitude with the elderly when she says:

> I suppose you have to look at the individual and you have to use your approach [to suit the person], every individual is different but it really is about slowing down, slowing down your language and repeating yourself maybe more regularly.

Daisy illustrates her awareness of using language that will bring her "in the way of speaking" (Heidegger, 2003, p256) with and in tune with her clients. Data suggest that while the nurses firstly become conscious of how they interact with their clients they also internalise their affirmed way of interacting and so it becomes their pattern of interaction:

> Well it is a change of mind set, it is a change in the way you think and if you change the way you think you are not just going to change your way of thinking in one aspect of your life. It is eye-opening, it is slightly mind changing and you are in that frame of mind so it comes with you, you don't

> bring it, it kind of comes with you to other aspects of your life. You don't have to consciously draw on it because it is with you. If it is with you at 3 o'clock to deal with a client it is not going to not be with you later on today. (Lili)

Here Lili gives a sense that her initial experience of becoming aware of her interaction meant that she was conscious of what she was doing in everyday interaction moments; but, as time went on, she became less conscious and it became her way-of-being. She gives a sense of a process of internalising the awareness of her own way of interacting and thus how it became her everyday way of interacting. When Shannon described her awareness of how she interacts in her work practice she said:

> It works always, it takes a little bit of, you know, thinking about as you're doing it but after a while then it just becomes natural. (Shannon)

Molli suggested that:

> This kind of thing [having an awareness of interaction] does stay in your brain a lot more because it is so appropriate to your everyday life.

Lili, Molli and Shannon imply a knowing of self in their awareness of their own interaction. This knowing is one that they are conscious of at the beginning of training but one which develops into their natural way of being with their clients. White (1995, p80) states that for nursing to be "involved care" as opposed to technical assistance, the nurse must have a knowledge of self that will allow "an openness to the knowing of another person." Data suggest that the experiences of the nurses having a heightened awareness of their own interaction support them in their interaction to be open to the knowing of their clients:

> And the same even going into an elderly... you would be more conscious of actually having that communication skill with them and knowing that they are actually with you, the same way that they understand what you are saying. Rather than going in, doing a task and go, even though I would be

> talking to them but now I actually pay more attention to it. Without realising it I probably do it now because I have got into the habit of doing it and I know the part of doing is not a bad thing and I am not wasting time. (Shelley)

Shelley gives a sense of developing her personal knowing as a result of her heightened awareness of herself in interaction. Van der Zalm and Bergum (2000, p216) state "phenomenological knowledge is personal knowing in relation to the individual self." Shelley having an awareness of how her interaction may affect her clients when she is in interaction with them suggests a heightened level of personal knowledge.

In this study findings suggest that having an extended lens supports the PHNs in having a heightened awareness of self in interaction with their clients. Through personal knowing the nurses can provide a caring presence in their interaction and tune into the needs of the other person. Data suggest that the nurses connect with the parents at an emotional level, as they have a conscious awareness of their own verbal and non-verbal interaction as well as developing the skill of observing interaction of others.

In summary, the findings in this section suggest that because the nurses experience their practice through an extended lens they see more than they did before in relation to parent-child attachment. They go through a transition in their practice beyond one of being task-oriented to one of nurturing wholeness. They experience a strengthening of the nurse-parent relationship as they tune into the emotional relationship between the parent and child. They develop a heightened awareness of self in their interaction which supports their personal knowing and builds emotional

contact between them and their clients. In the next section the PHNs' experience of being at the other end of the lens will be discussed.

4.3 AT THE OTHER END OF A LENS

The nurses talked of their experiences of being filmed and being at the other end of the lens. There was a process of change in their experience of being at the other end of a lens from one of being fearful at the idea of being filmed to one of confidence as a result of the filming. The following themes emerge: apprehension; easing into it; means to an end; confidence building.

4.3.1 Apprehension

The Marte Meo method relies on the use of equipment such as video camera to make film and DVD to transfer information from the films to participants during training. While undertaking Marte Meo training the PHNs use a video camera to make a film of their clients and to make a film of themselves in their everyday work with their clients.[32] Some of the participants spoke of experiencing apprehension and fear at being filmed. Daisy describes being "extremely fearful" and "very apprehensive" initially, while Shannon talks of her "apprehension" at the start of the filming. The nurses experience a sense of fear prior to being filmed or at the early stages of being filmed. There is a sense that thinking about being filmed is in some way more difficult than the experience itself of being filmed. Heidegger (1962, p181) describes fear as a "mode of state-of-mind" and something that is always in response

[32]Parents and nurses sign an informed consent form agreeing to be filmed and to the confidentiality of the filming for the purpose of Marte Meo communication skills training.

to something threatening. From Pearl's perspective being filmed caused her great distress:

> I would have to admit that the second video in which I had participated in caused me great distress; there is no other word for it

Heidegger (1962, p179) asserts "*that in the face of which we fear,"* the "fearsome," is in every case something we encounter within-the-world." Pearl gives a sense of experiencing fear from encountering being filmed in her everyday world as a nurse. Other nurses also illustrate their apprehension at being filmed:

> Even though I know initially I would have been extremely fearful and I was very apprehensive about it [being filmed] but now I am on the other side and I really think it is extremely important to do it, I actually think it is very important.(Daisy)

Colleen experiences apprehension at "the initial thought of doing it" [being filmed] but found that once she actually did it, "it wasn't as bad" as she had expected.

While these nurses talk of their apprehension in the act of being filmed each of them managed to go through with it and each brought a film to the training course of themselves with a client in their work practice. Colleen gives a sense of risk taking amid her apprehension and a sense of exposure of self through being filmed and subsequently to having the film looked at in front of a group:

> I have come out I think better maybe at the end because I know the apprehension at the start doing the films and the video of ourselves, I think we all used to talk about it but then once people started doing it, it wasn't as bad. I decided yes I would put myself out there and I may as well learn from what I am doing and if there is anything to be picked up on, my facilitator, would tell me and she did. (Colleen)

Colleen's experience of putting herself "out there" was one of being open to learning and having her learning expectations met (See further discussion in section 4.3.4)

In summary, the Marte Meo communication skills training uses film as its tool to train participants in the elements of communication within a Marte Meo framework.

In this study findings suggest that the PHNs experience fear as they encounter being filmed within-their-everyday-world as PHNs. They experience a level of apprehension at the prospect of being filmed but due to their openness to learning they "face the fear" and manage "to do it anyway" (Daisy). Easing into the learning process is discussed in the next section.

4.3.2 Easing into it

In general, nurses use a lot of medical equipment in their day-to-day role in hospital or community settings, so nurses are already used to dealing with technology as their way of being-in-the-world as a nurse. Technology is part of the practicality of their world. Heidegger suggests that there are several ways of practically relating to our world (Walters, 1995) and when equipment is being used in day-to-day practice then equipment is used in a ready-to-hand way, meaning, the operator is familiar with the equipment. Walters (1995, p341) identifies "ready-to-hand as an engaged, ordinary everyday relationship with our world and is our fundamental way of interacting in our world." Heidegger (1962, p103) refers also to the notion of dealing with equipment in a present-at-hand way when it is unfamiliar and obstructs our practical way of being-in-the-world or, in other words when the operator is unfamiliar with the equipment.

The PHNs in this study have many years experience as nurses and are familiar with medical technology and use it as a way of engaging in the world in their daily practice. When they use everyday equipment in the ready-to-hand way in their daily practice, for example, a weighing scales to check a baby's weight, the equipment "blends into the background and becomes part of the process of caring" (Walters,

1995, p341), and so the equipment becomes part of their practical activity. However, the PHNs in this study report that using video camera equipment to film and be filmed in their work practice was a new experience for them. Colleen said, "I had never done that [being filmed] before in any of my training." Colleen gives a sense that being filmed was unfamiliar to her and thus it was not an ordinary everyday experience for her in her daily practice. From Pearl's perspective making film also meant a sense of unfamiliarity with dealing with the camera:

> And you are still fairly nervous because they are your family [client family] and you made that film and you feel very accountable for how flawed it may appear and how much of the baby's legs you are getting and not the whole child.

The initial experience for Colleen and Pearl, of filming and being filmed, is one of using the equipment in a present-at-hand way and one which perhaps gives them a feeling of being novice in the use of the technology at that time. However, in this study it appears that the unfamiliarity changes during the course of the training. Some of the nurses give a sense that they move from being conscious of the camera to forgetting about it, which from a Heideggerian (1962) perspective suggests a process of moving from present-at-hand to ready-to-hand in how they were dealing with camera equipment. The present-at-hand experience is the unfamiliarity of the nurses with being filmed and as they move through the course of the training they become familiar with the equipment in their world. Cara illustrates her experience of moving from the unfamiliar to the familiar by stating:

> I felt at the beginning it was maybe a bit, ah, not put on but you know the way your nerves...you relax into it and try and forget about being recorded and the conversation flows a lot easier, you're more natural, you know, when you're starting off you're all prim and proper I think and then you just ease into it.

