The lived experiences of fathers of a premature baby on a neonatal intensive care unit

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Introduction

• Aim of the study; to explore the lived experiences of fathers of a premature baby on a neonatal intensive care unit.
Rationale

• Fathers are an important component of every family and the importance of identifying their feelings in relation to the care of their child in a neonatal unit is paramount (O’ Shea and Timmins, 2002).
Literature Review: a gap exists

• Search strategy
  » CINAHL
  » Medline/ Pubmed
  » Proquest
  » Scirus

• Experiences of parents (Franck et al. 2001; Franck and Spencer, 2003; Franck et al. 2004; Kaaresen et al. 2006; Gavey, 2007; Maguire et al. 2007; Turner et al. 2007; Pinelli et al. 2008).

• Experiences specific to fathers (Hynan, 2005; Pohlman, 2005; Lindberg, Axelsson and Ohrling, 2007; Lundqvist et al. 2007; Arockiasamy et al. 2008; Lee et al. 2009).

• Experiences of mothers of premature infants in a neonatal unit (Holditch-Davis et al. 2003; Nyqvist, 2005; Aagaard and Hall, 2008; Feely et al 2008; Lee, Long and Boore, 2008; Nicholas Sargent, 2009).
Literature review: various concepts

- Effect of hospitalisation
  - Loss of control
  - Stress/anxiety
  - Feelings of helplessness

- FCC
- Parent/professional relationships
- Realisation of becoming a father
- Parental and maternal divide
- Support
  - For mothers
  - For fathers
Methodology

- Qualitative research design
- Phenomenology
- Heideggerian phenomenology
Population and Sample

- Purposive sampling
- Sample size → 5 participants
- Eligibility criteria → 4 points
Data Collection

- Interview: one to one, semi-structured, tape recorded
- Pilot: test questions, refine skills
- Interview guide: helped to maintain focus
  - Letter to participants (given to participant before interview)
  - Informed consent (filled out immediately before the interview)
Data Analysis

1. Turning to the nature of the lived experience.
2. Investigating experience as we live it rather than as we conceptualise it.
3. Reflecting on the essential themes which characterise the phenomena.
4. Describing the phenomena through the art of writing and rewriting.
5. Maintaining a strong and orientated relation to the phenomenon.
6. Balancing the research context by considering parts and wholes.

(Van Manen 1990 cited by Robertson-Malt 1999)
Ethical considerations

• Director of Nursing & Midwifery
• Hospital Ethics Committee
• Confidentiality
• Participation Voluntary

Justice

Beneficence

Trustworthiness

Respect for Human Dignity
Findings

• Effects of Hospitalization
• Realization of Becoming a Father to a Premature Baby
• Information Sharing (advantages & disadvantages)
• Family Centered Care/Parental Involvement
• Paternal Role Vs. Maternal Role
• Support
• Constraints of Work
Effects of Hospitalization

1. Anxiety “My wife didn’t even get to see him when he was born. He was just whisked away. I got a chance to look at him for a bit and he opened his eyes and he was gone. It was such an anxious time.”

2. Fear of Unknown “I remember standing outside the Theatre in my scrubs. Eh, didn’t really know what to expect……. There was too many in there. I remember standing outside and saying prayers to every dead relative that I’ve got, begging them to do something for them. I didn’t really know what to expect.”

3. Feelings of Helplessness “I felt so helpless as I could do nothing for them.”
Realization of Becoming a Father to a Premature Baby

• “And when I saw the babies and had a good look at them. I really realised how serious it was.”
Information Sharing

• The double edged sword!

• Advantages (alleviate fear)

“explanation is good and the more explanation that could be given the better for me. In Lay Mans terms. You don’t really need to know the exact science behind it. They just need to know it in Lay Mans terms.”

• Disadvantages

“To put it into perspective, you meet Dr. X and I mean you’re coming out singing. She gives you so much hope and so much to live for. She is so upbeat about things, but yet she is realistic. ....... Whereas that other man, well I know, God he is a great man, but you well feel like slashing your wrists sometimes after talking to him.”
Family Centered Care/Parental Involvement

- Specific to the NICU

“Yeah certainly near the end of her stay here the nurses would be advising us on how to wind her, how to feed her, change nappies and that.”

“Knowing how to look after your babies when you take them home and you’re used to them. Whereas if you had babies in the normal process and been in hospital for two or three days you would have no help or guidance.”
Paternal Role Vs. Maternal Role

“I think when the nurse came to my wife and said “kiss your baby you mightn’t see him again”. Why didn’t she say it to me, as well? ........... I just felt that. I was a bit disappointed I have to say because I did think if she meant that, I would never get to see him and kiss him alive again. To be honest I just said to myself, typical. Typical. Kiss baby and he is gone. Typical, it wasn’t a big issue then but I probably would have asked to kiss him. But if it’s too late it’s too late.”
Support

- Few support networks available
- Networks directed towards mothers

“I would have gone to the meeting, but they were there for the mothers”
Constraints of Work

“Every little problem that comes up during the day is a huge problem because your real problem is constantly at the back of your mind.”

“I only get to see him for an hour or so a day, depending on what time I get out of work, you know?”

“I think if I wasn’t working I would have gone stir crazy……….You definitely need to keep occupied. It’s therapy.”
In conclusion

• Strengths
• Limitations
• Implications for nursing practice
• Implications for nursing education
• Future recommendations
References

• Available on request

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