



Fathers' perceptions of neonatal nursing support



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Abstract *Aim:* To investigate fathers' perceptions of nursing support in the neonatal unit.

Background: nursing supports for parents in the NNU is known to facilitate their coping in a stressful environment. Fathers are increasingly becoming more involved in their children's care and yet the majority of studies on support in the NNU tend to focus on mothers. There is paucity of research investigating fathers support needs and those published are mainly qualitative.

Method: A quantitative descriptive design with fathers ($n = 58$) using an instrument underpinned by social support theory.

Findings: Overall fathers ($n = 50$) indicated receiving a high level of neonatal nursing support and eight fathers ($n = 8$) received a moderate amount. Overall, fathers indicated receiving a moderate to high level in information, emotional, appraisal and care-giving functional nursing supports. Of the four functional nursing supports, emotional support was deemed the lowest.

Conclusion: on admission to NNU, all fathers should be assessed to determine their functional social support needs within the unit. Neonatal nurses need to reflect on their relationship with fathers. Following individual assessment, care plans should address the unique nursing support needs of fathers and the most appropriate person to provide each functional social support within the NNU, including emotional support.

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Introduction and background

When a sick or premature baby is admitted to neonatal intensive care unit (NICU), it can be a very stressful and anxious time for parents (Miles et al., 1992; Sloan et al., 2008; Turan et al., 2008; D'Souza et al., 2009). Mothers and fathers of these babies find themselves surrounded by an unfamiliar and highly technological environment. They have concerns about their baby's diagnosis and prognosis, fear of not bonding with their baby and altered parental roles (Miles et al., 1992; Mok and Leung, 2006; Turan et al., 2008; Tran et al., 2009). Parents need support during this stressful event to help them to cope and reduce their stress and anxiety (Lam et al., 2007; Lee et al., 2012; Sloan et al., 2008; Tandberg et al., 2013) and to assist them in their role as parents. Social support theory is important to nursing and midwifery as it impacts on health behaviour and health status (Schaffer, 2004). Social support is considered a middle range theory which focuses on relationships and the interactions within those relationships. Social support can be conceptualised as having two components, structural and functional. The social network is the structure of the interactive process and individuals within this network are the sources (Leahy-Warren, 2007; Schaffer, 2004). Sources of support within the context of postnatal care can be both formal (nurses/midwives, doctors) and informal (partners, family and friends). Functional support is multi-dimensional and includes the four exchanges that take place within a relationship. These include instrumental, emotional, appraisal and informational support (House, 1981; House and Khan, 1985; Leahy-Warren, 2005, 2007). Within the NICU, nurses are the largest number of health care professionals that provide around the clock care for infants and their families. Support from nurses for parents at this crucial time is essential to facilitate bonding, attachment and the enhancement of the parenting experience for them individually and as a family.

In Europe perinatal deaths have dropped from 13 per 1000 births (birth weight >1000 g) in 1990 to 8 per 1000 in 2005 (WHO, 2011). Advances in medical and nursing care means that more babies are now surviving. The best neonatal nursing practice involves encouraging and supporting parents in the planning and care of their baby (National Institute of Clinical Excellence, 2010). It is essential that parents are kept informed and understand the nature of their baby's treatment (An Bord Altranais, 2000; Dept. of Health and Children, 2000). The neonatal nurse is in a

unique position to provide support to parents (Fegran et al., 2008a; Miles et al., 1996; Reis et al., 2010; Lee et al., 2012; Tandberg et al., 2013) within the context of family centred care (Griffin, 2006).

A seminal study by Miles et al. (1996) identified the nurse as one of the most important sources of support in the neonatal unit from a list of various members of the multidisciplinary team. Both mothers ($n = 98$) and fathers ($n = 60$) rated the neonatal nurse along with their partner as the highest source of support. While in the neonatal unit both parents describe the need to 'fit in' and build a good relationship with the neonatal nurse (Cescutti-Butler and Galvin, 2003; Garvey, 2007). The competent and caring nature of the nurse is also important to parents who are unable to solely care for their baby (Fegran et al., 2008b; Cescutti-Butler and Galvin, 2003; Garvey, 2007) during this emotional time. When parents are involved in their baby's care it helps reduce their anxiety (Fegran et al., 2008b; Lee et al., 2012; Wigert and Hellstrom, 2010) and promotes bonding with their baby (Fegran et al., 2008b; Lee et al., 2012). Furthermore, parental involvement in their baby's care with the neonatal nurse helps them to cope, overcome their feelings of fear of touching and holding their baby (Fegran et al., 2008b; Wigert and Hellstrom, 2010). However, what is evident from the literature is that fathers can sometimes feel 'unequal' as a parent in the neonatal unit. Studies carried out that involved fathers only and their experience in the neonatal unit described feeling 'in the way' and that more emphasis was placed on the mother as the baby's main carer by the nursing staff (Hollywood and Hollywood, 2011). Feeling excluded from being involved in their babies care resulted in fathers feeling uncertain and distressed (Deeney et al., 2012; Fegran et al., 2008b; Hollywood and Hollywood, 2011). Fathers ($n = 21$) described their experience of fathering their baby in the NICU (Deeney et al., 2012) as a struggle with wanting to be treated as a main carer and competent carer in a female dominated environment, in the neonatal unit. Fathers can often be the first to visit their baby in the NICU while baby's mother is recovering. For fathers in the NICU it can be a more challenging situation. They not only have concerns for their partner and baby but may also be caring for other siblings at home, while maintaining a job. These fathers also face inequality with regard to equal parental leave from work (Deeney et al., 2012). Neonatal staff need to be aware of fathers individual situations. Fathers may have less time to spend on the unit,

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