From Cara's perspective it seems that she managed to forget about the camera and in doing so she was able to be "more natural" and thus converse in a way that she normally would in her interaction with clients. Colleen demonstrated that while it was new for her to be filmed she was satisfied that she managed to make a film and be filmed herself. Colleen also gives the impression that it became somewhat easier because she could talk about it with the other group members who were also going through the same experience. Colleen illustrated her experience by stating:

> I have come out I think better maybe at the end because I know the apprehension at the start doing the films and the video of ourselves, I think we all used to talk about it but then once people started doing it, it wasn't as bad.

Colleen and Cara give a sense that once they were engaging practically in the activity of filming, or being filmed, it became easier for them to manage. Heidegger (1962, p97) suggests that it is in dealing with equipment that one gets to see its practical use as "equipment is essentially "something in-order-to"..." The ready-to-hand equipment for Marte Meo is the video camera and film that is made. Some of the nurses describe that they forget about the camera after a while. The nurses' experience illustrates that as they get used to being at the other end of the lens, the camera seems to become "transparent" and they get on with the work at hand in the care of their client. In a Heideggerian sense, the equipment is seen to "withdraw in order to be ready-to-hand quite authentically" and it is not the equipment *per se* that becomes the focus but the nurses "concern" themelves "primarily" with the work they are involved in (Heidegger, 1962, p99). Shelly speaks of how she got used to the camera and indicates how once she began doing what she normally does in her everyday practice, she forgot that she was being filmed and the equipment became transparent in her world and in the world of her client:

> I didn't have a problem with the recording.... actually doing it was fine, I had forgotten that I was doing it, once we got in, the first few seconds were a little bit funny. And my client, she was all nervous as well, but then when she started talking, she forgot the camera was there for ages and at one stage towards the end she said, 'and poor [naming the person holding the camera] is still standing there,' but she had forgotten that she was actually there. So it actually worked out ok. (Shelly)

The nurses' experience of the tools (camera and film) as transparent to them suggests that the nurses get on with their work without thinking about the equipment in a conscious way, which supports Heidegger's argument that much of human contact within the world is not always a "subject-object relationship" (Reed, 1994, p337). In a Heideggerian sense, Reed (1994, p337) states "people are primarily in and of the world, rather than subjects in a world of objects." The nurses experience themselves as being-with people as opposed to being dependent on and conscious of the equipment that they need to do their job.

To conclude, in this section findings suggest that the nurses go through a process of experiencing the equipment (video camera) from the present-at-hand to the ready-to-hand way of engaging in the world as nurses. From a Heideggerian perspective the PHNs' experience the equipment as becoming embodied in their practical activity of their work as PHNs. Being at the other end of the lens is experienced by the PHNs as a means to an end and is discussed in the next section.

4.3.3 Means to an End

Some of the PHNs illustrate that while initially the experience of being at the other end of the lens was difficult they were also satisfied that they had made the films and to call on a Heideggerian (1977, p5) term, they had the will to "master it" [technology]. Mastering in this sense means the nurses were willing to get to know

how to use the camera equipment in order to have film for use in their training. The nurses illustrate their openness to being filmed as a means to truly participating in the training and where films become the ready-to-hand tool for the course. Heidegger (1977, p5) states that "modern technology too is a means to an end" and in a Heideggerian context the PHNs recognise being filmed and making films as a necessary "means to an end," as the films are used to give information to them regarding their own interaction and about the needs of their clients. In other words the making of film was an essential component of the training and the nurses realised this. Cara gives a sense of a means to an end:

> I do see the benefits of filming and looking at the positives, and again trying to pick out what was good about it and working on that.

Cara indicates that looking at the film was helpful in having a positive orientation in her work and in giving her positive things to build on. There is a sense that Cara experiences looking at the film as an occasion for reflection on her practice when she refers to "pick[ing] out what was good and working on that." Shannon also illustrates how being filmed was a means to an end but also a way to reflect on her practice:

> I'm not a fan of being filmed at all, being filmed... I just feel like I'm on a stage really and you're kind of watching what you're doing but it is the only way to, when you look back at it to analyse what goes on in a situation the only way is to look at it, to look back at it.

It appears that while the nurses see filming as a means to an end they also experience it as reflective practice. Raingruber (2003, p1166) suggests that films made of everyday professional practice "allow participants to have time for reflection and thoughtful interpretation." In this study the PHNs illustrate that the films of themselves in daily practice provided them with the lens to see themselves in

everyday interaction which offered them the opportunity of reflecting on their practice:

> I think we should nearly all have to do that (make film of ourselves) regularly in our work to get an idea, because that is the only way you really know what you are like and I suppose you can be hard on yourself as well but I mean I think the best way to actually reflect, it is the only way to reflect because I had forgotten five minutes later what I had said in the video after doing it. (Molli)

Here Molli illustrates how seeing herself on film was a reflective practice because with the everyday business of life one forgets the actual experience of what happened. She gives a sense that the film brought her practice back to life again, slowed down the process and allowed her the space of looking again at her practice. By using clinical experiences as a process of observing and reflecting-on-practice, a change in understanding and action can take place (Holmström and Rosenqvist, 2004, Holmström, Halford and Rosenqvist, 2003). Heath (1998) concludes that reflective practice should not only be used to identify changes for practice but also to identify when something goes well and why, as knowing what works well in situations will identify knowledge embedded in practice that can be used to enrich nursing. Shelley illustrates that her experience of being on film was helpful for her to reflect:

> And it was good to do it [make film] as well, from your own point of view you can see yourself how you act or how you sit or how you even look at the person you are talking to.

Colleen also shared her experience of seeing the film as a way of reflecting:

> And especially then again when you are videoed yourself, par taking in it, it means a lot because you will pick up pieces; you are more interested in it when it is your own.

Data suggest that the experience of the nurses reflecting on their practice through film enhances their personal knowing. According to Bonis (2009), personal reflection is deemed to be an essential component to the process of knowing; the concept of knowing in nursing entails a knowing from the perspective of having an awareness of experience connected to self. Participants in this study imply that seeing themselves on film, and receiving feedback on it, enhances a knowledge of the self in interaction, knowledge that is often taken-for-granted:

> Even just things that you take for granted and you were doing but you didn't realise how important they were. Even to sit down and have a normal chit chat with somebody, that was a good, a positive thing, rather than it was part of your daily work. It was nice to see that it was actually for something. It was good. (Shelley)

Taken-for-granted knowledge is having an awareness of what one is doing without thinking about it (Carr, 2005). When the nurses see themselves on film, it brings a consciousness to their knowledge of self-in-interaction, which supports them to reflect on it as well as giving the nurses the opportunity to become conscious about how they are interacting:

> I know my awareness totally changed, my observations totally changed and stuff that I would have taken for granted before I would actually probably pay more attention to now, even though I was doing it I would pay more attention to it now. (Shelley)

Paying more attention to one's own interaction suggests an element of knowing when to do something, at a particular time, and knowing when not to. Findings from this study suggest that when the nurses become aware of their own interaction they can engage in a manner that suits the individual needs of the client. In other words, they are conscious about when to keep silent, when to nod, when to react or when to question.

In summary, while the nurses began to experience being at the other end of the lens as a means to an end in order to have film for their training, findings suggest that they experience using the film as occasions for reflective practice which, in turn, enhances their awareness of their own interaction. Awareness of their own interaction suggests a consciousness of how they interact in daily moments of interaction with their clients. Data from this study suggest that the nurses' personal knowing is enhanced through awareness and reflection. Being at the other end of the lens was experienced as confidence building by the nurses and is discussed in the next section.

4.3.4 Confidence Building

Data suggest that while some of the participants experience apprehension at being filmed, others experience being filmed as enjoyable and confidence enhancing. Marcy comments "I kind of enjoyed being filmed," while Lili states, "well it didn't bother me at all, I wasn't intimidated by it. I enjoyed the film part of it; it was a bit of fun and it was useful." All the participants experienced being at the other end of a lens and being on film as a worthwhile experience; they found it a good way of learning. Colleen illustrates this:

> I had never done that [being filmed] before in any of my training but as I said it means more to you when you do it yourself and you are picking out pieces, you actually can learn from it so it is a good way of learning.

Colleen went on to say "I was happy that I did video myself with another mum and baby, I learned a lot more from that," while Lili described her experience of watching herself on film as "a very good learning experience."

Learning is defined by Eraut (2000, p114) as "the process whereby knowledge is acquired." Learning can also take place when previously acquired knowledge is used in new situations (Eraut, 2000). From the participants perspective seeing themselves on film offered them the opportunity of not only seeing their client on film but also to see themselves and their style of interaction. Seeing how they interact builds awareness for the nurses of their own individual interactive style:

> It's good to do it (to be filmed) as well because not only you're looking at how the client is responding but how you are interacting with whoever it maybe, elderly or with a parent so it's good to see that and I suppose I was happy enough with it. (Rosa)

Rosa's experience of seeing herself on film gave her a sense of being satisfied with her way of communicating in her practice. Having a sense of satisfaction can lead to building confidence in aspects of practice. When a person experiences a building of confidence he/she is empowered to continue to work in this way. Colleen stated that seeing herself on film gave her a "boost,"

> It (seeing myself on film) reinforces that your practice is good, what I am doing is good and it just gives you a little bit of a boost knowing that.

