

Paternal Experience during the Child Hospitalization in Neonatal Intensive Care Unit

ORIGINAL

Cora Coralina dos Santos Junqueira¹, Simone Pires Cavalcanti Machado²,
Claudiane Maria Urbano Ventura², Tarciane Marinho Albuquerque³, Amanda Narciso Machado⁴,
Priscila Magalhães Nunes⁵, Thalita Gomes Sarmiento Ferreira⁵,
Maria Elizabete de Amorim Silva³, Marcela Barbosa de Farias¹, Maurício Caxias de Souza⁶,
Ericka Silva Holmes⁷, Geandro da Cunha Silva⁸,
Leila de Cássia Tavares da Fonseca⁹, Wilma Dias de Fontes Pereira⁹

Abstract

Introduction: The desire for a child is also a characteristic feeling of man throughout his life. However, when a premature and/or risk birth occur, require specialized care in a Neonatal Intensive Care Unit, parents are surprised by many difficult feelings to overcome.

Objective: To understand the paternal experience during hospitalization of their child in the neonatal intensive care unit.

Method: This is an exploratory-descriptive study of qualitative approach, carried out in a Neonatal Intensive Care Unit of a university hospital in Recife, Pernambuco, Brazil, through interviews, from a semi-structured instrument. It was submitted to the Content Analysis Technique, mode of cross-thematic analysis for analysis of the data.

Results: The nine parents interviewed were aged between 22-39 years and the majority had not completed high school providing a monthly family income between 1 to 5.7 minimum wages. The interpretation of the results allowed the construction of the following thematic categories: Feelings paternal experienced against the hospitalization of a child in the Intensive Care Unit and faced difficulties against the hospitalization of a newborn child in Intensive Care Unit.

Conclusion: Parents involved in the study demonstrated great suffering. Among the difficulties there is the lack of information from the health team and the work routine that prevents the parent to accom-

- 1 Nurse. Specialist in Child and Adolescent Health through IMIP. Recife, PE. Brazil.
- 2 Nurse. Master in Maternal and Child Health by IMIP. Recife, PE. Brazil.
- 3 Nurse. PhD Student in Nursing at the Federal University of Paraíba. João Pessoa, PB. Brazil.
- 4 Nurse. Specialist in Child and Adolescent Health through IMIP. Recife, PE. Brazil.
- 5 Doctor. Resident in Children's Health by HULW. João Pessoa, PB. Brazil.
- 6 Nurse. Member of the Group of Studies and Research in Management and Information Technology in Health (GEPAlE/UFPB). João Pessoa, PB. Brazil.
- 7 Nurse. PhD Student of the Graduate Program in Health and Decision Models (PPGMDS/UFPB). Member of the Group of Studies and Research in Management and Information Technology in Health (GEPAlE/UFPB). João Pessoa, PB. Brazil.
- 8 Nurse. Hospital Complex Clementino Fraga. João Pessoa, PB. Brazil.
- 9 Nurse. Doctor in Nursing. Department of Clinical Nursing, DENC/UFPB. João Pessoa, PB. Brazil.

Contact information:

Cora Coralina dos Santos Junqueira.

 coracoralina33@gmail.com

pany the child. Such factors could be circumvented or diminished there be greater commitment on the part of health professionals to include these parents in care to be performed in infants with life-threatening and may even encourage baby's development by providing the appropriate bonding.

Keywords

Newborn; Paternity; Intensive Care Unit.

