

Fathers' Needs and Masculinity Dilemmas in a Neonatal Intensive Care Unit

Noergaard Betty, Johannessen Helle, Fenger-Gron Jesper, Kofoed Poul-Erik, Ammentorp Jette

Department of Paediatrics, Lillebaelt Hospital, Denmark

*Corresponding author: Noergaard Betty, Department of Paediatrics, Lillebaelt Hospital, Skovvangen 2-8, 6000 Kolding, Denmark, Tel: +45.76362091; E-mail: Betty.Noergaard@rsyd.dk

Received date: March 14, 2018; Accepted date: December 17, 2018; Published date: December 31, 2018

Citation: Noergaard B, Johannessen H, Fenger-Gron J, Kofoed P, Ammentorp J (2018) Fathers' Needs and Masculinity Dilemmas in a Neonatal Intensive Care Unit. J Intensive Crit Care Vol.4 No.4:17

Commentary

Parents of infants admitted to the Neonatal Intensive Care Unit (NICU) are experiencing concerns and are afraid of losing their infant [1-3]. So far research has been mainly focused on mothers and mother-child relations and less on the fathers' situation. The evidence shows that encouraging father-child bonding is important for the health and development of the infant [4]. Despite fathers roles in society are changing and they often feel both stressed and helpless when their infants are admitted to NICU [5-7] still most healthcare professionals have focused on infants and mothers [6,8-11] and foremost the mothers are engaged in childcare during the hospitalization [11].

Based on a participatory action research study [12] we found that fathers wanted to be involved and take responsibility in the care of their child. The fathers in our study expressed a dilemma between being with their infants and wives at the hospital, and being at work; and they needed guidance and information about their infants care and treatments directly from the staff. Seen in a theoretical framework of masculinity we found that fathers had to balance between cultural and social norms and expectations of men and fathers, being breadwinners and their wishes to be equal co-parents [2,12].

Our study highlighted different aspects of the needs of fathers e.g. the role of gender in childcare and family-centered care; and different concerns should be highlighted. The first one is that in general, new fathers wish to be involved and to have a close relationship to their children. A close relationship between father and child is more and more becoming a paternal quality, and parents in contemporary Danish society are both likely to take part in the childcare [13-15]. Even though parents have the opportunity to share parental leave, it is however mainly mothers who take maternity leave; only 45% of fathers use the two-week earmarked paternity leave [16]. This means that although fathers have the right to paternity leave, the traditional expectations and norms still guided how they unfold their role [17,18].

Another aspect concerns the (lacking) readiness of healthcare professionals and the health care system for catering for the needs of new fathers and their entire families. A study found that nurses in NICU have a lower self-efficacy score on their ability to meet the needs of fathers than mothers [19] and different barriers to involve fathers in childcare at the NICU are

reported; such as the size and health status of the infant and the mothers' and staffs encouragement in involving fathers [20].

Care for hospitalized infants is based on family-centred care [21] and a more father-friendly NICU, is the first step towards a real family-centred care in clinical practice, where the needs of fathers as well as mothers and infants are met. The nursing staff should play a key role in this regard because nurses' attitudes to fathers' role in childcare are important. They should reinforce that fathers are as important to their infants as the mothers. Moreover they should be aware of the traditional and cultural norms and expectation of fathers. Especially, how the individual father can balance between these and his own expectations of being a father.

This study contributes to a better understanding of fathers' needs and their potential of enacting fathering roles when their infants are admitted and how the health care system and the interdisciplinary staff should address the needs of new fathers. By supporting fathers to equally partake in childcare health care professionals contributes to the father-child bonding, which is so important for the health of the infants. When fathers are involved they feel a sense of control and thereby they are more able to support their wives.

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