



Fathers' perception of information received during their infants' stay at a neonatal intensive care unit



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ABSTRACT

Objective: To explore fathers' perception of information received during their infants' care at a neonatal intensive care unit (NICU).

Methods: An inductive, qualitative and descriptive study. Eight fathers in two units were interviewed. The infants' gestational age at birth ranged between 23 and 36 weeks. Data were collected through semi-structured, individual interviews and were analyzed by qualitative content analysis.

Results: Three categories were identified: perception of information, perception of the source of information, and circumstances influencing the perception of information. Information had an important impact; comprehensible and adequate information increased the fathers' knowledge, which generated a sense of control. Early information about the infant's care was particularly important and positively affected father and infant bonding.

Conclusion and practical implications: Ensuring a high quality of information is an important task for NICU staff. Fathers' perception of the quality of information depended on the contents of the information and how it was conveyed. Comprehensible information at the onset of the infant's hospital stay increased the fathers' sense of security, and made them feel in control. It is important that the staff strive to identify what information the father requires, and prevent situations when fathers feel uncertainty about what the staff expect from them.

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Introduction

At neonatal intensive care units (NICU), parents' participation in their infants' care has changed dramatically. Previously, care was mainly provided by nurses and the parents were treated as outsiders: nowadays, the parents are commonly considered partners in their infants' care [1]. Both mothers and fathers have stated that being together with their infant at the NICU and being able to provide care for their infant is important [2].

Fathers' and mothers' needs are quite similar when their infant is being treated in an NICU [3]: the parents' need for information is high, particularly regarding their infants' care, treatment and, expected outcome [3–5]. When their infant requires neonatal intensive care, the parents' need for information is closely related to their need of feeling in control [5], and depends on the infant's medical status and treatment and NICU guidelines for care [6]. Parents express the need for correct and easily comprehensible information, including information about the risks of morbidity and mortality [7], in order to be able to participate in decisions about their infants'

care [8]. Feelings of anxiety or security are closely related to parents' satisfaction with information; therefore, high levels of staff work load and lack of time have negative consequences for parents' mental state [6]. In contrast, opportunities for informal conversations between parents and staff improve communication and cooperation [6]. Parents learn how to obtain information through identifying staff members they prefer to approach for information, and through their presence during doctor's rounds [5].

A common experience among fathers with an infant at an NICU is a sense of lack of control and a struggle to gain control [9,10]. Feelings of stress and loss of control are associated with not being involved in the infant's care and having to leave the infant at the NICU [10,11]. When fathers receive adequate information and are included in the infant's care, this transforms into a feeling of being in control, and they acquire paternal feelings [12] and increasing confidence in their paternal role [13]. Without that sense of control, fathers may choose not to be present at the NICU [9].

Fathers use communication with NICU staff as a coping strategy [2,14], but do not actively approach staff for communication and support until they feel more as equal partners [5]. Although knowledge facilitates both the coping process and adaptation [5], fathers have less access to sources of support than mothers during their transition into parenthood [15].

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Table 1
Categories and subcategories.

Categories	Perception of information	Perception of the source of information	Circumstances influencing the perception of information
Subcategories	Positive perception of information Negative perception of information Need for information Knowledge gives a sense of control	Positive sources of information Negative sources of information	Comprehension of information Susceptibility to information Timing of information Influence of the NICU staff

Studies on fathers' perception of the information they receive during their infants' care in a high tech NICU where parents have opportunities for unrestricted presence with their infants, at least during day-time, are scarce. Therefore, the aim was to explore fathers' perception of information received during their infants' care at a neonatal intensive care unit (NICU).

Methods

Design

The study design was inductive, qualitative, and descriptive and was applied through semi-structured interviews.

Setting and sample

The study was conducted at two NICUs in Sweden. At these two NICUs, there were opportunities for both parents to be present with the infant at the bedside. In one NICU, both parents could stay around the clock, in a nursery or family room from birth, also continuously, depending on their willingness and ability. In the other unit, both parents could room in with the infant in a family room a couple of days before the infant was discharged, but were welcome to stay in the unit as much as they wished. They had access to arm chairs in the nurseries, but did not always have the opportunity to stay overnight.

A strategic sampling technique was applied in order to obtain a sample of father–infant pairs that varied in characteristics and would enhance opportunities for identification of a wide range of information related to the aim. Inclusion criteria were being father of an infant who was treated at one of two Swedish NICUs at the time of the interview, with the ability to speak and understand Swedish, and a variation in age. Infant inclusion criteria were absence of an acute life-threatening condition and a stay of at least 1 week at one of the two study NICUs, with a wide variation in infants' gestational age at birth. Eight fathers (with an age range of 20–40 years), four from each NICU, were invited to participate: all fathers gave their consent to participate. Their infants were born at gestational ages ranging from 23 to 36 weeks.

Data collection

Semi-structured interviews were conducted with an interview guide, based on relevant literature and the authors' clinical experiences as NICU nurses. The interview guide contained key words, such as participation in the infant's care, attachment, feeling of control, timing and feelings, and themes were presented in a way that provided the fathers with an opportunity to describe their perception of information in their own words, while eliciting data about a wide range of perceptions and opinions. The opening question was "How did you experience staff information during your infant's hospital stay at the NICU?" The themes important to include in the interviews were the following: How did you experience the information you received? Was the information sufficient? What was missing? Were there occasions when you were in particular need of information?

All fathers were interviewed by one of the first two authors, who, at that time, worked as nurses at the NICUs, in a separate room, which ensured privacy while their infants still were hospitalized at one of the two NICUs. The interviews were recorded digitally and lasted between 15 and 40 minutes: after each interview, the recordings were transcribed verbatim.

Research ethics

During the whole study the authors followed the ethical principles outlined by the Helsinki Declaration [16]. The fathers who met the inclusion criteria were provided with oral information about the study and informed that nonparticipation in the study would not affect their infants' care, or staff approach to infants or parents; if they agreed to participate, they were at liberty to discontinue participation at any time. They were also assured confidentiality, as no data revealing the identity of infants or fathers were included in the database or in the recorded data printouts of interviews, or the article. If the father consented to participate, he received written information and completed a written agreement form. After the signed form had been returned, the time for the interview was decided together with the father. On the day before the interview, the father was contacted in order to find out whether he was still willing to participate and to confirm the time of the interview, or discuss an alternative time. Permission to perform the study was obtained from the medical directors of the two study units.

Data analysis

The data were analyzed by qualitative content analysis [17], as described by Graneheim and Lundman [18,19]. The focus of the analysis was identification of similarities and differences, which are defined as categories and subcategories at different levels. The analysis was performed according to the following steps: (1) Two authors (IMR, RM) listened to the whole interviews and then read the transcribed text in order to obtain an understanding of the whole meaning. (2) Meaning units were identified, that is, the parts of the text that conveyed a meaningful statement relevant for continued analysis. (3) The meaning units were condensed to abbreviate the text and make it easier to handle without losing the central content. (4) The condensed text was defined as abstractions, which led to the creation of codes serving as titles for separate meaning units describing their contents. (5) Subcategories and categories were established by searching similarities and differences, with the aim of creating mutually exclusive categories, as far as possible. During the course of the analysis, the authors reflected and discussed the interpretation of the data. The results of the analysis are presented in Table 1.

Results

Perception of information

Positive perception of information

The majority of the fathers had mainly positive perceptions of information, especially when it was perceived as adequate and easy to understand. They appreciated not having to ask for informa-

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