Shelley also gives a sense of her experience of being at the other end of a lens as one that boosts her confidence:

> And it was good to do it (make a film of yourself) as well, from your own point of view you can see yourself how you act or how you sit or how you even look at the person you are talking to. It is nice to see that you do what you are supposed to do. (Shelley)

Shelley experiences being affirmed in her practice when she sees herself on film. Feelings of affirmation build a positive self-picture which can empower a person in their practice as "positive-self concept is a necessary base for empowerment" (Chally, 1992, p119). Empowerment is connected to growth and development (Falk-

Rafael, 2001, Kuokkanen and Leino-Kilpi, 2000), as the more people are "encouraged and enabled to do the more their abilities and self-reliance increase" (Chavassse, 1992, p1). Data in this study suggest that the nurses experience growth in their sense of self and personal knowledge as a consequence of their experience of being at the other end of a lens and receiving feedback:

> It was actually seeing it back; it was nice to see that you were doing it without even thinking about it which is good. (Shelley)

Daisy experiences being at the other end of the lens as confidence building, something she didn't expect:

> It was a personal challenge but I actually really enjoyed it and I really felt that because it was a little personal challenge to myself and when I went through the experience of the film I actually was delighted with myself at the end of it too. So it actually gave me a little bit of confidence which I didn't think it would, but I was really delighted to do it.

Here Daisy illustrates her experience of the process of being at the other end of the lens, moving from what she initially interpreted as a challenge to experiencing it as enjoyable and confidence enhancing. The experience of meeting the challenge of being at the other end of the lens was one of self-growth for Daisy, one which she experiences as proactive and positive. According to Gibson (1991), when learning takes place within a proactive orientation, it can be recognised as an element of empowerment. Daisy further illuminates her experience:

> It (being on film) is very important and it really does give you such a boost of confidence that will help you in other aspects to do other things that you might be a little fearful of.

In essence the participants experience being on film, and being able to look back on the film, as opportunities for feedback. Feedback is a necessary requirement to

receiving affirmation and knowledge and is a vital element of interpersonal communication (Eraut, 2006b); it involves:

> Any communication that gives some access to other people's opinions, feelings thoughts or judgements about one's own performance. (Eraut, 2006b, p114)

In this study data suggest that the feedback received from the trainer[33] helps build the nurses' confidence:

> I think a lot of the time you do things but you don't realise what you are doing until you see it on camera or how good or how bad it is until you see it on camera. Oh you should have done that differently or asked that differently, but you don't realise it until you get that feedback. It was on the feedback you are kind of going, ok I have done that already, ok and you are not realising that you have actually said it or done it. I thought at the end of the recording that it was a disaster, but actually it wasn't. (Shelley)

Shannon states:

> I think the feedback is necessary, it's totally necessary and, em, some things were pointed out that I mightn't have noticed myself so in that way it was good. The trainer saw, absolutely everything and to go through it in minute detail is quite a good idea.

Both Shelley and Shannon refer to the feedback on their films as a way of helping them to notice and recognise their interactive style when with clients. The use of film for feedback builds the awareness of the nurse on her interaction. Data suggest that the experience of how the feedback was given by the trainer also influenced how it was received:

> I definitely felt very positive after it and then again the environment that we worked in was a very positive environment and I think that makes you work harder and push yourself and I didn't mind putting myself out there because the facilitator, [name of facilitator] was really nice to everybody about it and there was no awkwardness at all there. (Colleen)

[33] The Marte Meo trainer gives feedback on films to each nurse about their interaction and the needs of their clients.

Here Colleen suggests that "putting herself out there" (on film) was easier to do because of the environment that was set out by the trainer. Colleen suggests that a supportive environment enhanced her experience of seeing her film and receiving feedback. Eraut (2006b, p115) states that feedback needs to be supportive and constructive for people to reflect on their practice. Data from this study suggest that the feedback received by the participants was both constructive and supportive. Data suggest that the positive experience of the nurses of getting feedback somewhat mirrors what they experience when they gauge the response of parents to their engagement with them:

> Just going into a new mum and picking up on the positives...giving them positive feedback...you can just even see it on their faces when you notice. (Molli)

Learning as described by Lave (1996, p150) is a feature of "changing participation in changing practices" especially when people engage together and their activities are interdependent. The Marte Meo communication skills training process is a group activity, therefore the participants experience being-with-others in the learning environment. Marcy illustrated how learning took place for her by looking at her films and the films of others in the group:

> I didn't like doing it initially but then when I saw it I thought, that is good to see that, and I think you learned from the other ten in the class, just seeing everyone's (film) and you definitely learn from it. (Marcy)

Here Marcy gives a sense that her experience of looking at the films in the group was a good learning experience. From the perspective of the participants in this study it seems that they experience a sharing of knowledge that enhances their practice from looking at each others films. Lili illustrates how through looking at other peoples' films enhances her reflective practice:

> It was very good to watch other people's videos and kind of thinking, what would I have done there? I was thinking, I wouldn't have done that, maybe I will the next time. You do learn from your colleagues as well.

Data suggest that the nurses' experience of being with one another as a group for the training mirrors what Heidegger sees as being-in-the-world with others:

> The world of Dasein is a *with-world* [Mitwelt] (original italics). Being-in is *being-with* (original italics) Others. Their Being-in-themselves within-the-world is Dasein-with. (Heidegger, 1962, p155)

Eraut (2003b, p119) identifies videotapes/DVDs as having the "greatest potential for enhancing and the sharing of accounts and comments." In this study data suggest that learning took place by seeing each other at the other end of a lens, i.e., the film that each person made of themselves in interaction with a client. Being at the other end of the lens can be a productive way to reflect on one's practice. Holmström and Rosenqvist (2004) advocate an environment where the focus is on education rather than teaching, and where emphasis is placed on finding ways to create a new understanding of the patient-nurse encounter. Data suggest that filming oneself in practice helps to create the type of environment advocated by Holmström and Rosenquvist (2004):

> I suppose the video that was made of me interacting with the client, with the mother; I definitely got a lot out of it. (Lili)

Shelley gives a sense of how looking at her film gives her an understanding of how she builds up rapport with her client:

> Seeing it for yourself and know[ing] that you had built up that rapport with her, which you probably don't realise that you have done that.

Molli illustrates how seeing films of the other participants supports her in identifying what works well in interaction and gives a sense of developing her understanding of how to communicate with people in different situations:

> Even looking at everyone else's videos and looking at some people doing an awful lot of talking whereas the ones that listened a lot and got the mothers talking, that seemed to be a lot more effective from looking at the videos.

Molli also identifies learning from seeing her colleagues and in so doing uses it as a way to learn and reflect on her practice. As well as being in a learning situation some of the participants give a sense of building a rapport with their colleagues as a consequence of seeing them in their practice on film:

> And I think by doing it in such a way that we all kind of, watching each other's video or film, it helped us to just get to know each other a bit better as well, I got to know everybody as well. (Molli)

Lili also experiences a building of rapport as well as learning:

> I think it would be fantastic if everybody could be trained up on it [Marte Meo communication skills], it really would because you do learn from looking at everybody else's videos as well and actually even discussions around the coffee table in work.

Daisy also implied that her experience of being in the group was a good learning situation:

> We were very open with each other about different experiences we have had and even bringing our cases on film or just the discussions we would have were extremely informative.

Eisner (1998, p233) states that videotapes/DVDs "have unique utilities, and their use in developing connoisseurship is invaluable." By connoisseurship, Eisner means the development of the skills of perception. Data suggest that the experience of being on the other end of a lens and using video film to focus on practice is a way to develop new knowledge, to use previously acquired knowledge in a different way, to reflect

on practice and become patient-centred, all of which lead to a building of confidence in practice.

In summary, findings suggest that the experience of the PHNs being at the other end of the lens is one that takes them on a journey of learning from experiencing apprehension about being filmed to experiencing an enhancement of confidence in their practice. Data from this study suggest that the PHNs experience feedback on their film, from the trainer, as an essential element to recognising their own interactive style when with clients. Research findings suggest that the nurses' experience being at the other end of the lens as an empowering model that affirms them in their practice and enhances their confidence in their clinical practice with their clients. While involved in a journey of learning, the nurses also experience a level of awkwardness in using the language of the Marte Meo method. In the next section the theme of awkwardness in simplicity will be discussed.

4.4 AWKWARDNESS IN SIMPLICITY

This section explores the experiences of the nurses in using the emotional language of Marte Meo in their everyday interaction with parents. The following themes emerge: awkwardness in dealing with and expressing emotional language; using emotional language and experiencing presence.