Introduction

The desire for a child is also characteristic feeling of man throughout his life, and the gestation period of his partner presents itself as a very important moment for the consolidation of their male identity. Parents often plan the birth period and the first contact with the newborn generates expectations for believing in a term birth and that may take your child home. But when something occurs that affects the planned course, especially premature and/or risk birth, requiring specialized care in a Neonatal Intensive Care Unit (NICU), parents are surprised by a new situation, which brings many negative feelings, difficult to overcome. [1, 2]

This type of situation is commonly experienced, since the number of hospitalizations in NICU is increasing whereas in the world, according to the Level & Trends Child Mortality Report 2015, about 80 percent of neonatal deaths occur among infants of low birth weight, or possibly much needed provision of intensive care. In Brazil, the leading cause of infant mortality are perinatal conditions, most common in premature and low birth weight which also required hospitalization. [3]

In intensive care routine to Newborn Pre-term (PTN), health technology is still privileged at the expense of humanized care and deprivation of parental care is evident in this environment. This process makes the experience of hospitalization of newborns at high risk and early separation between parents and children a crisis and anxiety, which can lead to the feeling of loss of control, helplessness, anger [2, 4, 5]. Care cannot be directed only to

meet the biological needs, but without giving them, must have a unique look back to the psychosocial demands of parents.

It is noteworthy that the father gives off less time with their children in hospitalization time due to their work activities during the day. On the other hand, mothers are mostly greater availability of time, since they receive maternity leave from four to six months, with the possibility of staying caring for her newborn child during hospitalization. However, as well as maternity, paternity and affective plays an important role in the physical, social and emotional development of children. [5, 6]

In this context, we emphasize the importance of the support of the multidisciplinary team to parents in this period to achieve adequate mental image to the actual image, getting used to the look of your premature and the need for hospitalization in NICU with their technologies. Once a PTN is a challenge for the family, with period of confusion and imbalance, parents should seek to assimilate the problem and develop strategies to deal with it, trying to restore the balance, requiring attention and support of a team organized to there is the best face of the experienced moment. [1, 7]

Given the above, are that the parent has a fundamental role in child recovery to become participant in the care process and, therefore, there is the role of the nurse as facilitating the insertion of the father figure in the hospital setting so the provide adequate support yourself and family fragile. It is believed that as it is possible to provide a favorable environment for the humanization of the care and

improvement of the promotion to the newborn's health that needs intensive care.

Method

This is a descriptive study of a qualitative approach; it seeks to deepen the complexity of phenomena, particular facts and processes more or less defined groups amid a cultural socio-economic context. [8]

Descriptive research has as main objective the description of certain population characteristics, phenomenon or the establishment of relationship between variables. [9] Descriptive research is one in which the facts are observed, recorded, analyzed, classified and interpreted without the researcher interfere in them. [10]

This study was conducted in Internal Neonatal Unit (UNI) in the Hospital Complex of Integrative Medicine Institute Professor Fernando Figueira - (IMIP), located in Recife/PE, Brazil. The IMIP UNI has 18 beds for intensive care and 32 semi-intensive and receives high-risk newborns whose birth occurs within the institution.

It is worth the theoretical saturation criterion for delimitation of sampling 9 were interviewed parents of newborns, whose babies were hospitalized in the NICU during the period from August to October 2015. [11] In qualitative research, the inclusion criteria of the subjects is not numerical but are considered those that can offer greater range and more variations of the phenomenon. The sample was obtained by convenience from the identification of the participants through the records kept by the professional staff in the medical records of newborns.

The eligibility of these subjects came from the need to find the point of view of the individuals involved in the association studied in this work. Thus, parents participated in the study that met the following inclusion criteria: be accompanying father of the newborn that when he was born, was admitted immediately to the NICU; be accompanying parent of children hospitalized in the NICU for the

first time; Newborns should be admitted to more than seven days; be older than 18 years. Parents of newborns who died at the time of collection were excluded from the study.

A semi-structured interview was conducted, digitally recorded, in order to capture information essential to the study; these were fully transcribed for analysis. We attempted to conduct interviews in a private site located in the NICU intended for parents, individualized air-conditioned environment with no possibility of privacy violation and possible interruptions during the interview, because when in use it was flagged.

For parents, the guiding questions were: What are the feelings experienced by the father before the hospitalization of a child in the NICU? What are the difficulties experienced by a parent on the hospitalization of a child in the NICU?

