Man to Man: Perspectives on Being the Father of a Very-Low-Birth-Weight Infant through Interpretive Phenomenology

Donald A. Johnston

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MAN TO MAN: PERSPECTIVES ON BEING THE FATHER
OF A VERY-LOW-BIRTH-WEIGHT INFANT
THROUGH INTERPRETIVE PHENOMENOLOGY

by

DONALD A. JOHNSTON

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy
Department of Nursing
Gloria Duke, RN, PhD, Committee Chair
College of Nursing and Health Sciences

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This is to certify that the Doctoral Dissertation of

DONALD A. JOHNSTON

has been approved for the dissertation requirement on

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Approvals:

Dissertation Chair: Gloria Duke, Ph.D.

Dennis Wissing, Ph.D.

Kevin Gosselin, Ph.D.

Ramona Parker, Ph.D.

Pam Martin
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Abstract

MAN TO MAN: PERSPECTIVES ON BEING THE FATHER OF A VERY-LOW-BIRTH-WEIGHT INFANT THROUGH INTERPRETIVE PHENOMENOLOGY

Donald A. Johnston

Dissertation Chair: Gloria Duke, Ph.D.

The University of Texas at Tyler

October 2013

While volumes of literature lend insight into the experience of being a mother in the NICU, the experience of fathering a neonate remains vastly understudied. The goal of this hermeneutical phenomenological study was to explore the lived experience of eleven fathers of very low birth weight infants during their infants’ stay in a neonatal intensive care unit. In-depth interviews were semi-structured, digitally recorded and transcribed verbatim. Data were analyzed using Max van Manen’s methodology, along with a metaphorical illustration to illuminate meanings of experiences. Analysis was structured using Heidegger’s philosophical concepts of Being-in-the-world and Being-with-others, as well as the added concept of Being a changed man. The findings revealed that fathers struggle with powerlessness as they attempt to acclimate to the foreign environment of NICU and respond best when given tasks to perform. They tend to choose their battles based on the wisest expenditure of energy, and may leave an environment where they perceive they are not needed. Fathers benefit from developing close relationships
with NICU nurses, but often feel misunderstood and require that trust be earned. An outlier from the group of fathers was further described from a case study approach. Findings from that study emphasized the crucial importance of additional support from health care providers regarding trust, guidance, true presence, familial bonding, and owning a sense of purpose.
Chapter One

Overview of the Research

The neonatal intensive care unit is a foreign, frightening place that is in many ways hostile to parents, fathers in particular. Some fathers choose to visit their infants frequently, while others choose to return to their familiar environments. For the unmarried family, the stakes are higher. A father who chooses to flee the NICU may flee the infant’s life altogether, particularly if his own father did not provide a positive example of paternal involvement (Shears, Summers, Boller & Barclay-McLaughlin, 2006). Nurses in the neonatal intensive care unit play a vital role in helping families come to terms with the birth of a premature infant. Understanding the complex issues affecting each parent is an essential part of supporting the family during the infant’s stay in the NICU, as well as preparing the family for the infant’s discharge home. A thorough understanding of these issues is especially important when it comes to providing appropriate support to fathers whose stressors may be hidden behind a mask of stoicism. To neglect the needs of fathers is to neglect the needs of the infant.

To date no qualitative studies have been performed involving fathers of VLBW infants in the southern United States. What is currently known about the needs of these fathers is taken largely from literature originating in other countries, where the culture and concepts surrounding fatherhood differ from those found here. I, the researcher, am a male NICU nurse as well as a father of two VLBW neonates. I undertook this study after finding that the existing literature did not fully reflect my personal experience, nor that of the fathers I’ve encountered over my 15 years of working in the NICU. As a father in the NICU ten years ago, I felt marginalized by the staff, relegated to bill payer and breast milk delivery man, and was frustrated by the arbitrary rules that
kept me from seeing my son. I had heard similar stories over the years from fathers who felt left out and frustrated, in addition to many who feared their infants being abnormal, and wanted to investigate this phenomenon further. By utilizing a male interviewer and excluding the infant’s mother from the interview, this research attempts to expose what may have been hidden in existing research. In addition, by including unmarried fathers and Black fathers, this study broadens the scope of existing literature. It is hoped that the results of each of these studies will provide insights that can be translated into meaningful support by NICU staff, as well as encourage more men to seek careers in neonatal nursing.

Introduction of the Articles

The first manuscript entitled “Beyond Survival: An Interpretive Phenomenological Investigation Into Being the Father of a Very Low Birth Weight Infant” is a phenomenological study of eleven fathers of very low birth weight (VLBW) infants during their infants’ stay in a neonatal intensive care unit. The study aimed to explore and interpret the lived experience of fathers of VLBW neonates in the southern United States (US) and the real-life contexts in which those experiences occur. In-depth interviews were semi-structured, digitally recorded and transcribed verbatim. Data were analyzed using Max van Manen’s methodology, along with a metaphorical illustration to illuminate meanings of experiences. Analysis was structured using Heidegger’s philosophical concepts of Being-in-the-world and Being-with-others, as well as the added concept of Being a changed man. The themes that emerged were: shock; exploring hostile terrain; fearing the unnatural; feeling powerless; unpredictability; survival skills; baggage; feeling left out; feeling misunderstood; needing/accepting support; holding back from Mom; and doubting/accepting paternity.

The findings revealed that fathers struggle with powerlessness as they attempt to acclimate to the foreign environment of NICU and respond best when given tasks to perform both at the infant’s bedside and at home. Fathers described shock during the first week after the infant’s birth, and anxiety stemming from the infant’s abnormal appearance. They perceived the
foreign medical language, navigational barriers, arbitrary rules, and alien equipment as hostile elements of the NICU environment. The unpredictable fluctuations in their infant’s status were a source of frustration for several fathers as they searched for hope in stability. Five “survival skills” were identified as strategies used by the fathers during their child’s NICU stay: having faith, choosing battles, being strong, being there, and acclimating. Some fathers felt left out of education and coaching at the infant’s bedside, which interfered with bonding after discharge. Fathers benefit from developing close relationships with NICU nurses, but often feel misunderstood and require that trust be earned. Support by health care providers was essential for fathers who lacked a support structure outside the NICU. All of the fathers reported holding back thoughts and feelings from the infant’s mother. Finally the experience of becoming a father of a preterm infant brought about positive changes for many fathers, both in their attitudes and lifestyles.

The second manuscript entitled “Releasing the Flood: A Qualitative Case Study of One High-Risk Father’s Journey Through the Labor Unit and NICU” was a focused case study of a participant who was an outlier in the original study. His story stood out from the other ten fathers as unique and particularly extreme in terms of his high-risk background, the impact of his NICU experience, and the depth with which he shared it. Qualitative case study involves exploration, description and explanation of a phenomenon, along with the contextual conditions relevant to the phenomenon being studied (Yin, 2009). The holistic single case study design is recommended when a particular case is extreme, unique, or revelatory in nature (Yin, 2009), all of which are true of the case presented here.