4.4.1 Awkwardness in Dealing with and Expressing Emotional Language

The findings from this study suggest that although the nurses experience using the Marte Meo language as a positive practice development in their work, they experience, too, a level of awkwardness when they first start using it. In other

words, using the language of social and emotional development as information for parents, and using everyday language to affirm parents in what they are already doing in their parenting role, is experienced by the nurses as being both simple and awkward. The awkwardness is connected to what appears to be, on the one hand, the simplicity of the language and, on the other hand, using language to talk about emotion. Awkwardness is experienced as the nurses develop and use a language that is not their usual medical language, a language with which they are comfortable within their everyday interaction with clients. Using words to describe what they see in moments of interaction between parents and child is a new practice skill for the nurses.

The newness of the Marte Meo concepts brings hesitancy, associated with a level of awkwardness for the nurses, as they implement their developing skills of naming and affirming parents for what they see them doing with their child, in daily moments of interaction, and use language to focus on social and emotional development. When the nurses experience an orientation to what they see happening in interaction moments between parent and child, they experience a shift in their focus, away from the professional as knowledgeable, to one that focuses on the parent and family situation. Hesitancy and awkwardness are experienced by the nurses when they begin to use the language of Marte Meo and when they want to say things to the parents that describe what they are seeing in the parent-child interaction, particularly so when the nurses are talking about emotional development.

Hesitancy is a term used to describe when one is “doubtful and unsure in speech and action” (Collins Dictionary, 1999, p374). Awkwardness can be defined as having a

feeling of “uneasiness” or “embarrassment” (Collins Thesaurus, 1999, p49) about what one is doing or saying. The participants in this study indicate that giving factual information at a physical and factual level, or being task-oriented regarding a child’s height and weight, is much more manageable, as well as it being the kind of information parents expect from the nurses. Having the language to talk about social and emotional development, and choosing to use it, involves a greater level of risk taking for the nurses as they are entering a new style of nurse-parent interaction. The new shift in their practice involves moving beyond being task-oriented to having a focus on social and emotional development, and parent-child attachment. Participants report experiencing feelings of hesitancy and awkwardness in making this shift.

The nurses experience a shift beyond their objective knowing to one that involves connected knowing with parents. The purpose in “connected knowing” is to understand and not to judge the other, in terms of the other person’s ideas (Belenky et al., 1997, p124). As the nurses look through their extended lens and see the interaction between parent and child, they begin to recognise and understand the emotional relationship between parent and child in a different way. Connected knowing supports the nurses in looking with, and seeing with, an extended lens, which brings them into the arena of emotional talk connected to what they see. In looking and seeing, the nurses see the emotional connection between parent and child; they now have the extra information in relation to social and emotional development, as well as having a new language to use when talking with parents. Lili describes how challenging it can be to use language that is not traditional speak:

> It is challenging and potentially, yes it is challenging, I suppose, because it is not traditional professional speak talking about love, self esteem and trust and security in a baby as well.

Heidegger (1993, p398, 1982, p112) refers to the essence of man [sic] consisting in language where language is the foundation of human being. The PHNs in this study imply that they are competent in using language connected to the physical development of children but using the language of emotional and social development is a new learning experience for them. Colleen illustrates her sense of awkwardness stating:

> At the start I did feel a bit strange saying they [the parent] had a nice face or a good face.

Lili comments:

> It took me a while to get used to it [the language] because I thought; this is really basic stuff; this is almost silly telling a mother this....I suppose looking back there might have been a couple of times when you nearly feel a bit of a blush coming up your neck when you say – "and your baby feels loved."

Both Colleen and Lili give a sense of the awkwardness of trying to use language to talk about emotions and being conscious of doing something different. Denzin (1984) suggests that any practice can become emotional when one enters the world of emotional consciousness. Denzin (1984) describes emotional consciousness as one that includes the thoughts, feelings, sensations, perceptions and awareness that are experienced by a person at any moment in time. Findings in this study suggest that the PHNs become conscious in their awareness, perceptions and thoughts in relation to parents interacting with their child; they become conscious of affirming parents in relation to the emotional development of their child and parent-child attachment. According to Denzin (1984, p52), it is in the family setting that the child's "emotionality is learned, felt, expressed and interpreted." Findings suggest

that a significant shift in the practice of the PHNs is that they can use language of emotion in their interaction with parents toward influencing parent-child attachment. Heidegger (1993, p400) further illuminates our understanding of using language:

> Language: by it we mean speech, something we know as an activity of our own, an activity we are confident we can perform. Nevertheless, speech is not a secure possession.

From a Heideggerian perspective both Colleen and Lili experience a feeling of being insecure in their practice when they initially begin to use the language of emotion and emotional development with parents. Heidegger (1993, p400) identifies that speech is not a secure possession, as there are times when a person can be astonished over something and unable to speak. In this study the awkwardness of using the new language of emotion is what prompts the sense of insecurity experienced by the nurses. Eraut (2004a) indicates that in the process of learning, particularly in the transition period of learning something new; work practice can demand more concentration and focus. Both Colleen and Lili give a sense of their experience of using the new language of social and emotional development, where, initially, a greater level of concentration is needed on what to say to a parent. The nurses' experience of using the language of Marte Meo mirrors what Heidegger (1982, p57) refers to as undergoing "an experience with language:"

> This means to let ourselves be properly concerned by the claim of language by entering into it and submitting to it.

Heidegger suggests that to undergo an experience with language is to let it come over us, overwhelm us and transform us and thus submit to it. In this study the nurses used the Marte Meo language in their work practice; they entered into it and submitted to it and found that the reactions of the parents to what they were saying stimulated them to continue to use it. Lili states:

> And you get over that [thinking this is almost silly] when you realise mum after mum after mum is delighted to hear it [emotional developmental information], it is kind of like a praise and I would have thought that they would have felt me saying that was a little bit patronising or unusual or fluffy.

Colleen illustrates how she submitted to the language by stating:

> But you kind of get over that awkwardness and then it [emotional developmental information] is part of the information you give to any new mum or dad about their child and it is as important as the physical side of information given to a new mum and dad and their baby. So that is why I try and bring that in [emotional developmental information] and use it that way.

Marcy also refers to how she uses the language in her practice:

> Initially I was a bit nervous but I kind of now make it a habit of bringing it [emotional developmental language] in at every [birth] notification and then 3 month check.[34]

The nurses suggest that initially, when using language to describe what they see in interaction between the parent and child, it is somewhat difficult for them even though they know that what they are saying is "quite simplistic" (Marcy). They imply that talking about physical development is somewhat easier, given their practice experience, prior to the Marte Meo communication training, was to focus more on the technical language of health care and child development, rather than emotional language. As well as having the experience of working within a technical model of child development, it is what is expected of them when delivering a service – both in terms of what can be recorded on the Green Card (child health record) and what the parents expect. The nurses describe a change in their talk with parents; one which is beyond using objective talk connected to physical development of children and issues of feeding and safety to one that includes emotional talk, and builds on the social and emotional components of development. Objective talk is a well-

[34] 3 month check refers to a child's 3 month developmental assessment by a PHN.

learned skill in their nursing training and from their experiential learning, (Zander, 2007, pp8-9, Goding and Cain, 1999), while emotional talk is something new and developing as a consequence of their Marte Meo communication skills training. Lili implies a transformation in her thinking as a result of her experience of training in Marte Meo communication skills and says:

> ..You don't need to be reminded how it [Marte Meo] works; it is a way of thinking rather than a method.

In essence, Lili indicates in using the language of Marte Meo it mirrors her way of thinking when she wants to "enhance parenting" (Lili). The nurses suggest that when they take in and use the Marte Meo language and associated social and emotional developmental information, it becomes part of who they are in their everyday world of being nurses. Parental reactions of delight, of being open and receptive to hearing the "basic stuff" (Molli) enables the nurses to enter a world where they are comfortable in drawing on and using emotional information and language as part of their developmental clinics and family visits. The nurses read the signals from the mothers and recognise what they describe as a response of affirmation by mothers, showing signs of a feeling of being affirmed for both nurse and mothers, when the nurses use emotional developmental language. The experience of parents' reactions facilitates the nurses to continue to give emotional information, which, the nurses experience as an empowering model of interaction, where both parents and nurse are seen to develop strengths and skills. Marcy states:

> It is lovely when you are able to say something [about social and emotional development], to someone [a parent], and they think, "oh yes that is good, and that works, that is great." Then it gives you more job satisfaction, and to me it is enhancement of practice, it is like the icing on the cake.

Data suggest that the nurses go through a transition in using the Marte Meo language

from the beginning of the course to the end. Initially, there is a level of awkwardness experienced; however, as they use the language more often they become comfortable with using it and internalise the information so that they use it in a natural way in their practice. Lili states:

> In a sense you are stepping out of a comfort zone but in reality you are stepping into a comfort zone because it [the new language] makes the interaction with the mother and the baby and you [nurse] much more comfortable.

