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Currell, Karen

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Research and Commentary: December 2013

Reviewer

Karen Currell, Senior Lecturer Children's Nursing, University of Huddersfield

on behalf of the RCN Research in Child Health (RiCH) Community

Topic: The importance of fathers' roles in caring for their sick premature infant

Research:

Helth T and Jarden M (2013) Fathers 'experiences with the skin-to-skin method in NICU: Competent parenthood and redefined gender roles. *Journal of Neonatal Nursing* 19:114-121

Background

Globally, the use of the skin to skin (STS) contact, also known as kangaroo care, has become widely used within neonatal units. Evidence suggests that STS has a number of significant benefits for both premature infants and their parents. Benefits include physiological stabilization of the infant such as improvement of gas exchange and body temperature regulation, and can provide pain relief. STS has also been found to promote the development of human attachment and bonding and facilitates and improves breastfeeding. Despite well researched benefits of STS, little evidence is available on the psychological benefits of STS for parents, in particular fathers.

Study aim:

To explore how fathers of premature infants experience and potentially benefit from using STS method of care during their infants admission to a neonatal intensive care unit (NICU).

Design and methods

A hermeneutical phenomenological approach was adopted in order to ascertain the lived experiences of fathers of sick premature neonates. Five fathers participated and In-depth semi structured interviews were undertaken to elicit fathers' perspectives. Data analysis involved: transcribing the interviews verbatim, annotating both the transcribed and digital

version of the interviews, a process of 'meaningful condensation' and 'theoretical reading'. Emerging themes were identified and further refined resulting in three overarching themes.

Findings

The first theme identified, 'the competent parenthood' suggested that STS facilitated fathers being able to develop practical skills and competency in handling their infants.. The second theme 'the parental role and the division of roles between the parents' identified differing gender roles fathers perceived they had in caring for their infants compared to their partner. Fathers talked of being able to protect their infants and perceived their role as less important than the mothers. For some fathers this was reinforced by nursing staff who often did not acknowledge their role. In contrast father's also commented on nursing staff who valued their opinion, seeking their views as a father. The final theme, 'balance between working life and time spent with the infant', identified that as a consequence of their infant's premature birth and subsequent lengthy hospital admission fathers perceived that they were more confident in their parenting abilities and with their relationship with their child. Fathers perceived that taking time off work to be part of their infants first weeks of life when their child was in the NICU was important. However, a father also highlighted that time away from the NICU was advantageous as it allowed 'breathing space' and enabled them to offer better support to their partner.

Conclusion

Societal and culturally defined gender roles exist within NICU; facilitating STS for fathers could reduce these stereotypical roles. Historically fathers are viewed by society as 'bread winners' and family 'protectors' and not as the primary caregiver, usually the role attributed to mothers. STS may assist fathers adopt a caregiver role. The research findings highlight that some nurses working on NICU do not engage with fathers in the same way as they do mothers. The researchers suggest that further societal and economic research should be undertaken to explore the value placed on fathers' roles in early infancy.

Commentary

Although the advantages of STS in a NICU setting is internationally recognized (Hunt , 2008 ; Nichols, 2013), the psychological benefits to fathers and as a consequence the family dynamic as whole have been largely disregarded. It is widely acknowledged that STS is a positive and essential aspect of care in a NICU and in general the practice of STS forms part of the mainstay of care provided on a NICU. However, it appears that fathers may be being overlooked in favour of mothers. The potential consequence of some neonatal staff in reinforcing traditional gender roles can result in excluding fathers from certain activities involving their child (Helth and Jarden 2013).The study has the potential to encourage nurses to reflect on their own personally held perceptions of gender roles and how these may impact on how fathers and mothers are treated. The article reviewed suggests that STS can facilitate the breaking down of barriers to allow fathers to take on a caregiving role and build confidence in their role as father in early' infancy. The researchers acknowledge that the ability to generalize from the findings is limited due to small number of participants and that findings might only be transferrable to fathers in countries with similar cultural backgrounds to Denmark. The research also suggests a further comparison study to look at the lived experiences of fathers who did not use STS with their infant. In conclusion, this research has relevance for all nurses caring for children and families and is a reminder that fathers desire and deserve equal consideration of roles in caring for their children (Hollywood and Hollywood, 2011; Feeley et al; 2012).

References

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