Findings revealed that the labor unit experience may set the tone for a father’s hospital experience. Fathers from backgrounds marked by violence and chaos many find the security and stability they crave in a hospital environment that provides comfort, cohesion, and an empowering sense of purpose. Fathers who lack male role models in their lives may benefit from mentoring relationships formed with male nurses in the NICU. Longstanding neglected needs for
available presence and guidance can be met by caring health care professionals who take the time to listen to these fathers and share personal experiences. While the struggle to break patterns of the past is complicated by low self-worth, health care providers can reinforce a sense of personal value both by providing a specific role for fathers and by engaging them in meaningful conversation at the bedside. Allowing fathers to voice their concerns in a private forum may encourage men to later open up with the infant’s mother about previously hidden issues. In providing needed support to fathers, nurses may help shape a father’s improved perspectives toward life, fatherhood, the infant, and health care in general.
References


Chapter Two

Beyond Survival: An Interpretive Phenomenological Investigation Into Being the Father of a Very Low Birth Weight Infant

Abstract

This phenomenological study, based on the writings of Martin Heidegger, describes what it was like for eleven fathers of very low birth weight infants during their infants’ stay in a neonatal intensive care unit. Each participant was interviewed up to three times. Interviews were semi-structured, digitally recorded and transcribed verbatim. Data were analyzed using Max van Manen’s methodology, along with a metaphorical illustration to illuminate meanings of experiences. Analysis was structured using Heidegger’s philosophical concepts of Being-in-the-world and Being-with-others, as well as the added concept of Being a changed man. The themes that emerged were: shock; exploring hostile terrain; fearing the unnatural; feeling powerless; unpredictability; surviving; baggage; feeling left out; feeling misunderstood; needing/accepting support; holding back from Mom; and doubting/accepting paternity. The findings revealed that fathers struggle with powerlessness as they attempt to acclimate to the foreign environment of NICU and respond best when given tasks to perform. They tend to choose their battles based on the wisest expenditure of energy, and may leave an environment where they perceive they are not needed. Fathers benefit from developing close relationships with NICU nurses, but often feel misunderstood and require that trust be earned.

Keywords: phenomenology, qualitative, fathers, dads, neonatal intensive care, premature, VLBW infant
Imagine you have crash landed on a strange, foreign planet—a planet shrouded in clouds, so its surface is hidden from those on the outside. It is a place where time crawls, and every day can feel like a year—a dark, scary planet with violent, dangerous, unpredictable weather patterns. You do not speak the language, you do not recognize the terrain, and you have never seen anything like the odd-looking tiny creatures here. You have no say here, no control whatsoever, but must operate at the whim of fate and under tyranny of rules and schedules that make no sense to you. There is a constant flurry of activity and strange noises you are unable to interpret. You don’t like this place and frankly, you’re not sure you’re welcome here. It seems to be run exclusively by Venusians and you are from Mars. You did not ask to be here, and you were not planning a visit. You simply crashed here by accident on your way to a much more pleasant destination. But someone you love very much is now sentenced to serve two to four months here, and you simply cannot leave them here alone. You cannot see them from the outside, and it is hard to get messages in and out, so you have a choice to make. You must either try to acclimate and weather the storms, or flee and hope to catch up with your loved one later.

This is the scenario in which men find themselves every day when they become the father of a very low birth weight infant. The neonatal intensive care unit is a foreign, frightening place that is in many ways hostile to parents, fathers in particular. Some fathers choose to visit their infants frequently and attempt to acclimate to life in the NICU, while others choose to simply return to their familiar environments. For the unmarried family, the stakes are higher. A father who chooses to flee the NICU may flee the infant’s life altogether, particularly if his own father did not provide a positive example of paternal involvement (Shears, Summers, Boller & Barclay-McLaughlin, 2006).
Nurses in the neonatal intensive care unit play a vital role in helping families come to terms with the birth of a premature infant. Understanding the complex issues affecting each parent is an essential part of supporting the family during the infant’s stay in the NICU, as well as preparing the family for the infant’s discharge home. A thorough understanding of these issues is especially important when it comes to providing appropriate support to fathers whose stressors are often invisible to health care providers (Pohlman, 2005). The importance of the mother-infant bond is well recognized, and previous research has placed emphasis on the mother for that reason. Research indicates, however, that paternal involvement is equally important to a child’s development (Alio, Salihu, Kornosky, Richmond & Marty, 2009; Nelms, 2004; Yogman, Kindlon & Earls, 1995). Recognition of the unique needs of fathers in these circumstances is crucial. To neglect the needs of fathers is to neglect the needs of the infant.

This hermeneutical, phenomenological study aims to explore the lived experience of fathers of very low birth weight (VLBW) neonates in the southern United States (US) and the real-life contexts in which those experiences occur. This study also seeks to identify major themes and patterns that embody what it means to be such a father. I, the researcher, am a male NICU nurse as well as a father of two VLBW neonates. I undertook this study after finding that the existing literature did not fully reflect my personal experience, nor that of the fathers I have encountered over my 15 years of working in the NICU. As a father in the NICU ten years ago, I felt marginalized by the staff, relegated to bill payer and breast milk delivery man, and was frustrated by the arbitrary rules that kept me from seeing my son. I had heard similar stories over the years from fathers who felt left out and frustrated, in addition to many who feared their infants being abnormal, and wanted to investigate this phenomenon further.

By utilizing a male interviewer and excluding the infant’s mother from the interview, this research attempts to expose what may have been hidden in existing research. In addition, by including unmarried Black fathers, this study broadens the scope of existing literature. It is hoped
that the results will provide insights that can be translated into meaningful support by NICU staff, as well as encouraging more men to seek careers in neonatal nursing.

**Literature Review**

Research has shown that having a medically fragile premature infant creates a complex transition for parents (Jackson, Ternestedt, & Schollin, 2003). Since very low birthweight infants (<1500 grams) are often hospitalized for weeks or months after birth, parents experience stress stemming from both their altered parental roles and the unit environment itself (Lau & Morse, 2003; Lee, Lin, Huang, Hsu & Bartlett, 2005). The effects of this traumatic experience on the family extend far beyond infant’s discharge, often requiring additional support for the first year after birth (Rautava, Lehtonen, Helenius & Sillanpaa, 2003).