Lili implies that when she first started using the Marte Meo language she felt like she was coming out of her comfort zone. In other words, she was moving beyond being task-oriented and using technical language to having a more holistic approach and using emotional language. The experiences of the nurses using emotional language with parents and experiencing presence are discussed in the next section.

4.4.2 Using Emotional Language and Experiencing Presence

The findings from this study suggest the PHNs' experiences of using emotional language lead to a shift toward a recognition of the importance of language in making an emotional connection with parents and using emotional language in their clinical practice:

> So I actually find it [using emotional language] is fine because it is not like rocket science, it is such an effective method for something which is, in theory, quite simplistic. Because there is no mother that is not going to understand; "make good eye contact with your child and [give] a nice face, have nice tones," it is very simple things.

From Marcy's perspective, her experience of using the new language is one of confidence that parents can understand what she is saying, because the language is clear and simplistic and she has words to describe what she is seeing, connected to

emotional development in interaction moments. Marcy implies that she now has the words and language to connect what parents do in interaction moments with their child, and to acknowledge and promote good attachment. In addition, she feels assured that parents can recognise and make a connection with the words. Heidegger (1993, p408) refers to "*saying* as sagan," meaning to show, to let something appear, to let it be seen and heard. When Marcy talks to parents about emotional and social development, or gives parents information connected with them, she is essentially "saying" in terms of "showing" (Heidegger, 1993, p410). In other words, Marcy is naming and, putting words on what she sees the parents doing in interaction, or giving information by saying what they can do that is supportive for their child's development. She is bringing the emotional information to the fore by highlighting it and bringing it to the parents' attention. Bringing the emotional information to the fore suggests a transition in the nurses' practice from beyond being task oriented to also including emotional developmental information. Heidegger (1993, pp410-411) further illuminates the notion of "*saying"* which he refers to as "pointing:"

> Language speaks by pointing, reaching out to every region of presencing, letting what is present in each case appear in such regions or vanish from them. Accordingly, we listen to language in such a way that we let it tell us its saying.

Rosa describes how through pointing out something to a mother in the clinic, and using the Marte Meo language, the mother, in turn, was able to share the information with the baby's father and to celebrate her success in doing so when she next visited the clinic:

> The mother could see that [her baby responding] so she brought that back to her husband and a week later I was talking to her and she said, "yea, I'm doing it [waiting for baby's responses]" and she said, "my husband couldn't believe that the baby at this stage was responding."

Rosa's experience of saying to the mother what was happening in the interaction between her and her baby was one of being understood, and of an affirming and empowering encounter for the mother. Rosa indicates that by pointing out what was good and by connecting emotional developmental information, the parent listened to the language in such a way that it told her something and had meaning for her. The mothers' response, and her subsequent feedback on the experience of sharing it with her husband, suggests an experience, for her, of feeling empowered. Findings from this study suggest that the power of emotional language can be experienced as embracing another, which can lead to the power of the language, and the message, being extended beyond the one who first heard it.

Findings indicate that the nurses experience a sense of presence in their interaction with parents when they affirm parents using emotional language, which expresses a connection between them and the parents (Denzin, 1984). The nurses experience their caring presence as a way-of-being, which allows them to connect with the parents in a "human-to-human experience" (Covington, 2003, p313) toward promoting health. Having a conscious awareness and being available and attentive, in the moment, provides opportunities for deep connection (Duffy, 2003), between the nurses and parents. A heightened self-awareness in interaction moments enables the nurses to develop an ability to be present and to experience presence. This presence suggests a model of generosity, which according to Frank (2004, p126), "always begins in dialogue: speaking with someone."

The research findings suggest that the nurses are demonstrating presence in their interaction with parents when they move beyond objective language to emotional

language in their talk with parents. Denzin (1984, p268) refers to three categories of words that embed emotionality in the interaction process, which are, emotional words; and personal pronouns, for example, I, you, yours, mine. Lili demonstrates her emotional talk in using Denzin's three categories of words in the following vignette, where she describes what she says to a mother:

> "I can see the way you [mother] are waiting [for your baby's response] there, that is brilliant because that gives the baby time too."

Lili uses affirmative words with the mother, as the words link with something positive that she sees the parent doing, in interaction with her baby. Heidegger (1982, p126) states that "saying is showing" and showing brings into appearance what is present. When the nurses use emotional words, they engage at an emotional level, suggesting an embodied presence in the interaction between them and the parents (Denzin, 1984).

Research evidence suggests that the zone the nurses move into, during the course of the training, is one that carries a strong emotional content (Eraut, 2004a). They connect with parents at the emotional level, in relation to their child, which brings a shift in their practice from beyond being one that is task-oriented, toward enhanced understanding of emotional connections and emotional development which, in turn, supports the nurse to have a focus on wholeness. Eraut (2004a) describes that in the process of learning a new skill the transition period of change can often be the most challenging in practice; however the nurses' experiences of using the Marte Meo language suggest that in a Heideggerian sense they become transformed by their experiences of using the new language, from one day to the next, and over the course of time (Heidegger, 1982). The nurses internalise the new language of Marte Meo;

in other words, they take in the language and register it so that it becomes part of who they are and they instinctively use it. Cara illustrates her transformation toward internalising the new language of Marte Meo:

> With the Marte Meo, with it [the training] being over a six month period you're really working on it [the language] you know, every month so that even after the end of the six months it's nearly becoming a natural way of being.

Cara's experience of internalising the new language allows for another way of being, one that allows her to be natural in her interaction with parents. Being natural, as in being oneself, implies a sense of presence when in interaction with others. Heidegger (1982, p63) refers to language as the "house of Being" and in a Heideggerian sense, Cara indicates that she is at home in the language of Marte Meo.

The nurses refer to the simplicity of the Marte Meo information as the means to what makes it understandable to professionals and parents. Simple is defined as something easily understood, or something that is not complicated (Concise Oxford Dictionary, 1990, p1132). The simplicity of the language in providing information to parents, and in affirming parents, affords moments of presence and connection between the nurses and the parents. Having a language that parents can easily understand and follow, implies that the parent can be with the nurse, in moments of interaction, which can lead to moments of connection. According to Hewison (1995, p76), language is an integral part of any interaction, while, at the same time, it can uncover the power dimension attributed in the interaction. However, findings from this study suggest that the simplicity of the Marte Meo language adds to the presence and connection between the nurses and the parents which, in essence means the nurses using the language of the parents rather than using professional terms.

Findings suggest that it is the simplicity of the language which empowers the nurses to interact and affirm parents in their daily contact with them. Lili refers to the language of Marte Meo as being "very safe" and "understandable for young mums" and in so doing, implies the inclusivity of the language of both parents and nurses.

As well as using simple language in their talk with parents the nurses also have an awareness of body language at two levels, reading the body language of the parents to their child, for example, facial expression, and also having an awareness of their own body language in interaction with parents. The nurses model good body language vis-à-vis their own facial expressions and gestures when with the parents. Good facial expressions give a sense of warmth from the nurse to the parent, which implies they are present to the parents in both their verbal and body language (Duffy, 2003, Noddings, 1984). Marcy states:

> I feel it is very beneficial and very simple. When I say simple I mean that in a positive way; that it is just basic communication, interactions between two people and it is just simple interactions and just simple little, like body language and communication.

Cara also illustrates her experience of using the Marte Meo information and her appreciation for its simplicity:

> When you have the information you know it's very easy to be able to explain to them, [parents], why you do it and this is why you do it. I suppose we get training in child development and if a parent comes saying "my child is having a tantrum and what do I do then?" We would always say, "well ignore the bad behaviour and focus on the good behaviour." Marte Meo just goes into that a level deeper; it brings it down to such a simplistic level that when you explain it to parents, you know they understand it [the practical information] more easily and see why [it is good to respond differently to their child].

Cara's sense of appreciation is connected to the additional understanding she has acquired of child development during her Marte Meo training. The nurses imply that

the Marte Meo language is easily understood by professionals and parents. However, even though at one level the language is simple to use, it is language and information that they do not receive in their formal nurse training. More often, nurses and health visitors receive training with a focus on medical tasks or technical information connected to child development with little attention being given to communication and the need to read body language which connects with social and emotional development and interaction (Barlow and Underdown, 2005, Edmond, 2001). Traditionally, a medical model can be task-oriented, (Cheek and Jones, 2003), for example, the nurses in this study refer to being well trained in measuring a baby's height, weight, head circumference, and dealing with issues such as feeding and safety. According to Frank (2004, pp1-4) a medical model must also include generosity so that the face-to-face meetings between people can be experienced as occasions "when people can discover what each can be in relationship with each other" which implies being present with one another in interaction.

