



## Social Support Provision: Perspective of Fathers With Preterm Infants

Hyung Nam Kim, PhD

Department of Industrial and Systems Engineering, North Carolina A&T State University, 423 McNair Hall, Greensboro, NC 27411, USA



### ARTICLE INFO

#### Article history:

Received 20 June 2017  
Revised 16 January 2018  
Accepted 17 January 2018  
Available online xxx

#### Keywords:

Fathers  
Preterm infants  
Social support

### ABSTRACT

**Purpose:** Today's social support systems for parents of preterm infants tend to pay more attention to mothers than fathers. As a father also plays a critical role in caring for a preterm infant, there is a need to advance understanding of paternal concerns and needs about social supports that should better support fathers.

**Design and Methods:** Interviews were conducted with 18 parents of preterm infants (i.e., 10 mothers and 8 fathers) who have been discharged from the NICU to home. All interviews were audio-recorded and subsequently transcribed verbatim for analysis.

**Results:** The fathers' primary resources are healthcare professionals, their partners, and peer fathers of preterm infants. The fathers expressed various social support needs associated with informational, belonging, and emotional supports.

**Conclusions:** It is recommended that a social support system be customized accordingly to better accommodate paternal needs.

**Practice Implications:** Healthcare professionals may refer to the study results in designing the educational materials for fathers of preterm infants.

© 2018 Published by Elsevier Inc.

### Introduction

Parents of preterm infants tended to encounter various challenges associated with financial, psychological, and physical health issues. Preterm birth is the birth of an infant before 37 weeks of pregnancy (World Health Organization, 2014), which leads to an annual societal cost of \$26 billion (Institute of Medicine Committee on Understanding Premature and Assuring Healthy, 2007). The Statistical Brief (Kowlessar, Jiang, and Steiner, 2013) presented data from the Healthcare Cost and Utilization Project (HCUP) on characteristics of live hospital births in the United States in 2011. It reports that the average hospital costs were significantly higher for preterm birth (\$21,500) compared to all newborns (\$3200) in 2011. As compared to full term infants, preterm infants had significantly higher risk of morbidity due to respiratory morbidity, mechanical ventilation, jaundice, hypoglycemia, and sepsis (Kardatzke, Rose, and Engle, 2017; Manuck et al., 2016; Rather et al., 2015). Those of preterm infants often felt unprepared for discharge and desired more information than was provided to them (De Rouck and Leys, 2009; Orr et al., 2017; Sneath, 2009). Although parents of high-risk infants in the NICU needed support, the care of infants was typically prioritized over the parents' needs as the healthcare providers focused on the survival of these extremely fragile infants. Further, less attention was given to fathers although both parents were equitably critical in influencing infants' social, behavioral, and psychological

outcomes (Candelori, Trumello, Babore, Keren, and Romanelli, 2015). The fathers of preterm infants were concerned about the degree to which they were capable of playing multiple roles (e.g., father, husband, and breadwinner) for the family in such a challenging period (Denoual, Dargentas, Roudaut, Balez, and Sizun, 2016; Marski, Custodio, Abreu, Melo, and Wernet, 2016). There was evidence that the fathers were also likely to experience postpartum depression induced by the separation from their infant and fear of adverse outcomes (Ionio et al., 2016). Children with lack of interaction with fathers, for example, showed poorer peer relationships, less-satisfying peer group relationships, and a high-risk for school and peer problems (McLanahan, Tach, and Schneider, 2013). Such significant effects of father involvement were also found among preterm infants (Feeley, Sherrard, Waitzer, and Boisvert, 2013; Sarkadi, Kristiansson, Oberklaid, and Bremberg, 2008).

Although social support has been reported to be useful in helping the families of infants in the NICU (Coppola, Cassibba, Bosco, and Papagna, 2013; Hall, Ryan, Beatty, and Grubbs, 2015), today's social support for NICU families tends to pay more attention to the preterm infants' mothers. Multiple studies (Ahmadi, Joz Mohtashami, Seyyed Fatemi, and Haghani, 2016; Rowe and Jones, 2010) reported that social support has been considered as a critical coping resource among the mothers of preterm infants. In a comparison study with mothers of preterm infants and those of full-term infants (Brandon et al., 2011), those with preterm infants considered social support more seriously. Yet, a survey study by Rowe and Jones (2010) revealed that during the transition of care from the NICU to home, mothers tended to gradually become more optimistic than fathers, and mothers were also more likely to develop a higher

E-mail address: hnkim@ncat.edu.

parenting efficacy than fathers. Thus, it implies that current social support systems would not be effective for fathers as much as mothers.

Although studies on fathers of preterm infants have contributed to advancing understanding of paternal needs and concerns in general (Doron, Trenti-Paroli, and Linden, 2013; Hollywood and Hollywood, 2011; Lindberg, Axelsson, and Öhrling, 2007; Sloan, Rowe, and Jones, 2008), there is still a need to investigate further on how fathers of preterm infants perceive today's social support during the transition of care, and what interventions would be needed to better accommodate fathers of preterm infants, leading to greater health outcomes of their infants. Thus, we conducted a qualitative study to advance understanding of paternal needs and concerns, associated with social support during the transition from the NICU to home.