Family centered care has emerged as a popular model aimed at improving the well-being of families in the NICU. Within this model, caregivers focus on recognizing the needs of family as a whole, including the physical, spiritual, mental, emotional and cultural needs of each member of the patient’s family (Zimmerman and Bauersachs, 2012). Unfortunately, little is known about the needs of fathers in the NICU. This is troublesome, since fathers react and cope quite differently from mothers to having an infant in the NICU (Deeney, Lohan, Parkes & Spence, 2009; Jackson et al, 2003; Lindberg, Axelsson & Ohrling, 2008; Pohlman, 2005). Fathers of critically ill infants in general experience greater stress in relation to the characteristics of their child’s health problems (Lindberg et al, 2008; Rautava et al, 2003), particularly as they affect the father-child bond (Pelchat, Lefebvre & Levert, 2007). They also express different needs from mothers during an infant’s early life, including an increased need for communication with health care staff (Arockiasamy, Holsti & Albersheim, 2008; Fagerskiold, 2006).

We do know that fathers of neonates experience feelings of stress, helplessness, frustration, fear and alienation (Lundqvist & Jakobsson, 2003), Pohlman 2009). Studies in other countries reveal that those fathers struggle with feelings of powerlessness (Thomas, Feeley & Greer, 2009) and the need for control (Arockiasamy et al., 2008; Lundqvist & Jakobsson, 2003).
Their sense of support, security and happiness is related to their sense of control and ability to handle the situation (Lundqvist & Jakobsson, 2003). Unlike mothers, however, fathers do not typically deal with emotional situations in an externally visible way, and as a result their true needs often remain invisible to the nurses caring for their infants (Peterson, 2008; Pohlman, 2005). Further, many fathers also try to hide their emotions from their wives or partners, which may make coping even more difficult (Pohlman, 2005).

While volumes of literature lend insight into the experience of being a mother in the NICU, the experience of fathering a neonate remains vastly understudied. A review of the literature in the past 13 years identified only two qualitative studies in the US specifically addressed the experiences of fathers in the NICU, (Pohlman 2005; Pohlman, 2009). Pohlman (2005) noted the disproportionate number of studies on mothers, stating that a CINAHL search at that time using the terms “mother” and “premature or preterm infant” netted 53 studies, while replacing “mother” with “father” netted only three. This disparity has only increased in the past eight years. As of 2013, a search in CINAHL using the same terms found 297 studies in the US pertaining to mothers and only six pertaining to fathers. After ruling out editorial pieces and breastfeeding support issues, this was narrowed to only the two by Pohlman (2005, 2009).

In her work with nine mid-Western fathers, Pohlman (2005) found fathers drew comfort from returning to work in that they felt confident in their work environment, versus feeling like novices in the NICU. Further, Pohlman (2009) found that fathers who lack confidence in understanding the care of premature infants tend to focus on understanding monitors and technology, rather than on building emotional attachments through infant interaction, and easily become distanced from the family relationship. She suggested support and interventions that guide active father participation be done to mitigate the father’s tendency to immerse himself in the comfort of work (Pohlman 2005, 2009).

Aside from Pohlman’s work, the majority of existing knowledge on fathers of preterm infants comes from studies performed in other countries, such as Sweden (Jackson et al., 2003;
Lindberg et al., 2008; Lundqvist & Jakobsson, 2003), Taiwan (Lee et al., 2005), Canada (Arocksiamy, 2008; Thomas et al., 2009) and Ireland (Deeney, 2009). The findings of these studies reflect the unique traditions and cultures surrounding fatherhood in those countries, as well as the sociocultural background of those fathers. What is missing from the literature is an understanding of how fathers in the US particularly the southern US, experience fathering VLBW infants.

Previous studies of fathers of neonates have also been limited to fathers who were married to the infant’s mother. While the quality of the marital relationship is usually an important factor in the parenting of infants and young children (Cox, Heilbron, Mills-Koonce, Pressel, Oppenheimer & Szwedo, 2009), studies have shown that in the Black community, fathers’ parenting roles are less tied to marital relationships. (Edin, Tach & Mincy, 2009). In Louisiana specifically, where this research was performed, studies show that the role of the unmarried “baby father” may have achieved a higher degree of institutionalization among African Americans than among other US racial and ethnic groups (Edin et al., 2009 p3; Mincy & Pouncy, 2007), pointing to the importance of including this population.

As society expands its definitions of fatherhood, there has been an increasing focus on studying unmarried fathers in low-income families, sometimes referred to as “fragile families” due to the unstable nature of the family unit (Shears et al, 2006; DeKlyen, Brooks-Gunn, McLanahan & Knab, 2006). These men are more likely to have less stable employment, more issues related to depression, anxiety and substance abuse, and a higher rate of incarceration, issues which inevitably affect the family as a whole (DeKlyen et al., 2006). Because socioeconomic disadvantage is a risk factor for having a low birth weight and/or premature child, there is a greater likelihood that these fathers will be caring for preterm infants (Yogman, 1995).

While research has shown that paternal involvement is vital to infant health and cognitive outcomes (Alio et al, 2010; Nelms, 2004; Yogman, 1995), a father’s level of involvement is often a reflection of his own father’s participation in his early life (Shears et al., 2006). In populations
where fatherlessness has become an epidemic, research is needed into ways to help break the cycle of paternal withdrawal and to intervene for the sake of preterm infants who are already at risk of health complications.

The gender of the interviewer and the presence of the infant’s mother are additional factors that potentially limit the accuracy and completeness of information gained in previous studies. According to Schwalbe & Wolkomir (2001), the masculine self is “always the product of a performance tailored to the situation and audience at hand” (p. 90). The interview by nature is a potentially threatening encounter to men, as the interviewer controls the interaction and may ask questions that threaten the father’s sense of masculinity. Schwalbe & Wokomir (2001) state that this threat can be heightened by the subject’s perception of the identity of the interviewer. In a medical setting in particular, same sex communications are typically rated as more friendly than opposite-sex communications (Zaharias, Piterman & Liddell, 2004; Hall, 1994). The presence of a third person, particularly the subject’s spouse, tailors the male’s performance to the audience he perceives, and limits the honesty of his responses (Schwalbe & Wolkomir, 2001). A father’s perspective may best be understood by a male nurse, especially if that nurse happens to be a father as well (Peterson, 2008). These facts point to the need for man-to-man interviews of fathers by a male nurse in order to reveal what may have remained hidden in previous research.