Marte Meo language, including emotional language, supports the nurses to experience an "emotional practice," described by Denzin (1984, p89) as one that "radiates through the person's body and streams of experience, giving emotional colouration to thoughts, feelings, and actions." Findings from this study suggest that when nurses have a deeper awareness of social and emotional development, and have understandable and meaningful words to share with parents the emotional information that describes what nurses see in parent-child interactions, an emotional connection between parents and nurses is experienced (see also section 4.2.3, strengthening the nurse-parent relationship.) In other words, nurses who complete the Marte Meo communication skills training experience emotional practice, which

includes a shift beyond cognitive (taken-for-granted) practice (Denzin, 1984, p88). From a Heideggerian (2003, p262) perspective the nurses' experience of emotional practice means a "tendency of being" [being available], which implies bringing the other to participate in "disclosed being," [giving of the self], which implies the nurses being available to and with other [parents], a process that is enabled through discourse expressed in "what is talked about" [parent-child interaction].

Evidence suggest that the nurses appreciate the relevance of the emotional developmental language and the realistic influence it plays, in relation to the overall development of children from birth, and how it assists parents to understand the importance of their interaction with their children, so that they can have the best possible outcome. From the nurses' perspective the Marte Meo training offers them a new language with which they can connect with parents in relation to the social and emotional development of their child. The language is everyday language and is the language of the parents rather than professional language. The language adds to, in the sense that it enhances the information the nurses already have; it offers them opportunities to build moments of connection and presence with parents, and also supports the nurses to stay in the reality of their everyday practice as PHNs:

> It [Marte Meo information] adds to your knowledge, it adds to how you do your job, it adds to your professional approach perhaps and your common sense. That is the biggest word I would attribute to it; it really is common sense. There is no waffle in it. [I]...see it [the emotional language] as being very useful [and], keeping a strong focus on what is realistic. (Pearl)

In summary, findings presented in this section suggest that initially the nurses experience a level of awkwardness in dealing with, and expressing, everyday language to talk about emotional development and parent-child interaction. However, during the course of Marte Meo communication skills training, the PHNs

use the emotional language and developmental information, which, in turn, facilitates them to appreciate how the use of non-technical language, that is understandable to parents, enhances the nurse-parent interaction and enables the empowerment of parents. Findings suggest that using the language of Marte Meo supports the nurses to experience emotional practice, which is a shared practice with the parents, where presence and connectedness is experienced, and which, in turn, enhances the relationship between the nurses and the parents.

4.5 SUMMARY OF FINDINGS AND DISCUSSION CHAPTER

This chapter presented and reviewed the findings from this research study on PHNs' experiences of training in Marte Meo communication skills. Three principle themes emerge from the data: looking with an extended lens; being at the other end of the lens; awkwardness in simplicity. Theme one: looking with an extended lens identifies and discusses the findings in relation to the PHNs experiencing a wider focus that facilities a shift in their practice, toward enhanced understanding of their practice role and the needs of their clients, and beyond being task-focused. The sub-themes that emerge are: seeing more than before; transition in practice; strengthening the nurse-parent relationship and heightened self-awareness. Theme two: being at the other end of the lens identifies and discusses the PHNs' process of learning which leads to a building of their confidence during the course of their Marte Meo training. The sub-themes that emerge are: apprehension; easing into it; a means to an end; confidence in practice. Theme three: awkwardness in simplicity, identifies and discusses the initial awkwardness experienced by the PHNs in using emotional language in their talk with parents, which is, in part, ascribed to the simplicity of the Marte Meo language. A key process experienced by the PHNs, within awkwardness

and simplicity, is one of presence and connection with parents, which is seen to enable opportunities for growth and development for both nurses and clients. The sub-themes that emerge are: awkwardness in dealing with and expressing emotional language; using emotional language and experiencing presence. The findings of this study have been discussed using relevant literature and theories from worldwide studies as well as drawing upon Heideggerian principles of philosophy and Denzin's work on emotion.

The next chapter presents a final discussion of the study, the strengths and limitations of the study, implications for practice and recommendations for future research in education and practice.

CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of this study was to explore with PHNs their experiences of training in Marte Meo communication skills. A qualitative design, based on hermeneutic phenomenology and drawing on Heideggerian principles of philosophy was selected for this study. This chapter presents the final discussion of the study, the strengths and limitations of the study, implications for practice and recommendations for future research in education and practice.

5.2 FINAL DISCUSSION

The interviews were analysed and interpreted according to the hermeneutic circle of understanding, which describes the experience of moving between the part and the whole, via dialogue (Koch, 1996). Three main themes emerged from the analysis.

i. Looking with an extended lens;
ii. At the other end of the lens;
iii. Awkwardness in simplicity.

Findings from this study suggest that the PHNs experience their training in Marte Meo communication skills as an empowering model of interaction in their work with families, which enables them to develop a wider focus and facilitates a shift in their practice toward enhanced understanding, beyond a task focused orientation when engaging with families. A public health nursing model of an empowering practice emerges, one which focuses on affirming parents, builds on parents' strengths, and affirms and enables the PHNs in their practice. Looking with an extended lens

provides the nurses with a wider focus when visiting a family or meeting clients in the health clinic and supports the PHNs to see what is happening in the interaction between parent and child. Taking interaction as a focus point gives the PHNs new ways of looking at the parent-child attachment and identifying everyday strengths of parents in interaction moments. The nurses see differently as a result of having a focus on knowing and nurturing, rather than on specific biological aspects of their clients (Boykin, 1998). Seeing more than before allows for the nurses to make the transition from being task-focused regarding the child's physical well-being to also having a focus on the social and emotional well-being of the child.

Findings suggest that when the nurses affirm parents by identifying what they do well and share emotional developmental information with them, parents can learn about themselves and at the same time receive social and emotional health information. According to Peplau (1994), nurses who use opportunities to help clients learn about themselves, and convey health information, strengthen clients' psychological well being. The changed dynamic of engaging with parents, in a social and emotional way, suggests that the nurses' way of being-in-the-world, with parents, is in a Heideggerian sense one of a solicitude that leaps forth, as the nurses seek to support parents to become aware of, and build on, their strengths toward enhancing parenting.

Additionally, to this way of being-in-the-world with the parents is a united sense of connection, of shared moments, that suggests a sense of caring presence with other(s). According to Duffy (2003) and Boykin and Schoenhofer (1990), in a caring relationship, moments of connection can occur and moments of joy can be

experienced through being with one another. Findings indicate that in these moments of connection with, and affirmation of, parents, the nurses engage in a therapeutic relationship with parents, focus on strengths and capacities (Aston et al., 2006) and facilitate a process of empowerment (Kuokkanen and Leino-kilpi, 2000).

Research evidence from this study indicate that the PHNs experience an enhancement of their social and emotional developmental knowledge, heightened observational skills in relation to parent-child interaction, and enhanced abilities to respond to parents in a knowing and connected way. According to Belenky et al. (1997), careful observation and analysis, which requires really looking and listening, are required for knowing. Knowing in this context is described by Belenky et al. (1997, p113), as "connected knowing" where the nurses see parents in terms of what the parents can manage. Enhanced knowledge of social and emotional development, heightened observational skills and an attitude of working "with" parents are seen as essential components to the skill level of home visiting nursing competencies (Kemp et al., 2005, p258).

The Marte Meo communication skills training enhances the PHNs' competencies, such as, seeing with an extended lens, when looking at the parent-child attachment, and developing and using a language to describe what they see and observe in parent-child interaction moments. The acquisition of these new skills to assess parent-child attachment and language, and to communicate the assessment findings to the parents, enables the promotion of the social and emotional well-being of children. Being-in-tune-more suggests a development of the nurses' observational skills that allows them to read and interpret signals that children receive from their

parents, in daily interaction moments. The ability to interpret and give feedback to parents on these moments, (sometimes fleeting) of parent-child interaction enhances the attachment process (Ainsworth, 1969, Bowlby, 1969, Winnicott, 1965). The practice of nurses acknowledging parental strengths, in daily interaction with their child, suggests a process of honouring and building on what the parents bring to the situation (Reutter and Ford, 1997, p147), which leads, in turn, to the nurses working in a way that facilitates empowerment (Falk-Rafael, 2001) of the parents. In a Heideggerian sense, the PHNs work in a solicitude of leaping forth (Heidegger, 1962), by enabling parents to develop their strengths and inner resources.

The findings from this study clearly indicate that the PHNs' experience of looking with an extended lens is one that also enhances self-awareness of their own interaction, when with their clients. According to Peplau (1994, p49), development of self-awareness makes it possible, over time, for the nurse to become a "sensitive observer of interpersonal phenomena" where the nurse is also a participant. Findings from this study suggest that, through having a heightened awareness of their own interaction, nurses are enabled to be-in-the-world of their clients, in other words to be a "sensitive observer" (Peplau, 1994, p49), through listening, waiting, keeping silent and giving cues and signals to their clients that they are with them, and are present to them. Being-in-the-world of their clients, by being present to them in dialogue, suggests a relationship of generosity, where the nurses let the parent's voice count as much as theirs (Frank, 2004). Then, what follows is what Paavilainen and Åstedt-Kurki, (1997) refer to as, a relationship grown out of an experience of togetherness, where the nurse and parents can work together toward a goal of enabling parents to manage better.

