

This is a summary report of the research study titled:

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

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ABSTRACT

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 lead 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.

INTRODUCTION

The goal of this research study was to develop an understanding of Public Health Nurses experiences of training in Marte Meo communication skills. As the work of the Public Health Nurse is clinical and home-based she¹ 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 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 Public Health Nurses in interpersonal skills and in observational skills, with a specific focus on child development and attachment. Thus the purpose of this study was to explore with Public Health Nurses 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.

AIM OF THE STUDY

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

LITERATURE REVIEW

Introduction

The literature review provides an overview of the Marte Meo method and the role of the Public Health Nurse to provide support to parents. Support was looked at in relation to the role of the Public Health Nurse, social support and observational skills. The underlying theoretical frameworks of the Marte Meo method are attachment and social exchange theories which were explored as part of the study, as well as literature on

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

learning and empowerment, to aid the understanding of the learning process during Marte Meo communication skills training, however these aspects are not included in this summary report.

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 natural² developmental models, looking to nature and the natural system³ 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 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,

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.

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 analysis⁴ 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 interaction⁵ in daily interaction moments. 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.

Role of the Public Health Nurse

The Public Health Nurse has a vital role of working in a holistic way in the community. The key role for the Public Health Nurse Service specific to family support is in providing a service to children and families in prevention, health promotion, treatment

⁴ 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.

⁵ 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).

and care, particularly families with children 0-6 years of age. The Public Health Nurse 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, p 40) recognises that the Public Health Nurse 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. Within healthcare and social policy it is increasingly being noted that parents need support in their parenting role and that Public Health Nurses are ideally situated to provide this support (Report of the Task Force on the Child and Family Support Agency, 2012, Commission on the Family Report, 1998).

Visiting families in their own home is a large part of the Public Health Nurse role. In a U. K. study on child protection and public health (Crisp & Green Lister, 2004, p660), health visitors⁶ report that “their supportive involvement with families began with the birth of a child, and not just when problems arose.” The role of the health visitor in this 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 (Kendrick et al, 2000, Armstrong et al, 2000, Herrmann, Van Cleve & 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 and promoting preventative child health care.

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 Public Health Nurses interaction is on valuing the parents nurturing role in families and supporting them in providing their children with the best start possible in a safe and, supportive environment (Rowe and Barnes, 2007).

⁶ Health Visitor refers to public health nurses based in the U. K.

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), Public Health Nurses 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, 2005) identifies the functional elements of social support as: informational⁷, instrumental⁸, emotional⁹ and appraisal¹⁰.

In relation to appraisal support Leahy-Waren (2007, 2005) reports that first-time mothers most frequently recognise Public Health Nurses as sources of appraisal support. However in a Finnish longitudinal study, Tarkka et al (1999) report affirmation or appraisal support by Public Health Nurses to be the least frequently identified by first time mothers of three month olds. The study did however establish a positive correlation between mothers coping with child care and the social support given by Public Health Nurses. Results in this study also identify that the supportive, encouraging and affirmative actions of the Public Health Nurse build self-confidence in mothers particularly as new mothers learn to recognise and respond to the needs of their child.

Literature hypothesizes that interpersonal skills of the Public Health Nurse and her ability to build a relationship with clients is an important aspect in facilitating the giving of support (Collinson & Cowley, 1998, Hanks & Smith, 1999, Paavilainen & Astedt-Kurki, 1997, Jack et al, 2004). It is essential that Public Health Nurses have the knowledge and

⁷ Informational support is information that is exchanged between people which has a positive outcome for recipients (Cobb, 1976 cited in Leahy-Warren, 2007, p370).

⁸ Instrumental support is a transaction in which direct aid or assistance is given (Khan and Antonucci cited in Leahy-Warren, 2007. p370).

⁹ Emotional support is when one has emotional concern for the other(s) (Leahy-Warren, 2007, p370).

¹⁰ 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 Martine 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).

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

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.

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 information¹¹ 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 Marte Meo method is a tool that can be used to train Public Health Nurses in their interaction with parents to promote parenting competence, to develop fine observational skills in relation to bonding between parent and child and to support Public Health Nurses to work in a solution oriented way. This implies Public Health Nurses are “interested in

¹¹ 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”.

exploring and developing with clients their strengths and abilities rather than focussing solely on their weaknesses and disabilities” (McAllister, 2007, p2).