In summary, the current literature regarding the experiences of fathers of premature infants is sparse and contains considerable gaps. Most studies reflect the cultures of other countries, are limited to married, white or Asian fathers, and make conclusions about fathers’ needs from interviews with both parents together, when the father may feel he is unable to speak freely. The single qualitative US study that focused on fathers of neonates was published as two reports (Pohlman, 2005, 2009), limited its research to cohabitating white fathers only, and involved a female interviewer. To date, the experiences of Black fathers of neonates have not been specifically studied, nor have any studies been based on man-to-man interviews. While Pohlman’s study suggested fathers find comfort in returning to work, it remains unknown how
unemployed fathers might survive the NICU experience. This study aims to bridge these gaps by
(1) utilizing a male nurse interviewer, (2) conducting interviews outside the presence of the
infant’s mother, (3) drawing from a largely Black population in the southern US, and (4)
including all fathers desiring to participate, regardless of marital status, cohabitation with the
infant’s mother, or status of employment.
Methods

Design

In order to explore and interpret the lived experience of being a father of a VLBW infant, an interpretive phenomenological design was chosen for this study. Phenomenology holds that the truth of an event, as an abstract entity, is subjective and knowable only through embodied perception. That is, we create meaning through the experience of moving through space and across time (Heidegger, 1962). Interpretive, or “Heideggerian” researchers maintain that the participants’ experiences can only be understood and interpreted by another “being-in-the-world” (Heidegger, 1962). It assumes prior understanding by the interpreter, and contends that his own background, beliefs and personal experiences are a legitimate part of the research process that should not be omitted, but rather incorporated into both data generation and analysis (Lowes & Prowse, 2001). The use of the pronoun “I” in this report is a reflection of this methodology. The first person point of view is essential to qualitative research, as the researcher exercises choices and influences the direction of his research (Webb, 1992).

Hermeneutic inquiry, a specialized type of interpretive phenomenology, strives to bring out what is normally beneath the surface of human experience, searching for the meanings buried within narratives, which may not even be apparent to the participants themselves (Lopez & Willis, 2004). Critical hermeneutics is a further specialized application of the hermeneutic inquiry which strives to make marginalized voices heard, exposing truths that that may ordinarily be masked by socially accepted worldviews (Lopez & Willis, 2004). Within the context of this research, the researcher believes fathers of neonates may tend to verbalize the socially acceptable response, rather than expose their true thoughts, especially in the presence of women. While fathers are often marginalized or even ignored within the NICU environment, (Arocksiamy, 2008;
Petersen, 2008), critical hermeneutics seeks to make their viewpoints heard, in this case through a series of private, man-to-man interviews.

**Procedures**

**Sample.** Enrollment criteria included: (1) English-speaking fathers of infants born weighing less than 1500g, without congenital anomalies; (2) at least 18 years of age; and (3) enrolled within two weeks after the infant’s birth. Eleven fathers were recruited over a six-month period from the Neonatal Intensive Care Unit of a university teaching hospital in northwestern Louisiana. At enrollment, each father agreed to participate in three interviews. Seven fathers completed all three interviews; one father withdrew after one interview due to death of the infant; one father withdrew upon learning he was not the infant’s father; one father withdrew after the first interview due to separation from the infant’s mother; and one father completed two interviews but could not be reached after discharge to another city. In total, 27 interviews over a ten month period of time were conducted. The sample size was determined by data saturation, with recruitment ending when new themes no longer emerged. Demographic characteristics of the sample are presented in Table 1. Of the 11 fathers, two were married to the infant’s mother, five were unmarried but cohabitating, and four were living separately. Nine fathers were Black, one was Indian, and one was Asian/Black. Five were first-time fathers; seven were employed full time; one was employed part-time; three were unemployed; and all but one had at least a high school diploma.

For recruitment purposes, the researcher was notified by the NICU charge nurse of all admissions of infants weighing less than 1500 grams. He then approached fathers of those infants within two weeks to determine eligibility and interest in the study. A flyer explaining the study was also posted in the NICU encouraging interested fathers to approach the researcher, and four of the eleven participants were recruited in this way. The study was approved by the institutional review boards of the academic and health science center at which this study was conducted. Written informed consent was obtained from each participant. All participants were given the
opportunity to discuss the study and have any questions fully answered prior to giving consent, as well as at any point during the investigation. The researcher protected the confidentiality of all participants through the use of pseudonyms and camouflaging of contextual details.

**Data collection.** For each participant, interviews were conducted at three points in time, the first being less than two weeks after the infant’s birth, the second just prior to discharge, and the third approximately two weeks after discharge. Interviews were held at a location of the father’s choice, 22 at the hospital, one at his mother’s house, and four via telephone. Interviews lasted 60 to 120 minutes, were digitally recorded and transcribed verbatim, and resulted in over 500 pages of transcribed text. Interviews were semi-structured, using interview guides only to initiate conversation and encourage dialogue, with probing questions growing out of our conversations. Through active listening and clarifying questions, I allowed each participant to take the lead, creating a detailed personal narrative that reflects each father’s understanding of his world and his experiences within that world.

When dealing with male subjects, an effective method of reducing perceived threats and facilitating in-depth and complete information is through the use of reciprocity, or mutual exchange. Establishment of reciprocity is facilitated through the use of an interviewer who has been in the subject’s shoes. This is helpful in cases where a participant may need reassurance that it is acceptable for men to express doubts, fears and vulnerabilities (Schwalbe & Wolkomir, 2001). Because the researcher of this project is a father of two neonates, there was a unique opportunity to establish reciprocity in this way. At the beginning of the first interview with each participant, I offered an ice-breaker by re-introducing myself as the father of two premature infants. No additional information about my experience was given, so as not to lead or suggest a particular type of response. The purpose of this step was to help the participant feel at ease by stating that I have shared his experience and would not be shocked or offended by anything he had to say.
Throughout the interview process, reflexive field notes served to capture insights in the ongoing process of data collection and reflection which occurs continuously and cyclically in qualitative research (Gorman, 2005). During the interview, I avoided filtering of responses through my own experience, but rather focused solely on the responses of participants. Following each interview, I wrote detailed notes regarding my impressions, emerging patterns observed and any methodological adaptations needed, as well as reflections on my expectations and surprises. These steps were essential in reducing researcher bias and establishing trustworthiness of the data.

Data analysis. Data analysis took place concurrently throughout the data collection process, utilizing Heidegger's hermeneutic phenomenology in combination with van Manen's (1997) work to explore, interpret, and lend structure to meanings identified in the data. Van Manen’s writings combine the descriptive phenomenology of Husserl, with an emphasis on the study of the individual lifeworld through the science of examples (van Manen 1997). Heidegger (1962) believed that the primary concern of phenomenology was the meaning of Being, or presence in the world. Heidegger argued that understanding is a reciprocal activity and proposed the concept of “hermeneutic circle” to illustrate this reciprocity (Heidegger 1962). Combining these approaches gave rise to a process of examining and reexamining descriptive data and identifying essential thematic elements of experience, interpreted over a framework of Heidegger’s philosophical reference.

Each transcript was initially read several times to identify descriptive themes and lines of inquiry emerging consistently from the data. Particular phrases were identified from each transcript which captured the meaning of the experience, noting possible meanings of these phrases alongside the text. These salient excerpts became powerful exemplary descriptions, permitting a reader to experience the essence and significance of the phenomenon being described (van Manen 1997). After writing a summary of main themes for each participant, I made comparisons across participants, identifying themes and experiences that were common
across their accounts. Common themes were further analyzed to distinguish between what van Manen terms “incidental” and “essential” themes (van Manen 1997).