Findings from this study illustrate that the Marte Meo communication skills training adds to the PHNs' personal knowledge of self in interaction moments. For example, the nurses report having a heightened awareness of waiting or "keeping silent" (Heidegger, 1962, p208) in interaction moments toward facilitating space to see, and hear firstly, what their clients can manage. In this way, the nurses become conscious of how they are communicating in interaction moments which enables them to be available to their clients and respond to their client's needs. The ability to know oneself is a principal component of knowing in nursing (Bonis, 2009, Van der Zalm and Bergum, 2000, White, 1995, Carper, 1978). Knowing oneself involves personal knowing or personal knowledge which is required in the nurse-client interaction, so that the nurse can respond to another and bring personal meanings to the relationship with another person (Van der Zalm, 2000, p216). According to Chinn and Kramer (2010, p9), "it is knowing the Self that makes the therapeutic use of Self in nursing practice possible."

Research evidence from this study clearly indicate that the PHNs' understanding and knowing of their own caring role becomes visible to them through a process of seeing themselves on film, receiving feedback and reflecting on their film. This process of self-reflection and supported reflection builds their awareness of, and confidence in, recognising their caring presence in their everyday interaction moments with clients. Film provides the PHNs with an opportunity to see their caring practice, that is, a practice that "offers a perspective in which intention and language centre around caring" (Boykin and Schoenhofer, 1997, p61), in their everyday work. For example, the nurses report that seeing themselves on film in their everyday practice with their clients supports their ability to engage in reflective

practice as they can see how they act, how they sit, and how they look to their clients when they are talking with them. Arndt (1992) suggests that through the visibility of caring, nursing practice can be transformed when nurses are given new understandings of the meaning of practice in caring ways. Chinn and Kramer (2010, p3) refer to knowing as "ways of perceiving and understanding the Self and the world." According to Bonis (2009, p1333), knowing comes about through experience and is enhanced through awareness and reflection. Findings from this study illustrate that the nurses' experiences of Marte Meo communication skills training lead to an enhancement of their self-awareness and ability to reflect and to a sense of being empowered, associated with their growth and development and concur with those of Falk-Rafael (2001), and, Kuokkanen and Leino-Kilpi (2001).

The findings of this study suggest that the PHNs experience making a connection with parents when they use the emotional language of Marte Meo. By using emotional talk with parents the PHNs experience inclusiveness with parents which in turn brings a connection between parents and the nurses. By using emotional talk with parents, nurses make themselves, and their words, emotional (Denzin, 1984) which illustrates that presence, and connection, can be experienced between them. The nurses' experiences highlight a shift beyond using medical technical language, to inform parents of their child's physical development, to everyday understandable language connected to their child's emotional and social development. Findings clearly indicate that, following Marte Meo communication skills training, PHNs can share information and connect with parents regarding the social and emotional development of their child, and not just give information to parents regarding the physical development of their child.

From a health promotion point of view, the report *Best Health for Children Revisited* (DoH&C, 2005, p18) recommends working with an increased emphasis on affirming and promoting bonding and parenting skills in order to work in a holistic way with children and their families where mental and social well-being are as important as physical wellbeing. According to Barlow and Underdown (2005) parents play a vital role in influencing the social and emotional development of their children and some require parental support programmes in order to promote the social and emotional health of their children. In this study, findings suggest that following Marte Meo communication skills training, the PHNs focus shifts beyond being task-oriented to focusing on promoting health and well-being by working in partnership with parents. By focusing on what parents are already doing to support their child's social, emotional and physical development, the nurses start from the premise of where parents are at, and build on their strengths (Aarts, 2008). In so doing, the nurses work from a model of empowerment that builds on parents' capacity to interact with their children toward improving their quality of life, (Carroll, 2010) and enhancing their potential for growth and development. A principal element of this model of empowerment is one of presence with another.

5.3 STRENGTHS AND LIMITATIONS OF THE STUDY

This is a total population study, all of the PHNs (n=10) who participated in the Marte Meo communication skills training course voluntarily agreed to participate and the findings are from all of the individuals in the group that have shared the experience. However, a limitation is that whilst it is a whole population study it is only on one group of participants, in this case, public health nurses.

This study is a phenomenological study that utilised the hermeneutic circle of understanding to analyse the interview data. Hermeneutical interpretation is always "*one"* interpretation (Van Manen, 1997, p31); thus interpretation can vary among interpreters (Geanellos, 1998a, p157) and no interpretation is ever complete (Van Manen, 2005, p7). A limitation to this study is that the findings are my interpretation of the meaning of the experiences of the PHNs of participating in Marte Meo communication skills training; therefore there is always "the possibility of yet another complementary, or even potentially *richer* or *deeper* description" (Van Manen, 1997, p31) by another interpreter. However, seven (n = 7) of the ten (n = 10) participants came to a consultation meeting before the final writing of the report and concurred with the findings of the study, which adds to the "fit" (Morse and Singleton, 2001, p844) and trustworthiness of the study.

I maintained a reflective diary throughout the course of my study which assisted me in engaging in a process of questioning my position and self-reflection, particularly during the stages of data collection and data analysis (See Chapter 3, p59.) The process of maintaining a reflective diary throughout the research process adds to the rigour (Finlay, 2002, Koch and Harrington, 1998) of my study. I engaged with the data by entering into the hermeneutic circle and dialoguing with the text (Koch, 1994) to interpret the data. I used data from my interviews to back up my findings which also adds strength and trustworthiness to this study.

5.4 IMPLICATIONS FOR PRACTICE

This study was based on a sample group of ten PHNs (n=10) that experienced the Marte Meo communication skills training course between 2009 and 2010. Data were

gathered by interviewing the PHNs within six weeks of completing the training. The findings presented in this study clearly indicate that the PHNs experience the Marte Meo training as an empowering model of interaction in their work with families which helps them to develop a wider focus that facilitates a shift in their practice toward enhanced understanding, beyond a task-focused orientation. A public health nursing model of practice emerges which focuses on affirming parents, builds on parents' strengths, affirms and enhances PHNs in their practice and where the PHNs encounter joy in their work and experience a sense of generosity too (Frank, 2004). An Australian exploratory study by Kemp et al. (2005, p254), on sustained home visiting nursing competencies, identified three areas of competency that needed development for the delivery of quality nurse visiting services. The competency areas were identified as:

i. Knowledge competency: Enhanced knowledge of child development and social determinants of health;
ii. Skill competency: Advanced skills in fine observation;
iii. Attitude competency: Skill for working "with" parents rather than working "for" parents.

The findings of this present study suggest that Marte Meo communication skills training contribute to developing the skill level of PHNs at these three levels of competency. It is clear from the findings in this study that the PHNs who complete the Marte Meo communication skills training develop a wider focus of practice, beyond being task oriented, to one that includes a focus on social and emotional development. The PHNs develop a knowledge base of social and emotional development, and parent-child interaction that enhances parent-child relationships. It is recognised that children develop their attachments and relationships in the

earliest years, which influences their future development (Howe, 2005, Bowlby, 1988, 1969, Ainsworth, 1969, Winnicott, 1965, 1964). PHNs are often the first professional to enter a family home upon the birth of a baby (Commission on the Family Report, 1998, p40), and are in an influential position to work with parents to promote social and emotional well-being of children (Barlow and Underdown, 2005). Research evidence indicates that Marte Meo communication skills training can contribute to PHN training, to enhance competencies in their daily practice, in relation to social and emotional well-being of children, parents and families.

The PHNs develop fine observational skills connected to parent-child attachment. In other words, they develop detailed knowledge regarding parent-child relationships which enables them to acutely observe parent-child attachment in interaction moments. They develop a practice in the attitude of working with parents and building on their strengths. When the nurses' practice is one of working with parents, the nurses connect with parents from the premise of what the parent manages already and focuses on positive aspects within the family (Heaman et al., 2006). Findings suggest that Marte Meo communication skills training can contribute to the training of PHNs to facilitate the development of observational skills that enable the PHNs to work in a solution focused way with families.

Goding and Cain (1999) and Chalmers (1993, p909) noted that in health visiting training, health visitors receive little assistance in either assessing interpersonal competence or developing interpersonal skills. However, findings from this study illustrate that as a consequence of participating in Marte Meo communication skills training the PHNs develop a heightened awareness of their own interaction and

interpersonal skills. Thus it is suggested that Marte Meo communication skills training can contribute to the development and enhancement of nurses' interpersonal skills and interpersonal competence. According to Reutter and Ford (1997) competence involves feeling capable of engaging in health promotion behaviours, and having the knowledge and skill to implement the behaviours. In this study nurses' interpersonal competence is enhanced as they experience the Marte Meo communication skills training as a model of empowerment that heightens their awareness and implementation of their interpersonal skills in their daily practice. According to Skår, (2010) and Cheek and Jones (2003), a core nursing skill, one that is often missed in nurse training, is interpersonal competence. Findings suggest that training in Marte Meo communication skills be offered to novice and student nurses toward enhancing their skills of interpersonal competence and communication.