Public Health Nurses play an influential role in supporting parents in the parenting process. A child's emotional and social development is greatly impacted by the support it receives from his/her parents in daily interaction moments which can be influenced by the Public Health Nurses level of child development information, observational skills, interpersonal skills and offering of social support.

METHODOLOGY

Research Design

Literature identifies two main paradigms in research which are quantitative and qualitative research designs. Quantitative design is based on testing a theory made up of variables, measured with numbers and is open to statistical evidence (Creswell, 1994). Quantitative data collection relies on measurement and counting while 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).

Qualitative design, on the other hand, takes place in a natural setting¹², 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, Denzin and Lincoln, 2005). 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, Morse, 2004). As the purpose of this study was to explore with Public Health Nurses their experiences of training in Marte Meo communication skills, a qualitative study was appropriate. Little is known about Public Health Nurses experiences of this training; therefore a qualitative approach offered the opportunity of exploring their experiences

¹² 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).

and acquiring important knowledge for policy, planning and future research (Marshall and Rossman, 2006).

In design qualitative inquiries can use ethnography, grounded theory, phenomenology, case study or narrative research methods (Creswell, 2009). A phenomenological approach was used for this study. Phenomenology is the study of “individual lived experiences” (Marshall & Rossman, 2006, p3). In-depth interviews were conducted to gain insight into the lived experience of the Public Health Nurses training in Marte Meo communication skills. Phenomenological studies are descriptive (eidetic) or hermeneutic (interpretive) in approach and embedded in philosophical ideas. The main differences between these approaches are in how findings are generated and how findings are used to enhance professional knowledge (Lopez & Willis, 2004).

Philosophical Foundations of Phenomenology

Descriptive phenomenology founded by Husserl (1859-1938) aims to determine the meaning of the experience of a person and to provide a comprehensive description of it (Moustakas, 1994). According to Koch (1995, p832) Husserlian phenomenology “emphasises epistemological questions of knowing and concentrates on experience” of the participants. The researcher involved in descriptive phenomenology uses bracketing to set aside his/her own ideas, knowledge, 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, p33-34).

Hermeneutic phenomenology identified by Heidegger (1889-1976) 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). 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, 1995). Researchers involved in hermeneutic

phenomenology become immersed in the research and his/her knowledge and preconceptions are used to guide the inquiry (Lopez & Willis, 2004).

Hermeneutic phenomenology was deemed appropriate for this study. Background experiences and knowledge pervade the main emphasis of philosophical hermeneutics (Annells, 2006). Koch (1999) identifies the aim of hermeneutic inquiry as understanding rather than to create knowledge. While I am not a Public Health Nurse, I do provide Marte Meo training to Public Health Nurses¹³ 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 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 Public Health Nurses and thus offered me the opportunity to create constructions of the shared reality (Koch, 1999). I maintained a reflective journal throughout the process of the study which assisted me in engaging in a process of self reflection and interpretation (Laverly, 2003).

Sampling

Burns & Grove (2005) identify sampling as a process of selecting a portion of people, events or settings to undertake a research study. In this study I used non-probability sampling as individual participants were chosen by non-random methods (LoBindo-Wood and Haber, 2006). The target group for this study were Public Health Nurses 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). I invited each of the ten (n=10) Public Health Nurses undertaking Marte Meo communication skills training in 2009-2010 to participate in the study. Exclusion criterion was a stated desire

¹³ I was not the course trainer for the group of Public Health Nurses who participated in this study.

by a Public Health Nurse not to be included in the study. All Public Health Nurses who participated in the training agreed to be interviewed.

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, ethical approval was granted from the Research Ethics Committee at Dublin City University. I provided 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.

Data Collection

Data collection in a phenomenological study primarily involves in-depth interviews with a small number of participants who are living or have lived the experience (Creswell, 2007). In this study the data were collected by using face-to-face, individual in-depth, unstructured interviews. Unstructured interviews allowed me to explore in-depth with each of the Public Health Nurses their experiences of training in Marte Meo communication skills. The flexibility of unstructured interviews allowed me to follow the interests and thoughts of the Public Health Nurses 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?

The Public Health Nurses 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.

Public Health Nurses have a busy daily schedule and it was important for me to offer a choice of venues that would make it easier for each Public Health Nurse 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 Public Health Nurses 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 Public Health Nurse.

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).