In keeping with the philosophy of the hermeneutic circle (Heidegger, 1962), I proceeded through the iterative process of exploring and revisiting themes through repetitive reading of transcripts and through dialogue with participants in ongoing interviews. I then applied the writings of Heidegger as a framework for further analyzing and interpreting how fathers experienced the essential themes. Heidegger (1962) used the phrases “being-in-the-world” and “being with others” to refer to the way human beings exist, act, or are involved in the world, as well as with one another. These two philosophies provided primary structure in my analysis, together with the use of a metaphor. Using metaphors in qualitative research not only enables us to understand processes in a new light, but also provides structure to data and may help to identify situation-specific interventions (Carpenter 2008). Therefore, the findings are presented using the metaphor of the NICU experience being analogous to a “foreign planet” experience in order to help the reader better understand the meanings of the father’s words. Finally, I followed van Manen’s work in attempting to translate the meanings of experiences revealed into a broader disciplinary understanding.

To control for biased interpretations, the interviews and my emerging analysis were reviewed by dissertation committee members, including an expert interpretive researcher, who provided feedback and suggestions throughout the data analysis process. Multiple interviews with each father allowed for validation and clarification of data by the participants.
Findings

The themes that emerged are divided into three broad categories, *Being in the World*, *Being with Others*, and *Being a Changed Man*. The first two themes, *Being in the World* and *Being with Others* are Heideggerian terms. The third theme, *Being a Changed Man*, reflects the transformation within the fathers. Throughout these findings, I use the metaphor of crash landing on a strange, foreign planet in order to help the reader identify with the participants’ perspectives. Using metaphors in qualitative research enables us to understand processes in a new light, while providing structure to data (Carpenter 2008).

**Being In The World**

Fathering a VLBW infant had a significant effect on the participants’ being-in-the-world, and is presented here through the themes of “Planet NICU: A Foreign, Hostile World” and “Baggage: Burdens of the Home World.” World, as it is used here, does not refer to the world environment at large, but rather to Heidegger’s notion of a meaningful set of relationships, practices, and language that we have by virtue of being immersed in a particular culture (Leonard 1989; Heidegger, 1962). Within theme of “Planet NICU” are subthemes of *shock, exploring hostile terrain, fearing the unnatural, feeling powerless, unpredictability, and survival skills.*

**Planet NICU: A Foreign, Hostile World.**

I ain’t never seen that. I ain’t never experienced none of this type of stuff before—Ever. I ain’t never been in no NICU. I ain’t never been around none of this stuff before.”

--Philip

**Shock – Is This Real?** New inhabitants of planet NICU had no intention of visiting this place, but were en route to a different destination altogether when they crash landed here. Their first reaction on arrival is shock. They are shocked for a variety of reasons at once. The delivery happened much sooner than they expected, the baby is smaller than any they’ve ever seen, their
wife or girlfriend’s health may be in jeopardy, and the entire experience feels like something out of a nightmare. Several fathers used the words “shocking” to describe their first days in the NICU, as well as phrases such as “too early,” “not ready,” “like a dream” and “didn’t seem real.” One father, a rugged middle-aged logger who had fathered eight other children, seemed particularly dazed while describing the sight of his 28 week twins, repeating over and over, “I never seen babies that little before.” Indeed the first look at a very low birth-weight infant is often a very traumatic moment for fathers. John described the experience in this way:

- It was very tough to look at the first day. I was like “Oh my God, look at the baby’s color!” And you guys probably see it all the time. Maybe, oh yeah, that’s just normal, but I see my child, so I was very upset, disappointed even, or scared. I don’t know what language to use--it’s a trauma.

He recognizes that the health care providers are immune to the shock of this sight, because they see it every day, while it is completely foreign to him. It is also intensely personal for him, seeing his own child in this condition. The same father later reported feeling completely unprepared for that moment, and wishing someone had warned him. For many fathers like this one, the first days of life on planet NICU are full of foreign, shocking encounters.

**Exploring Hostile Terrain.** After the initial shock of seeing their child, fathers are hit with a barrage of information in a language they do not understand, at a speed often too rapid to comprehend. This usually begins with an explanation of the tubes, wires and monitors attached to their infant, along with their infant’s medical diagnosis or complications. Terms and abbreviations such as SGA, RDS, Sepsis, pneumothorax, chest tubes, gastroschisis, diaphragmatic hernia, UAC, UVC, PIV, and OETT are just a few that can be thrown out to fathers on admit. This is when the fathers begin to take in their surroundings and assess the terrain. What they find is an overwhelming mix of navigational barriers, foreign languages, and arbitrary rules. This is Operation Recon. At first glance, it may seem we are mixing metaphors, but upon closer examination of the phenomenon, the comparison to enemy warfare in a foreign
land is fully applicable. When a threat is perceived, men will inevitably assume a defensive posture. The first step in defense is gathering information.

Imagine you are such a father. On your first visit to NICU, you are responsible for learning the territory, assembling information to take back to mom, and bringing her here when she is ready to visit. You look around. The environment is bright, loud and bustling with activity. Depending on the time of day, you may not see another male in the unit. You are given a double-sided page of rules, including visitation times, phone numbers, how mom can establish a password, and other information about the unit. You are told to read all signs outside of unit, and do not forget to scrub from their finger tips to elbows upon entering. This is a locked unit; without your identification bracelet, you will not be allowed in. Do not look or wander to other bedsides, but only look at your baby. Do you know if mom wants to breastfeed? At this point, it should be no surprise to get a “deer in the headlights” look from most dads. Being hit with this barrage of information and rules felt abrasive and hostile to the fathers in this study, added to their stress, and put them on the defensive.

Upon leaving the unit, the sensible way to leave is through the big door where you saw the infant enter, but you are told you may not leave through those doors. Instead, you must leave through a “choke point,” a narrow winding path of three doors, with the last one magnetically sealed, so that an authorized employee must let you out. Behind you is your child with a group of people you do not know who just told you a lot of things you don’t remember or understand. Ahead of you is an empty hallway and as the door closes behind you, there is only silence. Where am I? Where do I go? You look for signs and find the nearest elevator to return to the baby’s mom on the fourth floor, only to find out this elevator does not stop on floors 2-4. No one told you this. You are now deep into Operation Recon, behind enemy lines, and you have no provisions.

I give this illustration to help female readers understand the mindset of the typical male encountering the NICU for the first time. It has become a popular joke in our culture that men do
not ask for directions, but the fact is, men place great importance on being able to navigate their surroundings, and this was reflected in the fathers I studied. For many men, I believe navigation is a first step in gaining some sense of control over a new environment. When that sense of control is threatened, a man will often perceive the environment as a hostile one. In this study, fathers used the words “maze” “big” and “lost” in describing their first days in the NICU. One father said besides having difficulty finding the unit, he did not even know what NICU meant.