## Methods

In addition to a father, we invited a mother to the needs analysis. As one of the family members and the closest individual to a father, a mother can share her experience, observation, and insights into paternal support interventions. Additionally, according to Bowen's family systems theory (1974), all members in the family influence and are influenced by each other such that any family support interventions should be designed by including influential family members in the design session. Thus, mothers and fathers of preterm infants participated in semi-structured phone interviews, yet separately, in 2016. Approval for this study was obtained from the Institutional Review Board (IRB).

### Participants

Parents who met the following eligibility criteria were invited: (1) English speaking, (2) 18 years old or older, (3) at least one preterm infant who was transitioned home from the NICU, and (4) at least two weeks post discharge. As many parents today of preterm infants meet online to exchange social support via various social media websites, we took advantage of an Internet-based recruitment strategy. For instance, we googled support group/personal websites by using keywords such as preterm, NICU, family and parents. We found a group of Facebook websites where NICU parents share their experience. We sent an invitation message via the Facebook websites, and then left it up to the NICU parents to contact us. The recruiting messages were approved by the IRB, which included the name and contact information; the purpose of research; inclusion criteria; a brief list of procedures involved; interview duration; compensation; and contact information for further information. Parents across the country (e.g., New York, Illinois, California, Tennessee, and Texas) participated in the study. A convenience sampling method helped to recruit 18 parents of preterm infants (i.e., 10 mothers and 8 fathers). Table 1 shows the participants' characteristics.

### Procedures

A phone interview lasted for approximately 60 min. Semi-structured interview questions include, for example, "What were your concerns for your infant as you prepared for transition of care from the NICU to home?", "What kind of support did you receive?", "What kind of support did you provide to your partner?", and "What is the ideal way to promote a father's involvement in infant care?" The interview guide was thoroughly reviewed by faculty with clinical backgrounds. The interviews were audio-recorded and transcribed verbatim for content analysis.

### Data Analysis

The data analysis was conducted by relying on the grounded theory approach (Strauss and Corbin, 1990). The interview transcripts were analyzed by conducting open coding, axial coding, and selective coding. For instance, the initial coding was an open coding where the data were

**Table 1**  
Parent and infant characteristics.

	Fathers	Mothers
Sample size	8	10
Age, years	38.50 (4.96)	34.80 (4.16)
Race/ethnicity		
European American	8 (100%)	9 (90%)
Asian American	0 (0%)	1 (10%)
Gestation number		
Singleton	6 (75%)	7 (70%)
Twins	2 (25%)	2 (20%)
Triplets	0 (0%)	1 (10%)
Education level		
High school graduate or equivalent	1 (12.5%)	0 (0%)
Some college or technical training	2 (25.0%)	3 (30%)
College degree	3 (37.5%)	2 (20%)
Advanced degree	2 (25.0%)	5 (50%)
Household income		
<\$80,000	2 (25%)	2 (20%)
≥\$80,000	6 (75%)	8 (80%)
Marital status		
Married	8 (100%)	9 (90%)
Not married, cohabiting	0 (0%)	1 (10%)
Gestational age, weeks	30.88 (3.83)	29.95 (3.95)
Length of stay in NICU, days	48.56 (25.04)	52.60 (35.99)
Length of stay at home after discharge, weeks	137.55 (57.96)	134.84 (65.49)

broken down into segments to interpret. An appropriate label was assigned to each sentence or idea, and they were regrouped as needed. The following coding phase was an axial coding that aimed to regroup and link themes into each other in a rational manner. The data analysis ended with a selective coding that enabled us to select a primary theme and then relate it to other themes appropriately. An inter-rater reliability analysis using Cohen's kappa statistic was performed to determine consistency between the two raters. There was substantial agreement among the raters as the inter-rater reliability was found to be  $\kappa = 0.76$  (95% CI: .553 to .970).

## Results

The content analysis uncovered that the fathers of preterm infants have various concerns and needs with regard to support from healthcare professionals, their partners, and peer fathers of preterm infants. The fathers wanted healthcare professionals to update them via information technology, include them in communication while they visit the hospital, implement a NICU family support intervention early, and offer words of encouragement. The fathers also appreciated their partner's support such as coaching them on how to care for the infant. Another helpful resource for the fathers was peer fathers who have or had preterm infants because they believed that other fathers of preterm infants would better understand what they go through and offer more suitable advice.

### Support From Healthcare Professionals

The fathers wanted to obtain support from healthcare professionals such as frequent update online, inclusion of fathers in communication, early intervention implementation, and emotional support.

### Update Online

The fathers expressed that they would like to be electronically updated on their infants' health conditions, particularly via their smartphones as stated in the following quote: "I would feel best if there were online medical records that I could look through to see how much he [infant] took at each feeding, to see if he had any reflux, or whatever else I were tracking on him to actually see his process. It would have been great if I had automatically gotten text alerts [Father 6]."

The mothers also stated that e-updates from the NICU would be helpful to fathers. Mothers and fathers tend to take turns visiting the

Download English Version:

<https://daneshyari.com/en/article/8574006>

Download Persian Version:

<https://daneshyari.com/article/8574006>

[Daneshyari.com](https://daneshyari.com)