Data Analysis

The analysis framework for this study was informed by Heideggerian philosophical ideas which require involvement by the researcher and the participant(s) toward the achievement of a hermeneutic circle of understanding. 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). I achieved my hermeneutic circling and eventual analysis of my data by following the steps as outlined by Streubert Speziale and Carpenter (2003, p63):

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.

FINDINGS

On analysing the data the model of practice that emerges from the meanings of the Public Health Nurses experiences is one that affirms parents, builds on parents' strengths and affirms and enhances the Public Health Nurses 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 Public Health Nurses in this study are:

- i. Looking with an extended lens: Public Health Nurses 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: Public Health Nurses 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 Public Health Nurses 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.

For this article I have briefly outlined the findings. The full discussion on findings relating to the themes and subthemes can be found in the complete thesis.

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.

Findings indicate that the Public Health Nurses 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. Findings illustrate that as a consequence of participating in Marte Meo communication skills training the Public Health Nurses develop a heightened awareness of seeing the other and seeing the self. The Public Health Nurses experience training in Marte Meo communication skills as an empowering model of interaction in their work with families.

References

Aarts, M. 2000. *Marte meo basic manual*. Harderwijk, The Netherlands: Aarts Productions.

Aarts, M. 2008. *Marte meo basic manual*, 2nd ed. Eindhoven: Aarts Productions.

Annells, M. 1996. Hermeneutic phenomenology: Philosophical perspectives and current use in nursing research. *Journal of Advanced Nursing*, 23 (4), pp. 705-713.

Armstrong, K.L., Fraser, J.A., Dadds, M.R. and Morris, J. 2000. Promoting secure attachment, maternal mood and child health in a vulnerable population: A randomized controlled trial. *Child Health*, 36 (6), pp. 555-562.

Burns, N. and Grove, S.K. 2005. *The practice of nursing research: Conduct, critique, and utilization*. 5th ed. Missouri: Elsevier Saunders.

Bjerntes, H. and Drugli, M.B. 1997. *The use of developmental support communication in Health Clinics*. Trondheim: Department of Health and Social Welfare, Municipality of Trondheim.

Cobb, S. 1995. Social support as a moderator of life stress *IN*: Edward, A.M. (ed) *Toward an Integrated Medicine: Classics from Psychosomatic Medicine 1959-1979*. Washington, DC: American Psychiatric Press, Inc., pp. 377-398.

Collinson, S. and Cowley, S. 1998. An exploratory study of demand for the health visiting service within a marketing framework. *Journal of Advanced Nursing*, 28 (3), pp. 499-507.

Commission on the Family, 1998. *Strengthening families for life: Final Report to the Minister for Social, Community and Family Affairs*. Dublin: Government Publications.

Creswell, J.W. 1994. *Research design: Qualitative and quantitative approaches*. California: Sage Publications.

Creswell, J.W. 2007. *Qualitative inquiry research design: Choosing among five approaches*. 2nd ed. California: Sage Publications.

Creswell, J.W. 2009. *Research design, qualitative, quantitative and mixed methods approaches*. 3rd ed. California: Sage Publications.

Crisp, B.R. and Green Lister, P. 2004. Child protection and public health: Nurses' responsibilities. *Journal of Advanced Nursing*, 47 (6), pp. 656-663.

Denzin, N.K. and Lincoln, Y.S. 2005. *Sage handbook of qualitative research*. 3rd ed. California: Sage Publications.

Gerrish, K. and Lacey, A. 2006. *The research process in nursing*. 5th ed. Oxford: Blackwell Publishing Ltd.

Hanks, C.A. and Smith, J. 1999. Implementing nurse home visitation programs. *Public Health Nursing*, 16 (4), pp. 235-245.

Heaman, M., Chalmers, K., Woodgate, R. and Brown, J. 2006. Early childhood home visiting programmes: Factors contributing to success. *Journal of Advanced Nursing*, 55 (3), pp. 291-300.

Hebbler, K.M. and Gerlach-Downie, S.G. 2002. Inside the black box of home visiting: A qualitative analysis of why intended outcomes were not achieved. *Early Childhood Research Quarterly*, 17 (1), pp. 28-51

Herrmann, M., Van Cleve, L. and Levisien, L. 1998. Parenting competence, social support and self-esteem in teen mothers case managed by public health nurses. *Public Health Nursing*, 15 (6), pp. 432-439.