Language differences are a major issue when visiting any foreign culture and contribute to the perceived hostile environment on planet NICU. The difficulty understanding medical jargon was described by one father in this way:

Q. Are the nurses and doctors explaining things in a way you can understand them?

A. Half the time. Like you’d be talking medic-ese right now, I don’t understand nothing you talking about. [Laughter] Yeah, I understand some of it, but what I don’t understand of it, I’ll ask my girl what he said… But half the stuff they be talking, man, I don’t understand it. Just’ yeah, alright.”

It be so much running through my mind about him, that some stuff people say to me, I can listen to them but it ain’t gonna sink in until I think about it, so. Really, I be just like, “Is he okay?” That’s the only thing that make me happy, to say he okay. --Peter

Unfortunately, when a father does not understand the language, he often simply nods and pretends to understand. Overwhelmed with cryptic information, on top of emotional shock, he resorts to learning only the bare necessities. “Is my child okay?” or “How much does my baby weigh?”

For many fathers, NICU rules were identified early on as a hostile element of this foreign environment. Fathers who had a job often got off of work just when visitation times were closing, forcing them to go home, wait, and return two hours later when visitation hours reopened. Sometimes fathers were so tired after getting home, they did not return, but said “I’ll have to go tomorrow;” and tomorrow turned into weeks without visiting the infant. One unmarried father had difficulty with rules that required him to obtain a password from the infant’s mother in order to get information by telephone about his infant. Mothers are free to change
these passwords at any time, and sometimes function as gatekeeper, restricting a father’s access if there is a conflict between them. Another father reported being chastised by a nurse when he looked at another baby in the unit, unaware that this was against the rules, or why it was.

Another aspect of planet NICU fathers found distressing was the alien equipment used by the natives. Fathers discovered a variety of strange machines and devices attached to their loved one, including incubators, ventilators, monitors, and tubes of various colors, shapes, and sizes. This equipment prevented many fathers from touching or engaging with their infants. As one father stated,

“I don’t like to touch her while she’s in that little casing in NICU. …All them tubes, I don’t like to touch all of that, cause I feel like… I might accidentally bump something, then the tube down her nose might hurt her and so I don’t really too much wanna touch her. I just rather sit there and look at her till the tubes come out.” --Mark

Other fathers related feeling anxiety caused by monitor and ventilator alarms in the first weeks of their infant’s stay in the NICU. Being unaccustomed to these sounds, fathers had no means of identifying the threat level signified by each alarm, and thus assumed the worst each time.

**Fearing the Unnatural, Expecting a “Normal” Baby.**

“It was so small… so thin… blue colored... just one eye open…” --John

It may sound like a description of an alien out of a horror movie, but this is a father’s description of his VLBW infant. Several fathers I interviewed expressed concern over their infants being different from a “normal” baby. For some, this concern stemmed specifically from the infant’s unnatural appearance in the first weeks of life. One father expressed that his infant did not look like a baby at all, and refused to take photographs of the infant for that reason.

Everybody told me, take a picture, take a picture. No. It’s really painful to see that, you know, a miserable looking baby. She’s in distress, blue-colored, so I didn’t in the beginning. I started taking pictures recently, when she really kind of looked, you know, like a baby. --John

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A father of twins looked forward to a time when his infants would begin to look normal. “Just praying every day, wanting to be able to walk in here one day and see them just bigger and breathing on their own, you know, just looking really, really normal.”

Other fathers feared their infants might have lasting abnormalities. One vocalized his worst fears, stating “If she comes out normal, great. If she has issues, we’ll work through it. Like slight mental retardation or something like that—that’d probably be the worst.” Another bargained that he would take abnormality in exchange for the child’s life. “Scared the baby don’t make it or something might be wrong with her…. But I would rather something be wrong with her than lose her.” At some point early in the NICU stay, fathers of extremely premature infants often struggle with this quandary, considering whether it would be better to let their infant go peacefully, or to raise a child with multiple disabilities.

Naturally every father wants a healthy, “normal” infant, but the fathers I interviewed often seemed reluctant to express out loud their fears of the abnormal. Retardation in particular was a term they seemed to dance around like an elephant in the room, saying things like “if something be wrong, you know what I mean,” with a knowing glance and a nod. The “r” word was used in some instances only after the recorder had been switched off. It seemed as though some fathers held their breath, waiting for the day they would be assured of having a normal child, free of defects.

**Feeling Powerless: A Hostage Situation.**

“That’s what made me mad… that’s the hurting thing man, when you know that’s your child, and you don’t have no say so of them whatsoever.” --Seth

For a man, perhaps the most difficult part of being in an alien environment is the realization that he is not in control. Powerlessness was a major theme identified in this study, along with four specific sub-themes. Fathers described feeling powerless as to location, time, knowledge, and emotions. The issue of powerlessness over location was a major concern for several of the fathers I studied. They felt frustrated at not being able to take the infant home to
their own turf, as though the infant were held hostage, and all power rested with its captors. One father who described wanting to take his child home every day stated this was the hardest part of his experience, the “not being able to do like I want.” Another father echoed that sentiment in terms of inability to interact with his child in NICU:

The worse thing is having to come here to see her instead of at home… It’s almost like I have a child but I don’t, ’cause I don’t get to interact with her all the time. --Peter

Many fathers felt their role as fathers had been interrupted and held suspended while their infant was in NICU. Some felt envious of other fathers who were taking their infants home, saying “I’m supposed to do that.” But instead they had to wait.

Powerlessness as to time was a second major concern of participants in this study. Fathers wished they could speed the clock, or do something to help move the process along, but were told they must be patient and wait-- wait for their infant’s health to improve, wait for the infant to grow, wait until they can interact more, wait for more control to be given, or for a time when they can take control. One father spoke of waiting for his infants to grow, saying “I know it takes time, but it can’t be soon enough for me, to where I’d like it to be.” Other fathers described waiting on test results, waiting by the phone for bad news, waiting for visiting hours to open after a long day at work, and of course waiting for their infants to come home. “I’m just ready for her to get past this stage she in, so she come on,” said one participant of his infant daughter. While some fathers felt anxious to bring their infants home, others felt they needed more time to prepare, to find a job, to become financially stable, or just to get their act together. The very fact that their infants were born too soon seemed to start their war with time. In one participant’s words, “He supposed to still be in her stomach, man!”

