



Are fathers supported by neonatal teams?: An exploration of the literature



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Abstract There has been an increased amount of research in recent years exploring the experiences of fathers whilst on the neonatal intensive care unit; however this number does not match the amount of research completed examining the experience of mothers. Fathers face unique challenges, which are beginning to be met through innovative service development based on research findings. Further to this, fathers continue to report their feelings of lack of control and inequality in regard to parental involvement.

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Introduction

For parents, the neonatal intensive care unit (NICU) is a stressful and anxious place. Parents find themselves in the middle of complex equipment and highly technical machinery, each with its own sound or alarm (Sloan et al., 2008; O'Brien and Warren, 2014). Few parents expect to find their child admitted on to a neonatal intensive care unit. If this does happen it can often result in the family spending weeks or months in the unfamiliar hospital environment. There have been copious amounts of research exploring the experience of mothers in the NICU environment this is merely an

example of available literature (Flacking et al., 2007; Baum et al., 2012; Hall et al., 2013; Finlayson et al., 2014). This research has proved beneficial and has assisted in helping practitioners gain an insight into how mothers can be supported. More recently, research exploring the experience of fathers has been completed (Carter et al., 2005; Lindberg et al., 2007; Arockiasamy et al., 2008; Hollywood and Hollywood, 2011; Deeney et al., 2012; Lee et al., 2012; O'Brien and Warren, 2014). This research has found similar outcomes to the previous work with mothers. One key finding was, that lack of control, was experienced by both mothers and fathers. However this appeared more prevalent for the fathers (Wigert et al., 2006; Arockiasamy et al., 2008; Deeney et al., 2012).

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Background research

Obtaining data about the parent's experience can provide insight into their needs during the time spent on the NICU. The findings from research into parental experience can direct the level of support required. It also has the opportunity to assess if the current information provided by neonatal teams is appropriate and given at the correct time (Howell and Graham, 2011; Burton, 2013). The Parents of Premature Babies project POPPY (NCT and Poppy Steering Group, 2009) conducted an interview-based study that examined aspects of neonatal care and the provision of services for parents on the neonatal unit. The study concluded that a priority for neonatal units should be the provision of family-centred care, which encourages supporting parental contact. The study also highlighted the importance of effective communication, and enabling parents to seek support from professionals and other parents. Further to this, support provided by the neonatal team was stressed as an essential component of care for parents at this pivotal time in order to facilitate bonding and attachment (O'Brien and Warren, 2014). Cleveland (2008) found that these are crucial needs of parents on neonatal units and that there are four categories of staff behaviour which enabled these needs to be met. More recently Stacey et al. (2015) findings correlated with the four categories of staff behaviour previously mapped by Stacey et al. (2016) which showed that parents felt that nursing staff considered and met their needs where possible, which was positive.

When examining the reason behind the abundance of research focusing on the mothers' perspective (Flacking et al., 2007; Baum et al., 2012; Hall et al., 2013; Finlayson et al., 2014), it became apparent as highlighted by Arockiasamy et al. (2008), that mothers are present more often on the NICU than fathers, which may have been a factor in the direction of research focus. There has, in recent years, been an increased surge of research into mothers needs related to supporting breastfeeding in the NICU. The findings from these studies have directed changes to practice and support for mothers appears to have improved with more hospitals aiming for Unicef Baby Friendly status (2012). Access to breastfeeding support and developed strategies to improve bonding between mother and infant now include breastfeeding specialists and support workers, increased emphasis on skin-

to-skin contact and designated infant feeding teams (Jesney, 2016; Moore, 2015; Smith and Lucas, 2015).

It has been recognised that fathers face a set of unique challenges during their time on the neonatal unit (Pohlman, 2005; Arockiasamy et al., 2008) including inequality, problems with information sharing and the constraints of work. Although these specific challenges were identified within the crucial needs of parents on a neonatal unit by Cleveland in 2008, some have yet to be addressed.

Problems fathers face

Work constraints

Lindberg et al. reported in 2007 that father's felt unable to be involved in the care and decision-making for their baby. This was linked to the work constraints experienced by many fathers. Legally, fathers are entitled to one and, in some cases, two weeks paternity leave; however this does not differ if their infant is born prematurely (HM Revenue & Customs, 2015). As a result of this, fathers are often left with having to make the difficult decision of whether to take their paternity leave when their infant is born or save it for when they are able to leave the neonatal unit to go home. Lindberg et al. (2007) also found that fathers highlighted being included in the care of their baby enabled them to feel in control. The negative feelings of loss of control were experienced when they had to leave the NICU to return to work (Lindberg et al., 2007).

Unequal parental involvement

Literature suggests that on the neonatal unit fathers often feel unequal as a parent and sense that there is more emphasis on the mother being baby's main carer. In a study conducted by Hollywood and Hollywood (2011), which examined fathers lived experiences, it was found that most communication and involvement was aimed towards the mother. Examples of this included asking mothers to attend to 'cares' and only contacting the mother to provide an update, although father's phone number was also available. This was potentially linked to the mothers being more readily accessible while the fathers are working or caring for other children (Mahon et al., 2015; O'Brien and Warren, 2014). In a qualitative,

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