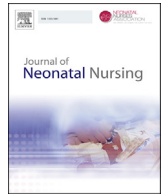




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Original Article

Ghanaian fathers' experiences of caring for preterm infants; a journey of exclusion

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ABSTRACT

Aim: To explore Ghanaian fathers' experiences of caring for preterm infants in the neonatal unit and after discharge.

Method: Participants were part of a larger study to explore parents' experiences of caring for preterm infants after discharge. Narrative inquiry methodology was used to interview nine fathers of preterm infants of gestational age 26–36 weeks at three stages—one week, one month and four months—after discharge from four level II and III neonatal units in Ghana. Data was analysed using thematic analysis guided by the three-dimensional narrative inquiry space. Ethical approval and consent from fathers were obtained before interviewing them at their residence.

Result: Three themes emerged from the data showing the chronological journey of fathers from the neonatal unit till four months after discharge—1. In the neonatal unit – “there's no room for me; 2. Pre-discharge preparation – “I was not involved in discharge education” and 3. Home care/post discharge – “I'm scared of my preterm infant”. Fathers reported being continuously excluded from the care of their preterm infants. This exclusion resulted in increased stress and lack of confidence in caring for their preterm infants after discharge.

Conclusion: Fathers' experiences of caring for preterm infants is a journey characterized by exclusion and lack of caring confidence after discharge. Recognising and addressing the needs of fathers of preterm infants in the neonatal unit is essential in building their caring confidence after discharge.

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Introduction

Parents of preterm infants endure stress from birth of the infant and admission to neonatal unit until discharge and beyond (Chang et al., 2016; Cleveland, 2008). Numerous studies have explored how parents experience this stressful period and their coping mechanisms in the neonatal unit (Carter et al., 2005; Turan et al., 2008). Results suggest that due to the unexpected nature of preterm infants' birth, parents are initially shock. Fegran et al (2008) compared the emotional bonding experience of parents of preterm infants in the neonatal unit and reported that, while mothers experienced a feeling of powerlessness, fathers experienced shock but were willing to be involved in the care of their preterm infants. Involving fathers in infants' care decreases fathers' stress level, increases emotional bonding and attachment and increases the intelligent quotient of children (Huerta et al., 2013; O'Brien and Warren, 2014).

Fathers' traditional role as the family's breadwinner has shifted to include direct involvement in childcare which was traditionally considered a feminine responsibility (Annor, 2014). Fathers' involvement in childcare only became prominent in the mid 1980's as more women joined the work force. Raley et al (2012) revealed that fathers are more likely to be involved in direct childcare activities if their wives spend more time at work and contribute financially to the upkeep of the household. Fathers who hitherto would have been at work now spend time with their family caring for newborns especially in the early days following birth (Cunningham et al., 2008; Premberg et al., 2008). In countries such as Sweden, both mothers and fathers are given equal paid parental leave for childcare (Sundström and Duvander, 2002). Evidence since the inception of this policy in Sweden has revealed increased paternal participation, involvement and overall satisfaction in childcare among families (Haas and Hwang, 2008).

Fatherhood in the Ghanaian setting

In Ghana, as in most cultures around the world, fathers are the heads of households. They command respect from members of

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their household (Abass et al., 2012). Fathers' involvement in childcare is mostly related to the provision of shelter, food and other needs of the family (Dumbaugh et al., 2014). Direct childcare activities such as feeding, bathing, grooming and nappy changing are considered a woman's domain and if done by a man is regarded as a favour or an "extra job" (Annor, 2014, p. 28). Fathers are perceived as purveyors of discipline who must behave in a harsh and masculine manner (Nyarko, 2014). Their involvement in childcare is only recently becoming popular with educated African fathers becoming 'softer', and actively participating in childcare (Annor, 2014; Heaton et al., 2005).

As the breadwinner, Ghanaian fathers are expected to be hardworking and spend more time at work to meet the family's needs. Culturally, Ghanaian fathers are considered caring and loving if they are able to provide financially for their family (Coe, 2011). Male dominance is also seen in employment as only 39.7% of the Ghanaian workforce is made up of women (Ghana Statistical Service, 2015). Child caring is perceived as a basic responsibility of mothers (Ampofo et al., 2007). Fathers only provide economic support and make major maternal and infant health decisions (Dumbaugh et al., 2014). Although evidence suggest that as heads of households, fathers' participation and involvement in preventive healthcare services has the potential of improving maternal and child health outcomes, socio-cultural expectations of males has been cited as the main barrier to male involvement in childcare (Adongo et al., 2013; Dumbaugh et al., 2014; Mullany et al., 2007).