Powerlessness as to knowledge was a third subtheme identified, as many fathers struggled with both present and future unknowns. As to present unknowns, this knowledge deficit often stemmed from difficulty getting information about the infant’s status. Some fathers expressed having trouble obtaining information over the phone about their infant, saying they were
told the nurse was “too busy” to come to the phone. Since these fathers were not married to or living with the infant’s mother, the problem was likely related to the customary practice in our NICU of only providing information to families once a shift barring any changes. Finding out that their infant’s nurse was “too busy”, left fathers wondering if their own infant might be in crisis and causing this busyness.

We call up here to check on him and sometimes you can’t get in touch with nobody, and I be worried. But I be wanting to be up here ‘cause I don’t be knowing what’s going on. It’s really killing me though. –Philip

Even when fathers visited the unit, they sometimes had trouble getting information or “just trying to figure out if she is ok” stating nurses were “back and forth” and “all over the place” taking care of other infants. At other times, if a nurse was available, it might have been a nurse who had not previously taken care of their infant and had very little information to share. One father felt uncomfortable leaving his infant in the care of a nurse who was unfamiliar with his infant’s history. Another father described his struggle with the unknown in terms of panic: “Like we be panicking like when they call us, then when we come up here we be panicking because we don’t know what they gonna say.”

As to future unknowns, powerlessness often manifested in terms of “what ifs.” Fathers described their thoughts during the infant’s NICU stay, using questions such as “What if the baby don’t make it? What if the baby makes it and something be wrong with it?” and “what if that IV in his chest messes up something another?” Some fathers struggled with unknowns about discharge, wishing they knew when their infants would come home, and what life would be like afterward. They wondered if the infant would have episodes of apnea or bradycardia at home, and what they should do in that event. In one father’s words,

We want to take her home, but …we’re like, what if you’re asleep at night, and what if her face turns to the side and she stop breathing? What if we don’t do the right thing? What if she just vomit and she just doesn’t breathe? And what if she turns blue? What do I do? If I call 911, how long will 911 take? Are we—if something happens, what are we gonna do? --John
The bottom line seems to be, as that father started to say, “Are we prepared?” These fathers know that if they are not adequately prepared to take over the health care of their infants, they will bring powerlessness into their home environments, not to mention putting the infant’s life at risk, both very frightening thoughts.

Finally, almost every participant struggled in some way with a sense of powerlessness over emotions. The range of unwelcomed feelings and reactions reported included pain, stress, worry, sadness, depression, envy, greed, crying, insomnia and fear. “You really wonder, maybe I can put my hand inside and take all this stress and throw it away” said one father of his first week in NICU. This statement reflects his desire to escape from the unrelenting anxiety he feels, and his inability to separate himself from it. In another father’s words, “It’s really killing me… It’s hurting me to see him in the condition he in… It’s a lot going on, man--It’s a lot.” The pain is overwhelming and again, inescapable for some.

A father who struggled with worrying explained, “I can’t help but to worry about it. I’m still worried. I shouldn’t be. I should just have faith, but I don’t know. It won’t go away--My worriedness won’t go away.” For fathers like this one, the emotional response they experience is often one they perceive as unacceptable or improper, and yet it remains. Crying was an example of a taboo emotional response mentioned by several fathers in this study. “I know it don’t be acceptable to cry for nothing,” said one father. Many fathers denied crying when asked directly, but later admitted that they hid their crying, saying they had cried alone in the hallway, or alone in the car.

**Unpredictability: Searching for Stable Ground.**

Hope really be on the edge, you know what I’m saying? You kinda be discombobulated not knowing what to think or how to think. --Luke

Several fathers reported struggling with unexpected fluctuations in their infant’s health. Just when things seemed to be improving, the winds would shift, and another storm would arise. The intensity of the storms did not seem to affect the fathers as much as the frequency.
It’s up and down all the time… One day good, then maybe another day bad. Then we see good again, we see bad again. So it was pretty distressing for many days. ‘Cause we all we want to see is improvement… You’re looking for some more hope. --John

Even when the infant was doing well, fathers recalled sitting at home dreading the inevitable phone call with bad news. All these fathers wanted was to eventually have more good days than bad, and a lasting improvement on which they can pin their hopes.

**Survival Skills: Making it Through Life on Planet NICU.**

“Makin’ it through life, man—Just makin’ it through life.” -Simon

When faced with the myriad of challenges presented by life in the foreign world of NICU, a father must choose whether to stay or flee. Two fathers I interviewed chose to flee, while the other nine employed various strategies in order to survive: **being strong/persevering, being there, choosing battles, acclimating, and having faith.** These men were of course aided in their survival efforts by the support of various individuals, but these are the tools they found within themselves that enabled them to maintain sanity during their stay.

When I asked fathers in the last interview what advice they would give to other men beginning this journey, the most common response was to **be strong or persevere.** This was expressed in terms of variety of phrases such as “have to accept it,” “take it day by day,” “keep everything consistent,” “stay strong,” “do whatever it takes,” and “don’t give up, no matter what.” As one father pointed out, there is a big difference in simply appearing strong, and actually being strong. Appearing tough is merely an act for the benefit of others, whereas being strong is an everyday habit a man undertakes for himself.

Another survival technique recommended by the fathers in this study was to **be there.** Being there meant being at the infant’s bedside as much as possible, whether touching the infant, getting information about the baby’s status, or simply showing his face to prove to health care providers that he cares. Being there gave these fathers something concrete they could do, while simultaneously obtaining psychological comfort. For those who suffered from intense anxiety,
being close to their infant was one of the few actions that brought them relief. One father cited his *being there* as a source of pride, something that made him feel good about himself, when he noticed there were not many other fathers visiting their infants.

In many of my interviews with fathers, I noticed a pattern of consciously choosing what to think about, or where to expend energy, something I refer to as *choosing battles*. For some, this meant they avoided dwelling on their helplessness or all the terrible things that could happen, and instead focused their energies on positive things they could do. These fathers were not in denial, but were making a calculated assessment of the most practical way to expend their finite mental resources. The father whose infant died after the first interview was very aware his daughter might not live and described his attitude this way:

> I mean I don’t think of death because I know it can happen, but if that happens, it’s over then, so I’m thinking as long as she’s breathing or her heart beats, I’m a take care of her, but once she passes, it’s out of my hands. That’s why I don’t think about that… As long as there’s life, I know there’s something I can do. --Peter

For other fathers, this meant not allowing themselves to worry until they had all the necessary information. When partners or family members would begin to spiral into despair over all the possible tragic scenarios that could unfold, these fathers were an anchor grounded in reason. To them, it was simply illogical to waste mental energy on information that hadn’t arrived yet.

A survival skill used by all of the fathers who chose to stay on Planet NICU was *acclimation*. These fathers changed. They became one with the terrain, the culture and the local inhabitants. They learned how to get where and when without directions and sometimes helped fellow travelers when looking for a place to eat, sleep or stay. Hearing fathers tell other fathers the best places to park showed their mastery of the terrain. Being comfortable in the NICU culture was often shown when fathers remained calm at the sound of equipment alarms. Matthew stated, “At first when a machine went off-- beep, beep, beep--- I was always scared. But then
after a while I kinda got use to it like the nurses. I look up at it and just know everything’s alright.” Other fathers felt acclimated when they were able to “do more.”

