



Stress and coping in fathers following the birth of a preterm infant

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KEYWORDS

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model

Abstract *Purpose:* The purpose of this study was to investigate the stress experience of fathers of preterm infants during the infant's hospitalization. Specifically it aimed to examine fathers' stress, coping styles, and their use of and satisfaction with, sources of social supports.

Design: The descriptive design was based on Lazarus and Folkman's model of stress and coping. Twenty one fathers completed a questionnaire based on standardized measures and a semi-structured interview.

Results: Fathers reported moderate levels of stress. Fathers favoured the use of accommodation coping strategies and made efforts to re-frame the situation. Partners were the most frequently identified source of social and emotional support and nurses and doctors were the most frequent providers of informational support. Half the fathers were satisfied with social support but less were satisfied with the informational support they received.

Conclusion: It is important to understand fathers' adjustment in this difficult situation in order to develop effective, supportive interventions in hospital and beyond discharge.

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Introduction

The birth of a preterm infant is a direct and major parental stressor (Doering et al., 2000; Feldman-Reichman et al., 2000; Franck et al., 2005; Miles et al., 1992; Pinelli, 2000). The stress experienced by parents of preterm infants has been identified

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as significantly higher than for parents of full-term infants (Affleck et al., 1991; Carter et al., 2005; Davis et al., 2003; Miles et al., 1992; Rimmerman and Sheran, 2001; Shields-Poe and Pinelli, 1997; Singer et al., 1996, 1999). This situation creates a need for practices that support parents during the acute phase of their infant's hospitalization in neonatal intensive care (NICU) and neonatal special care (NSCU), units. While there is consensus on the need to support parents in order to promote infant care, parent-child relationships and family function in both the short and longer term (Doucette and Pinelli, 2004; Goldberg and Divitto, 1995; Singer et al., 1999), support for this view relies heavily on research into maternal experience. In order to provide effective support to both mothers and fathers, it is necessary to understand how fathers cope and how they use social support. The study reported in this paper examined fathers' stress and coping.

Having a preterm infant brings with it specific stressors and challenges for mothers and fathers including feelings of anxiety, loss of control, role alteration and separation from the infant and fear for the future and wellbeing of the infant (Hughes et al., 1994; Lundqvist and Jakobsson, 2003; Miles et al., 1992; Rowe et al., 2005; Wereszczak et al., 1997). Fathers of preterm infants have been found to experience greater stress than fathers of term infants (Rimmerman and Sheran, 2001). Stressors in the transition to fatherhood, including changes and ambivalence in role and status, and loss of maternal employment (Diemer, 1997), are exacerbated in preterm birth (Pohlman, 2005). In the NICU or NSCU fathers may tend to feel marginalised (Jackson et al., 2003; Lindberg et al., 2007) and are likely to be much less engaged than mothers in caregiving to their babies during their visits to neonatal units (Jackson et al., 2003; Franck and Spencer, 2003).

Mothers and fathers of preterm infants cope in different ways (Pinelli, 2000). Delegating care may be a coping mechanism used by fathers while mothers need more direct participation in their infant's care (Jackson et al., 2003). Other research has suggested that fathers wish to be more involved than they are (Lindberg et al., 2007). Information is important to fathers (Lindberg et al., 2007) and fathers communicate with medical staff as a coping strategy. A study by Hughes et al. (1994) found that father's used this strategy more than spousal communication as a coping strategy. More generally men are more likely to use problem-focused and rational strategies (Matud, 2004; Ptacke et al., 1994). Fathers tend to use less coping strategies than mothers, specifically in the areas of social support, mobilising social and practical support, and spiritual support (Pinelli, 2000).

Previous research has indicated that mothers and fathers identify each other as the most common source of support (Miles et al., 1996). In Miles et al.'s study fathers identified support from nurses most frequently in the initial acute phase in NICU followed by the infant's mother but found mothers the highest source of support as time went on. Both nurses and doctors were identified as a source of support by both mothers and fathers. More generally fathers have been found to have less access to support resources than mothers during parenting transition (Levy-Shiff, 1999). Further, Levy-Shiff (1999) found that resources available to fathers were less effective in their buffering effect against stress. Little other research is available which examines coping strategies employed by fathers of preterm infants or the mechanisms for different types of social supports they have available and use. No research specifically reports fathers' experiences in this context within Australia or looks at both sources of social support and satisfaction with different types of support.

In order to examine fathers' perceptions concerning these experiences we used Lazarus and Folkman's (1984) model of stress and coping. The approach recognizes the combination of environmental conditions and person or individual factors as they combine to generate stress and its outcomes. A potentially stressful event is appraised by the person affected and coping strategies are enabled, which leads to an outcome of either stress/strain or adjustment. In the current research the birth of the preterm baby is the stressful event, which may lead to stress, operationalised in the current study as emotional exhaustion. Stressful events may also influence other outcomes for fathers, and the present study also examined their perceptions of their parental competence, specifically satisfaction and efficacy.

Stressful events are understood to be mediated by cognitive appraisal and coping strategies (Pearlin et al., 1981), as well as moderated by social support. Support is also multi-dimensional and in this research was concerned with social, emotional, practical and informational forms.

The study

Aims

The study aimed to identify fathers' stress associated with the birth of a preterm infant, their coping styles, and their access to, use of and satisfaction with, social support resources during

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