Before starting the actual collection, a pilot study was conducted to validate the survey instrument and make changes, if necessary, in addition to assessing how to approach the participants. The instrument was adequate and there was no need for changes to the guiding questions.

The analysis was done through content analysis technique, type of cross-thematic analysis. [12] Therefore, the lines taking into account the frequency of themes drawn from speeches were cut. Each interview was processed separately and during transcription chose to standardize as the symbol [...] to represent the moment when the lines were removed.

The analysis was carried out through the following steps: analysis of the data provided, floating reading of all the communications; organization of the material in order to meet standards of validity and completeness, representativeness, consistency and relevance; hypothesis formulation and objectives in relation to qualitative material; defining phrases as unit's record. [12]

To ensure the anonymity of respondents, the speeches were identified with the letter "P", in reference to word parents, followed by the number,

as the result of interviews conducted at the time of data collection.

The research was conducted according to the guidelines contained in Resolution No. 466/12 of the National Health Council which deals with research involving human subjects and was approved by the Research Ethics Committee of the IMIP. Accompanying parents of newborns admitted to the NICU were invited to participate in this study were informed about it and asked to sign a consent form and clear.

Results and Discussions

The nine parents interviewed were aged between 22-39 years. With regard to education, six of the nine parents was not completed secondary school, two incomplete higher and only a complete and fundamental in terms of marital status, all Reference should be married or stable regime. They claimed to have a monthly family income between 1 to 5.7 minimum wages.

Regarding the characterization of RNs, all the hospital shortly after birth seven was caused by prematurity, one by congenital malformation and one by birth trauma. The low weight was also a gift found in most RNs (7), whose weights ranged from 700 to 1,220 g. Premature neonates are defined by the World Health Organization as those born younger than 37 weeks of gestation and birth weight less than 2,500 g. [1] The condition of prematurity associated with extreme low weight justify, in a way, the long period of hospitalization that followed the birth of these children, and it arrived in one case, to 244 days at the time of the interview.

Regarding the initial hospitalization complications, it is clear that the type of most viewed condition was related to the respiratory tract (7). It is known that premature newborns, especially those born under the age of 32 weeks, are prone to this type of complication due to pulmonary immaturity and susceptibility to infections arising from the immature immune system. [13]

Analysis of the interviews resulted in the construction of the following thematic categories: Feelings paternal experienced before the hospitalization of a child in the NICU and faced difficulties before the hospitalization of a newborn child in the NICU.

Paternal feelings experienced before the hospitalization of a child in the NICU

The experience of becoming a father starts to await the arrival of the son anxiously. This is where dreams of a happy life are designed by the wife and everything is prepared for this expected event.

[...] All follow her prenatal was spotless, it was nothing out of place, the rates were good, the baby was developing well, everything was perfect, but arrived before the time [...] I was not expecting anything different, because the last tests had given everything quiet.

P9.

Amid all this expectation, the unexpected admission to the Intensive Care Unit for health conditions such as prematurity and low birthweight sometimes lasts for many months. During hospitalization, parents are unable to take their role as primary caregiver, making this entails in intense stress on the need for them to manage their work demands with the needs of your family including other children, at the expense of the desire to be with the newborn that requires special care. [14]

It is understood then that the hospital shortly after birth may occur in order to result in different feelings, to which parents would never be prepared, so that the father passes to a state of anxiety, sadness, helplessness and frustration at the inevitable hospitalization of the child, this is due to the concern experienced in facing something unknown.

I was apprehensive, not knowing what would happen.

P4.

The staff is expected that right? We get that anxiety whether the boy will improve, that day will be high [...] we get that anxiety and also very concerned, both my person as the mother and family in total.

P7.

[...] I do not even know what to say, do not even know what to think, because I never thought it was going to go through this experience that I'm going through now.

P8.

