Journal of Neonatal Nursing (2015) 21, 63–71

www.elsevier.com/jneo

The Fathers' Support Scale: Neonatal Intensive Care Unit (FSS:NICU): Development and initial content validation

Paula Mahon, RN, D Health , Post Doctoral Fellow[a,*], **Susan Albersheim, MD, PhD , Clinical Professor, Clinical Investigator**[b,c], **Liisa Holsti, PhD, OTR , Associate Professor, Scientist**[a,d,**]

[a] *Department of Occupational Science and Occupational Therapy, University of British Columbia, T325 — 2211 Wesbrook Mall, Vancouver, BC V6T 2B5, Canada*
[b] *Department of Pediatrics, Division of Neonatology, University of British Columbia, Room 1R19, 4480 Oak Street, Vancouver, BC V6H 3V4, Canada*
[c] *Child and Family Research Institute, Canada*
[d] *Child and Family Research Institute, Developmental Neurosciences and Child Health, Canada*

Available online 24 September 2014

KEYWORDS
Premature infant;
Parents;
Coping;
Fathers;
Neonatal intensive care unit

Abstract *Background:* Fathers whose infants are cared for in the neonatal intensive care unit have unique support needs. No tool has been developed to evaluate systematically the support needs of fathers.
Purpose: To establish the content validity and initial reliability of the Fathers' Support Scale: Neonatal Intensive Care Unit (FSS:NICU).
Methods: Items for the FSS:NICU were derived from themes from qualitative interviews. For phase 1, the FSS:NICU was reviewed by 10 neonatologists from across Canada and by 19 fathers whose infants had been admitted to the NICU. Using a binary scale, each item on the FSS:NICU was evaluated for relevance and clarity. Percentage agreement between raters was calculated. For phase 2, item reliability and test-retest reliability of the FSS:NICU was evaluated on 116 fathers on NICU patients. Of those, 72 fathers were seen on two occasions one week apart. The Beck

* Corresponding author.
** Corresponding author. Child and Family Research Institute, Developmental Neurosciences and Child Health, Canada
E-mail addresses: pmahon@cw.bc.ca (P. Mahon), salbersheim@cw.bc.ca (S. Albersheim), liisa.holsti@ubc.ca (L. Holsti).

http://dx.doi.org/10.1016/j.jnn.2014.09.007
1355-1841/© 2014 Neonatal Nurses Association. Published by Elsevier Ltd. All rights reserved.

Depression Inventory Short Form was also administered at the first assessment. Internal consistency was analyzed using Cronbach's alpha. Test re-test reliability was assessed using Pearson's *r*. Correlations between Beck Depression Inventory and FSS:NICU sections scores were evaluated with Pearson's *r*.

Findings: In phase 1, percentage agreement between neonatologists was 60–100% resulting in 13 changes in question thematic structure, 7 changes in question wording, and the addition of 9 questions to the scale. Agreement between the fathers ranged from 32 to 100%. Two questions were re-worded, and 6 were dropped: the scale finally comprised 33 questions. In phase 2, internal consistency (Cronbach's alpha) was 0.82 ($N = 116$). Test-retest reliability ($N = 72$) for the full scale score was 0.81.

Implications.: This study established the initial content validity and reliability of the FSS:NICU for determining support needs of fathers whose infants were admitted to the NICU. The FSS:NICU is a relevant tool validated by fathers which can be used to improve support for and communication between fathers and the NICU staff.
© 2014 Neonatal Nurses Association. Published by Elsevier Ltd. All rights reserved.

Introduction

For both fathers and mothers, having a premature or critically ill newborn who requires neonatal intensive care is an extremely stressful experience (Carter et al., 2005; Hughes and McCollum, 1994; Jotzo and Poets, 2005; Shaw et al., 2006) Such an experience alters the normal transition to parenting; it may have long-lasting effects on the relationship between parents and infant (Jackson et al., 2003; Lundqvist and Jakobsson, 2003; Sullivan, 1999). For the most part, mothers have been the main focus of research on the experiences and needs of parents of these critically ill infants because they are more likely to be the primary caregiver and because they usually are more readily accessible during the daytime in the Neonatal Intensive Care Unit (NICU) (Davis et al., 2003; Flacking et al., 2006; Holditch-Davis and Miles, 2000; Punthmatharith et al., 2006; Thomas et al., 2004).

For the aforementioned reasons, although fathers are central participants in the care of their infants, less is known about their experiences (Arokiasamy et al., 2008; Doucette and Pinelli, 2004; Fegran et al., 2008; Lindberg et al., 2007; Lindberg and Öhrling, 2008; Lundqvist and Jakobsson, 2003; Miles and Holditch-Davis, 2006; Sullivan, 1999). In fact, the term "parents" has been used even when fathers are not included in the study (Carmona & Baena de Moraes Lopes, 2006; Jotzo and Poets, 2005; Penticuff and Arheart, 2005). Yet fathers report unique and sometimes overwhelming stresses when their infant is in the NICU (Fegran et al., 2008; Lindberg et al., 2007). In some cases, they see their occupational roles as the sole provider of the family finances, the sole overseer and the sole protector of the entire family: the mother, the medically fragile newborn, and other children (Arokiasamy et al., 2008; Lee et al., 2006).

As has been reported, the unit-based support groups that commonly have been available to fathers do not necessarily appeal to them (Arokiasamy et al., 2008; Hurst, 2006). Rather, they want to get away from the NICU: it is often occupation- and leisure-based activities, such as work and physical activity, which helps them cope with the stress of their new situation. Furthermore, the systems that support mothers increase over time; for fathers, in contrast, these systems decrease (Miles et al., 1996). Coping effectively is crucially related to the way in which any individual father perceives the ongoing events (Lau and Morse, 2001), we need reliable and valid ways of systematically assessing their needs. Through these means, we will be able to find adaptable and uniquely targeted ways to support fathers.

Health Care Professionals (HCP) working in NICUs have an important role in assessing and providing strategies to assist fathers. HCPs can facilitate the father's active engagement with their infant by helping fathers learn how to read their infants' behavioral cues and how to provide graded interaction and comfort care which supports and promotes optimal development (Yogman et al., 1995). Such interventions are critical since fathers report feeling much more "connected" with their infants only after they have held them (Arokiasamy et al., 2008). In addition, understanding the ways in which fathers wish to obtain developmental or medical/health related information ensures that staff are communicating most effectively with each parent. Indeed, in 2013,

Download English Version:

https://daneshyari.com/en/article/2631347

Download Persian Version:

https://daneshyari.com/article/2631347

Daneshyari.com