Fathers' experiences in the neonatal unit

Previous studies on how fathers experience their care giving role when a sick and/or preterm infant is in the neonatal unit have been conducted in countries where paternal involvement in childcare is a well-known phenomenon. The results indicate that with all the support in the neonatal unit prior to discharge, fathers report feeling anxious, lack of control and low confidence in caring for their infants (Deeney et al., 2009; Hollywood and Hollywood, 2011; Provenzi and Santoro, 2015). This stress is apparently at its peak in the first week of admission as fathers perform the role of a supporter to both mothers and infants (Lindberg et al., 2007; Lundqvist et al., 2007). There is also evidence, however, that the stress response may be delayed and become pathological in some cases. In a study to compare the relationship between acute stress disorder and post-traumatic stress disorder among parents of preterm infants, Shaw et al. (2009) found that more fathers than mothers experience post-traumatic stress disorder and that fathers' post-traumatic stress disorder surfaced up to four months after the stressful event. Similarly, Olshtain-Mann and Auslander (2008) reported higher level of stress among parents of preterm infants compared to parents of term infants two months after discharge. Fathers in Pohlman (2005, p. 209) study described this feeling as "frightening ordeal...and walking on pins and needles the whole time".

Support for fathers in the neonatal unit

Considering the high level of stress among fathers of preterm infants and its effect on family dynamics and parent-child relationship (Mackley et al., 2010), scholars have recommended support for parents in neonatal units (Lindberg et al., 2007). The most appropriate support in most neonatal units is the Family Centred Care (FCC) approach. FCC is a philosophy in which the institutional care provider forms a partnership with patients and their families to provide optimum care for patients (Griffin, 2006). Introduction of FCC in neonatal units led to the re-design of many neonatal units in order to accommodate families' unrestricted presence (Griffin,

2006). It is advocated that the design of neonatal units should not affect the practice of FCC. The foundation of FCC is shared information between care providers and families (Lindberg et al., 2007). The right communication by healthcare workers, inviting and involving fathers in the care of their infants are essential in building their confidence to care for preterm infants (Modé et al., 2014; O'Brien and Warren, 2014). Despite the benefits of FCC, many challenges have been cited. Key among them are nurses' unsupportive attitude towards families who wish to be partners in the care of their infants, and the extremely busy nature of neonatal units (Coyne et al., 2011).

Fathers' post neonatal unit experience

After discharge from neonatal unit, parents of preterm infants may experience post-traumatic stress disorders (Shaw et al., 2006, 2009). Comparing the post-traumatic stress levels of mothers and fathers, Shaw et al. (2009) reported that more fathers than mothers experience high level of stress up to four months after neonatal unit discharge. Although it may appear that the infant's discharge ends the worry of fathers, major stress levels still exist and so does the need to provide effective support after discharge.

Lindberg et al. (2008) explored the experiences of eight Swedish fathers after discharge of their infants from neonatal unit, and reported increased father-child bonding and caring confidence after discharge. This finding is however not surprising as Swedish fathers enjoy all the benefits of FCC and paid parental leave in order to be involved in the care of their preterm infants during hospitalisation. The higher the level of support rendered to fathers, the higher their confidence and bonding with their infants.

In Ghana, although there is no formal policy for including fathers in their preterm infants' care, fathers are increasingly showing willingness to be involved in child healthcare (Dumbaugh et al., 2014). With the expected and actual rise in paternal involvement and participation in infants' care and its effect on improving newborn outcomes (Moxon et al., 2015), it is imperative to explore how Ghanaian fathers experience their involvement, participation, and care of their preterm infants during hospitalisation and after discharge. The findings of this study, which aims to address these issues, will inform nursing practice in the neonatal unit and beyond.

Method

Design

This study was conducted using narrative inquiry approach described by Clandinin and Connelly (2000). Narrative inquiry is a qualitative research methodology that studies the lived experiences and the influence of sociocultural environment on a given phenomenon using stories as data (Clandinin, 2006). As narrative inquiry enables participants to share their lived experiences through storytelling, it was deemed a good methodological fit for this study. Narrative inquiry emphasis on the essence of a story rather than the 'truth or fact'. It aims to understand the meaning the storyteller ascribes to his/her experience of a phenomenon under study (Kim, 2015).

Study setting

Ghana is located in West Africa few degrees north of the Equator. There are ten administrative regions in Ghana. It has a total area of 238,538 sq km with a current population of 26, 908, 262 (Central Intelligence Agency, 2017; Ghana Statistical Service, 2016). Ghana is well known for its natural resources such as Gold,

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