Some paternal feelings expressed fears and limitations on the pain experienced before the unpredictable. Even voiced concerns due to the baby having to stay in a NICU, this is when they realize the fact that their children are in need of intensive care as an imminence of death. According to studies, these meanings are common in families whose newborns need to stay under complex care professional team. [15]

A feeling of sadness because you think NICUs, business is serious, the feeling is sadness. I felt a lot of concern because his little problem in the case when he was born was a serious little problem, I cried a lot, I was very even pain, but thank God he was recovering [...] when it happens to us, we see the pain that is passing.

P5.

That was the worst part of the experience: recognizing that the child would be born soon and go to NICU, have a whole disorder, tension, he at risk of death in the NICU [...].

P9.

This fear expressed by parents is a sense of unease at the notion of real or imaginary danger of fear, fear, fear and threat. Death is a fact feared by every human being, especially by parents who often do not accept that their children die before them, because in this way would be changing the natural

order of life cycle. The neonatal unit is a complex environment in which to survive and die part of the thinking of the family. This sector offers parents the feeling of insecurity due to social definition assigned to this environment. [16]

Although the first view of the RN to constitute a time of difficult acceptance for parents, the feeling of joy for some, it is possible even in the face of the fact that his son was born premature, because the child is alive and survival opportunities on the technological resources and professional skills working in the NICU. [16]

The first feeling I had was joy, to know that my son was born, but also has a bit of fear in knowing that he would not come under the most favorable conditions [...].

P3.

Despite this whirlwind of sensations that plague men, often paradoxical and contradictory converge to an expression of incompleteness, they seek to overcome these distressing sensations with feelings of hope as they experience some comfort to glimpse your child and feel they have a significant support by making themselves present even having their participation in care limited. [15] The report revealed the participants to speak or approach the incubator, the children could see that they were close by, including being able to recognize his voice.

It's a very strange feeling [...] even though it is something very stressful during this period that the baby is recovering in the Intensive Care Unit, but is the only breath, so to speak: at least reassures you get near it, the sometimes you do not play, but there you are close, see how it is developing.

P9.

During the interview, many would like to know about your child admitted and among the various doubts that these family members expressed the hospital's RN high was the most mentioned.

I hope he has high and go home. The recovery that he's having, I hope in a few days he goes home.

P5.

The high day, when he would be discharged, get really good. That's my biggest anxiety right? The time he will spend here, the time that is necessary to go and discharge

P7.

The hospital is great expectation reason for the parents, because after a long period of internment, with significant improvements in the child's health status, the family waits for the moment when his close are in an explosion of feelings permeate the peace, joy and anxiety in search of the expected day. [5]

Before all the RN admission process what mattered most to this father was the time to take his child home. They observed ambiguous feelings, confused, but understandable given the situation they experienced. These feelings that should be considered by all staff that welcomes the father of preterm infants in the NICU enters. [5]

When he gets out of here, the better he will have. But from what I'm seeing, so you told me, it will take out a little, another fortnight or a month, will depend on his evolution

P4.

When he would leave, but everything we went, I'm in no hurry not. He can spend two, three, four months, the time needed for him to get out of here healthy we expect what is.

P9.

By the unexpected event, many feelings are experienced by the father to know the risk that the child runs and the child's picture of gravity of consciousness. It reveals the expectations and the relationship of that environment with a critical situation. It's a

scary experience, which while it grieves to see the child as vulnerable fighting for life, needs to provide support for his wife, who also suffers as a mother. [4]

Difficulties faced before the hospitalization of a child in the ICU

Amid all the discomfort experienced during this fragile time, parents tend to face some difficulties, many of these, inevitable and inherent to the situation suffering. However, many could have been avoided or can be better managed to reduce as much as possible these negative factors.

I want to know [...] all the results of his tests, which he has, which may have, which ceases to be, there are several questions. Because I'm very objective, I know right, have it, have it ... to know how many days, I'm waiting, counting the days to know the outcome of what was said.

P1.

I wanted to know if he is reacting well, if every day it is evolving.

P6.

