



Life experiences of French premature fathers: A qualitative study



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Abstract The aim of this study is to explore fathers' life experiences in the Neonatal Intensive Care Unit (NICU) of the University Hospital of Toulouse, France. Forty eight fathers of premature newborns participated to this research. A qualitative approach was used with a semi-structured interview for data collection. The emerging themes were: relationship with the infant, feeling as a father, relationship with the medical staff and partner as well as family support.

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Introduction

The birth of an infant is a joyful event; nevertheless its hospitalization is always a source of stress and traumatism to parents during their transition to parenthood (Shaw et al., 2009; Blanch D'Souza et al., 2009; Sloan et al., 2008; Hollywood and Hollywood, 2011). As many studies admit a premature birth may provoke a variety of mixed emotions during the hospitalization of the infant (Lundqvist and Jakobsson, 2003), such as distress,

anxiety and depression (Hollywood and Hollywood, 2011; Goutaudier et al., 2013) but also fear, anger, guilt and helplessness as well (Pohlman, 2009). Existing qualitative studies tried to group the life experiences of fathers of premature babies: the hospitalization effects, bearing in mind that they're becoming fathers, the shared information, their paternal role in contrast to the maternal role and work obligations (Hollywood and Hollywood, 2011). The hospital effects cause major stress and anxiety expressed as fear of the unknown and desperation (inability to take care of their child on their own) (Arockiasamy et al., 2008). Another qualitative study held by Lindberg et al. (2008)

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investigates the life experiences of Swedish fathers where they are found to be taking more time to assume their role. In addition, they felt they had gained a lot from their experiences as individuals as well as a couple due to the crisis they faced. The fragile appearance of the baby, fear of the unknown and the loss of expected parental role can add to this stress (DeRouck and Leys, 2009; Cleveland, 2008).

Methods

The aim of this study is to explore the paternal life experiences during the hospitalization of a premature infant.

Inclusion and exclusion criteria

The inclusion criteria were: 1) French speaking fathers, 2) infant gestational age (26–35 weeks), 3) admission to the NICU >1 week. Excluded were fathers whose infants were born with congenital problems affecting development (such as Down syndrome) or whose partner did substance and/or drug abuse. Severely ill infants were also excluded.

Study population

Participants were 48 fathers of preterm infants recruited in the NICU of the University Hospital of Toulouse. The recruitment lasted from March 2013 to April 2014. Fathers aged from 27 to 52 years old ($m = 33.49$ and $\sigma = 5.126$), 95% occupy a full time job at the time of the premature birth, and they all still were with their partner.

Ethical approval

All fathers signed a written informed consent. The study obtained local ethics approval.

Interview guide

A semi-structured interview was conducted for the purposes of the study, based on the CLIP interview (Meyer et al., 1993). The interview lasted from 15 min to 1 h30. There was no limit pre-established and the fathers were asked to talk about their infants' condition, their perceived pregnancy course, labor, their first feeling upon seeing the infant and the relationship with the medical staff as well as the actual condition of their partner.

Data analysis

The NVivo 10 software was used for the data analysis.

Results

The following overarching themes emerged as a final result of the analysis process: relationship with the infant, feelings as a father, relationship with the medical staff, relationship with their partner and family support.

Relationship with the infant

The analyzed categories were the skin-to-skin contact, the capacity of the father to talk about his baby, his immediate presence in the NICU right after the labor and his projection to the future concerning the infant. The first contact with the newborn is described as magic and unforgettable. Apart from one father who was frightened by the little size of his infant, all fathers were practicing the skin-to-skin contact. Fathers state the bond is about to be constructed and they feel that the eye contact establishes the construction of the first relationship.

« They start to make eye contact... In the beginning, it was like... "a piece of meat" but now something is about to be constructed...» (father 38). "When I first saw M., it was magic, a miracle! I was all alone in the bloc, when they were preparing her for the NICU... I felt like I had to touch my daughter. A very emotional moment, firstly the eye contact and then the physical, a magic contact..." (father 3).

Only seven fathers describe their infant like a "strong" or a "fighter"; the majority describes the presence or lack of problems (respiratory, eating problems etc.).

Eighteen fathers visited their infant straight after it was delivered while sixteen preferred to visit their infant with their partner.

Only five fathers speak about the uncertain future of their child's development. When they project to the future they talk about the discharge of their infant and when they're going to be at home and have the "real family life".

Feelings as a father

Fear and uncertainty are the first feelings when they see the baby. The emotions oscillate between

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