In conclusion, findings clearly indicate that Marte Meo communication skills training contribute to the training and education of nurses in relation to competencies in knowledge, skill and interaction. In the Irish health service document relating to education and development of health and social care professionals, Reed (2009, p18) recommends that the principle of lifelong learning should be adopted; the need for continuing professional development be recognised and education and development should be competency based. The experiences of the PHNs in Marte Meo communication skills training suggest that this training can offer a "framework to guide the future focus and work of the Health Service Executive (HSE) with regard to the education and training of Health and Social Care Professionals" (Reed, 2009, p18).

5.5 FUTURE RESEARCH IN EDUCATION AND PRACTICE

5.5.1 Education

(1) This research study explored with ten PHNs their experiences of training in Marte Meo communication skills, and how this enhances their work practice with families. Data were gathered within six weeks of the PHNs completing the course. A research study on how the PHNs' experience integrating and maintaining the Marte Meo knowledge over a longer period of time is justified.

(2) Findings from this study suggest that PHNs develop a heightened awareness of their interpersonal skills. Further research in exploring the impact of Marte Meo communication skills training in developing an awareness of nurse's interpersonal skills in the process from novice to expert is warranted.

(3) This research study specifically looked at experiences of PHNs, but as Marte Meo communication skills training is also delivered to other health and social care professionals, e.g., social workers, social care workers, nurses in elderly care, a broader study to investigate the impact of the Marte Meo communication skills training in these professions is also warranted.

5.5.2 Practice

(1) Findings from this study suggest that Marte Meo training can have an impact on reflective practice. A further research inquiry to explore how Marte Meo communication skills training can contribute to reflective practice in the

training of nurses and as part of continuing professional development is justified.

(2) In Danish Public Health Care, Kristensen (2003) examined the extent to which the Marte Meo method promotes good parent-child relations. An Irish study to include the client's perspective of the nurses using Marte Meo information in their health visits and how having a focus on parent-child attachment impacts on the parent-child relationship is also justified.

(3) Findings from this study suggest that the PHNs develop fine observational skills in relation to picking up signals of post-natal depression. A research study is warranted to identify the impact of PHNs reinforcing positive parenting skills from a Marte Meo perspective, of parents at risk of post-natal depression.

(4) Research evidence from this study suggests that following completion of the Marte Meo communication skills training course the PHNs, when observing parent-child interaction, experience a growing awareness and knowledge connected to their sixth sense. Further study of the experiences of nurses who participate in Marte Meo communication skills training is recommended, toward enhancing understanding of the impact of training on nurses' intuitive knowing.

5.6 CONCLUSION

This research study is the first study in Ireland, and internationally, to be undertaken to explore professionals' experiences of training in Marte Meo communication skills. The study specifically provides a unique insight into PHNs' experiences of training in Marte Meo communication skills and how it enhances their work practice with families. The findings of this study suggest a model of public health nursing practice that focuses on affirming parents, builds on parents' strengths, and affirms and enhances the PHNs in their practice. Findings clearly indicate that the PHNs develop a wider focus that facilitates a shift in their clinical practice away from a task-focused orientation toward one of enhanced understanding of social and emotional developmental knowledge, heightened observational skills in relation to parent-child interaction, and enhanced abilities to respond to parents in a knowing and connected way.

The PHNs in this study experience training in Marte Meo communication skills as an empowering model of interaction in their work with families. The model of practice emerging from the findings of this study makes a valuable contribution to our understanding of the complexity of the Marte Meo method particularly, in the area of the Marte Meo communication skills training and the use of the method by public health nurses. Findings from this study can contribute to evidence based practice in relation to PHN education and development and family nursing. Recommendations for future practice and education of public health nurses and other health and social care professionals, are suggested, toward developing further knowledge and insight into the use of the Marte Meo method and the practice of public health nursing and allied health and social care professionals.

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APPENDIX A

LETTER TO THE DIRECTOR OF PUBLIC HEALTH NURSING

LETTER TO DIRECTOR OF PUBLIC HEALTH NURSING

Address:

Phone No.:

Date:

Dear **********

I am currently undertaking my MSc by research in the School of Nursing, Dublin City University. For my research study I have selected to explore with Public Health Nurses their experiences of training in Marte Meo communication skills and how this enhances their work practice with families. As you are aware the Marte Meo course for Public Health Nurses in your area is commencing in October 2009. I propose to conduct individual, forty-five to sixty minute interviews with six of the PHNs who will participate in this course.

I am writing to request your permission to proceed with this study. Participation is voluntary and written consent will be obtained from the participants. Confidentiality and anonymity will be maintained at all times. You are welcome to contact me should you require further information.

Thank you for your time,

Yours sincerely,

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APPENDIX B

LETTER TO THE PUBLIC HEALTH NURSES

LETTER TO PUBLIC HEALTH NURSES

Address:

Phone No.:

Date:

Dear Public Health Nurse,

I am presently undertaking my M.Sc by research in Dublin City University, School of Nursing. My study is titled 'Public Health Nurses' experiences of training in Marte Meo communication skills.'

I am writing to invite you to participate in this study. Enclosed for your information are the Plain Language Statement and Informed Consent Form. If you would like to participate in this study, I would be very grateful if you would sign the enclosed consent form and return to me in the stamped addressed envelope (enclosed). I would appreciate your response as soon as possible.

Thank you for your co-operation,

Yours sincerely,

_____

xxxxxxxxxxxxxxxxxx

APPENDIX C

PLAIN LANGUAGE STATEMENT

PLAIN LANGUAGE STATEMENT

My name is Colette O' Donovan. I am co-ordinator of the Marte Meo Training Centre, HSE and am currently undertaking my M.Sc by research in the School of Nursing, DCU. My Research Study Title is:

'Public Health Nurses' Experiences of Training in Marte Meo Communication Skills.'

The purpose of the study is to find out about PHNs' experiences of training in Marte Meo communication skills. The HSE is funding this research study (college fees only). I am inviting you to take part as you are a PHN who is currently participating in Marte Meo communication skills training. If you agree to participate you will be asked to sign a consent form. The following information is provided for you to read before you consider signing the consent form. If there is anything you would like clarified, I will be happy to do so (see contact details at the end of this page).

If you agree to participate in this study, I will interview you about your experiences, at a time and venue suitable to you. The interview will be 45-60 minutes and will be audio-taped and transcribed. The interview will be confidential and at no time will your identity be disclosed. Some of your words may be published in the final report. I will keep all details of the interview in a safe locked storage. All interview information and tapes will be destroyed after two years. The only person who will have access to the interview information will be my research supervisor, Dr. Jean Clarke, School of Nursing, DCU.

Prior to the writing of the final report, a consultation meeting will be held, to which you will be invited, to discuss the findings.

Permission to do the research has been granted by my General Manager and the Director of Public Health Nursing, HSE. Approval is given by the DCU Research Ethics Committee. Your participation in this study is voluntary and you may withdraw from the study at any stage without any consequences to you.

If you are agreeable to participate in the study please indicate your consent by signing the enclosed consent form and return it to me in the enclosed stamped addressed envelope.

If you have any further questions please contact me at any of the following:

Telephone: xxxxxxxxxx

Mobile: xxxxxxxxxx

E-mail: xxxxxxxxxxxxx

If participants have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Office of the Vice-President for Research, Dublin City University, Dublin, 9. Tel 01-7008000

APPENDIX D

INFORMED CONSENT FORM

INFORMED CONSENT FORM

Research Study Title: 'Public Health Nurses' Experiences of Training in Marte Meo Communication Skills.'

Colette O' Donovan, Co-ordinator, Marte Meo Training Centre, HSE.
M.Sc (Research) Student, School of Nursing, Dublin City University, Dublin 9.

You are invited to contribute to this research study by participating in an individual interview. The HSE is funding this research study (college fees only).

I understand that participation in this study is voluntary, that I may withdraw from the research study at any point and that there will be no penalty for withdrawing from the study.

I understand that all data relating to the study will be kept in a locked cupboard in the HSE office of the researcher and will be destroyed within two years after the completion of the study.

I understand that the findings of the study will be available to DCU and the HSE; that some of my words may be used in the final report but there will be **no** identification of individuals who participated in the study.

Declaration:

Participant – Please complete the following (Circle Yes or No for each question)

Have you read or had read to you the Plain Language Statement?	Yes / No
Do you understand the information provided?	Yes / No
Have you had an opportunity to ask questions and discuss this study?	Yes / No
Have you received satisfactory answers to all your questions?	Yes / No
Are you aware that your interview will be audiotaped?	Yes / No

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researcher and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Participants Signature: _____

Name in Block Capitals: _____

Contact Detail: _____

Witness: _____

Date: _____