Among these difficulties commonly experienced in the context of NICUs to search for information is the most present and justified before the anguish of relatives, but often the detachment of them is scarce and little enlightening. Parents want to be in control of your child's situation and need information as much as possible. Parents who have experienced lack of information during hospitalization of their child in a NICU had questions, and report that these were only resolved after several days of hospitalization. However, in places where the team showed open and available to provide updates and explanations several times observed parents more relaxed risk newborns. [3]

We end up learning here with the doctor who is a patient that his evolution is nothing more than patience. And so every day we know how this it, the health parameters, oxygenation, as it really is the little lungs him in that period, then so we know how is the state of it today, much as doctors go for us.

P3.

It is important that professionals be alert to what they can contribute, and consider that this contribution can affect positively or negatively in this process. With regard to information, they should be transmitted continuously and pertinently to the momentary needs of families, respecting the particular process of adaptation and acceptance of the same, taking an empathic attitude to support these parents. [7]

The staff of the NICU has a key role from the first contact of parents with the sector and is responsible for offering the necessary information on the environment, routines and baby health. Thus, the difficulties of families are minimized when you can promote a bond of relationship and trust with the team responsible for RN care. However, this trust is directly related to the following factors: information provided by the team, the kind of selfless attention, reception and living with them. [17]

When this is possible, the parents let you create expectations for the future of your child and learn to deal with every situation, becoming resilient to its particular way, always hopeful for transfer to the nursery medium risk (BMR) and as expected high. [16]

In this sense, one should also consider that the process of work in the NICU, the risk that entails, and the set of activities that demand, impose a labor voltage condition for health professionals, especially nurses, responsible for organizing service and fulfillment of most developed their actions. This is how the nursing professional, before the parents' suffering, given the fragility of the premature chil-

dren and invasive procedures for the treatment, we identify with them and thus, a countertransference relationship, they feel emotionally mobilized, going, too, to experience a state of suffering. [5]

It is also evident that the fact that the newborn being hospitalized reflects poorly on the job, as the parents report that they cannot concentrate on anything because the concern for the baby is larger than all the labor problems. [3]

There's no way you turn, you are at work, but we're not producing well, you're at home, but end up not doing anything to get out of my head... you're only there in body, in spirit is here.

P9.

The greatest difficulty for parents to monitor their baby during hospitalization is therefore the work, from those who are employed and have no release to exit expedient to parents who are self-employed and have to work to provide family support. [3]

Since he was born he changed my life right?! [...] I cannot' re here every day because I work and also I depend on much of the work [...]

P6.

Every night I'm here if you want to find me every night I'm here eight hours I'm here. Because I work day, when I have an hour to come to bring lunch my wife, then I come eye she (daughter).

P8.

In the face of the interviews, it is clear that man is still responsible for the welfare of the family and the financial provision. Also, have the child admitted to the NICU requires changes in the routine of his father's life and family and everyday tasks are no longer performed with ease, because the anxiety of waiting news is continuous that interferes in the involvement and participation of the father in the care of this child.

Conclusion

The hospital specialized in intensive care brings a number of yearnings for family members and reflected in a responsible distance by a sequence of adverse psychological factors. These factors could be overcome or reduced if there were greater commitment on the part of health professionals to include these parents in intensive care to be performed in infants with life-threatening. Thus bringing benefits to all involved and can even encourage your baby's development by providing the appropriate bonding.

In addition to the non-inclusion of parents in the care, there is also a dearth of information about the health of the hospitalized newborn, which enhances the effects of hospitalization by increasing anxiety experienced by parents.

It was possible even if there needs to be greater commitment by governments in order to be a greater awareness to release these families of labor services so that they can give more support your partner in suffering, part of care essential to life your son. Mainly because it will not have emotional and psychological conditions to take to the detriment of other responsibilities and may cause other problems.

So if the performance of the health care team is essential during the stay in the intensive care unit as parental involvement factor in caring for the newborn. It is worth noting the importance of ongoing education of staff of hospitals to enable and encourage all professionals in the practice of explanatory information and daily care.

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