Jack, S., Dicenso, A. and Lohfeld, L. 2005. A theory of maternal engagement with public health nurses and family visitors. *Journal of Advanced Nursing*, 49 (2), pp. 182-190.

Kemp, L., Anderson, T., Travaglia, J. and Harris, E. 2005. Sustained nurse home visiting in early childhood: Exploring Australian nursing competencies. *Public Health Nursing*, 22 (3), pp. 254-259.

Kendrick, D.R., Elkan, R., Hewitt, M., Blair, M., Robinson, J., Williams, D. and Burnell, K. 2000. Does home visiting improve parenting and the quality of the home environment? A systematic review and meta analysis. *Archives of Disease in Childhood*, 82 (6), pp. 443-451.

Koch, T. 1995. Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing*, 21 (5), pp827-836.

Koch, T. 1999. An interpretive research process: Revisiting phenomenological and hermeneutical approaches. *Nurse Researcher*, 6 (3), pp20-34.

Laverty, M. 2003. Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2 (3), pp. 1-29.

Leahy Warren, P. 2005. First-time mothers: social support and confidence in infant care. *Journal of Advanced Nursing*, 50 (5), pp. 479-488.

Leahy Warren, P. 2007. Social support for first time mothers: An Irish study. *MCN, The American Journal of Maternal Child Nursing*, 32 (6), pp. 369-374.

LoBiondo-Wood, G. and Haber, J. 2006. *Nursing research;Methods and critical appraisal for evidence-based practice*. 6th ed. Missouri: Mosby Inc.

Lopez, K. A. and Willis, D.G. 2004. Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14 (5), pp. 726-735.

McAllister, M. 2007. *Solution focused nursing, rethinking practice*. New York: Palgrave Macmillan.

McConnell-Henry, T., Chapman, Y. And Francis, K. 2009. Unpacking heideggerian phenomenology. *Southern Online Journal of Nursing Research*. [Online] 9 (1), 12pages, Available from:
http://www.snrs.org/publications/SOJNR_articles2/Vol09Num01Art03.html [Accessed 26 September 2009]

Marshall, C. and Rossman, G.B. 2006. *Designing qualitative research*. 4th ed. California: Sage Publications.

Morse, J.M. 2004. Qualitative evidence: Using signs, signals, indicators and facts. *Qualitative Health Research*, 14 (6), pp. 739-740.

Morse, J.M. 2006. Reconceptualizing qualitative evidence. *Qualitative Health Research*, 16 (3), pp. 415-422.

Moustakas, C. 1994. *Phenomenological research methods*. California: Sage Publications.
Munhall, P.L. 1994. *Revisioning phenomenology: Nursing and health science*. New York: National League for Nursing Press.

National Core Child Health Programme Review Group (NCCHPRG) 2005. *Best Health for Children Revisited*. Report to the Health Service Executive. Dublin: Government Publications.

Ovreeide, H. and Hafstad, R. 1996. *The marte meo method and developmental supportive dialogues*. Bergen, Norway: Aarts Productions.

Paavilainen, E. and Åstedt-Kurki, P. 1997. The client-nurse relationship as experienced by public health nurses: Toward better collaboration. *Public Health Nursing*, 14 (3), pp. 137-142.

Plews, C., Bryar, R. and Closs, J. 2005. Clients' perceptions of social support received from health visitors during home visits. *Journal of Clinical Nursing*, 14 (7), pp. 789-797.

Rowe, J. and Barnes, M. 2007. Families in transition: Early parenting. *IN: McAllister, M. Solution focused nursing: Rethinking practice*. New York: Palgrave Macmillan, pp. 49-62.

Shinitzky, H.E. and Kub, J. 2001. The art of motivating behavior change: The use of motivational interviewing to promote health. *Public Health Nursing*, 18 (3), pp. 178-185.

Streubert Speziale, H.J. and Carpenter, D.R. 2003. *Qualitative research in nursing: Advancing the humanistic imperative*. 3rd ed. Philadelphia: Lippincott Williams and Wilkins .

Tarkka, M., Paunonen, M. and Laippala, P. 1999. Social support provided by public health nurses and the coping of first-time mothers with child care. *Public Health Nursing*, 16 (2), pp. 114-119.

The Task Force, 2012. *Report on the Child and Family Support Agency*. Dublin: Government Publications

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