Aw man. I was telling them. I feel like I’m a nurse now. It feels like, when I first come in, I couldn’t do nothing. But now, when I walked in this morning, I told them I was coming to feed him, she just walked away and I knew what to do. I have to check his temperature first, and change his diaper and everything… Na, I’m not nervous. Because I’ve been in there working with them and I’m comfortable with him. At first, because he’s so small, I didn’t want to too much bother him ‘cause I was scared I’d break him or something. But now I’m relaxed and comfortable with him. --Seth

As fathers gained skills that made them feel comfortable caring for their infant, earlier fears gave way to confidence and pride. A corner had been turned. Once acclimated to the environment, their focus shifted from simply surviving NICU, to developing a relationship with the infant and looking forward to bringing him or her home.

Faith in God was the one survival mechanism cited by every father in this study. When I asked what kind of support they found most helpful, many responded “prayer.” When I asked what advice they would give other fathers, several said “pray about it.” Especially during the first few weeks in NICU, prayer seemed to be the only thing these action-oriented men felt they could “do” to help their infants. In their powerless state, they found comfort in knowing their powerful God was in control. In their lack of knowledge and foresight, they trusted that God knew all and had a long-range plan for their ultimate good. Some believed that plan was a course correction for their life—that God was using the NICU experience to slow them down and change the way they were living. One father reported hearing from God in an audible voice.

It’s like somebody was talking to me in my head, and was telling me not to cry no more… tears were coming down my eyes and then something just came to my head and said “Stop crying, she gonna be alright. Don’t cry no more.” They was like “Just do your part, by being there.” After that, I never cried no more ‘cause I was believing too much. - -David

There can be no doubt that faith played a vital role in each of these fathers’ experiences, and the comfort that faith provided was a stronghold for them.
Baggage: Bearing Burdens of the Home World. In addition to their struggles to adapt to life in the NICU, fathers reported daily struggles related to financial concerns, searching for a job, preparing for new baby with limited resources, transportation issues, caring for other children, and balancing work with visiting NICU. From outward appearances, one would never guess these men are struggling at home and in their daily lives. They do not complain or ask for help, but behind closed doors, man-to-man, I was able to get them to share some of the outside issues that weighed upon them while their child was in NICU.

It was just crazy, because everything was happening so fast--I tried to be here, I had to do this, I had to do that. And then at the same time you know you gotta think, she was in the hospital and I had to get my little girl. I had to go get my little girl from my mother-in-law, or take her to my mom’s, take her up here, come back from up here, and it was kinda taking a toll on me. --Luke

There have been times that uh back and forth, coming back and forth to the hospital, you know, ‘cause she didn’t have her car. I got a car, but my car ain’t really in no good condition. When she ready to go come see the baby, I have to bring her you know. [Laughing] It really weren’t no big thing but sometimes she probably don’t understand it can be raining outside and conditions of my car. And just a week ago my heater had went out in my car and I was like, I really don’t wanna get out there in that kinda weather, cold outside but no. I gotta do it for her. --Daniel

Really arguing about the simple stuff… like just about how we are gonna put gas in the car, how we gonna get this money you know, just stressing about bills and I don’t know-- It was some part of me, I guess since her first child only two years old--I’m helping her in the time being take care of her…And when she don’t go to work, I’m like I already don’t have no job, so how we gonna survive? Or, the baby could come home tomorrow, we ain’t even prepared. That kinda stuff be on my mind. I be thinking a lot. --Philip

Some fathers did not visit their infants as often as they would have liked to because of struggles like these. This is the baggage these fathers drag behind them from their home world. They did not intend to take this trip, and consequently most of these fathers were not packed appropriately. The fathers found themselves burdened with many other responsibilities on top of the constant and heavy strain of worry regarding their infant child who was struggling for life in the NICU.
Being with Others

In addition to their Being-in-the-world, fathering a VLBW infant had a significant effect on the participants’ Being-with-others. According to Heidegger, “The world is always one I share with others” (Heidegger 1962, p. 119.) These fathers did not have an infant by themselves but shared their world with the mother of the infant and others. Others include his family, her family, children, friends, coworkers, members of the community, and health care providers in the hospital. Being-with-others is presented here through the themes of feeling left out, feeling misunderstood, accepting support, and relating to mom.

Feeling Left Out: What about me? When fathers crash land on Planet NICU in the midst of a hailstorm and their partners are whisked away to shelter, they often feel invisible and left out. This protective shelter for the mother provides extra comfort, reassurance and/or much needed guidance and information. The fathers I spoke to wanted the same education, training, and hands-on time with their infants that the mother received. Consider this exchange.

Q. Have they treated you any different from baby’s momma?
A   (Long pause) Hmm. Probably a little different ‘cause she is the mother.
Q   In what way?
A. They tell her when they feed and burp and everything else. They don’t let me know when or how to do it. They just come to her with it. I just gotta listen in. I guess I just feel a little left out. --Joseph

This father was present, close enough to hear, but merely “listening in” was not enough. He wanted to be looked at, spoken to, taught and encouraged. When fathers did not receive adequate training in the NICU, it sometimes led to their feeling left out again at home, when the baby’s mom was the only one with the skills necessary to care for the infant.

It’s kinda frustrating for me, you know. I be wanting to have her and sometimes she feel like she can do things better and get her better in control.” She be having to coach me through things. Like things the nurses had told her, really just getting her kinda enabled...
A lot of stuff that I didn’t know, that my wife had to show me. It was kinda hard on me at first.” --Daniel

This same father later stated that he felt like he did not have a strong bond with the infant the way his wife did. The exclusion fathers experienced regarding education and coaching at the bedside
was particularly troubling, as several fathers became the primary care giver for their infant after discharge, while their partners were working or attending school.

Feeling Misunderstood: You Haven’t Walked in My Shoes. The issue of stereotyping arose during interviews with several fathers in this study who felt they were lumped into a category by others, simply because they were unmarried Black males. Being in a foreign environment is made more difficult when a man feels prejudged, or that others assume he is “just like all the rest” of the men from his world. Luke expressed his frustration with racial stereotypes, saying “Just because some person did this, every man’s not like that, you know?” He related being the target of racism in his personal life from both black and white peers.

Another father, Mark, had difficulty with his girlfriend’s family.

Her thoughts came from her sisters, ‘cause she got some crazy sisters, things like “Oh he ain’t gonna be there” and this, that and the other, and you know stereotyping, and they don’t know me from the man in the moon. We didn’t grow up together, so they can’t speak on me.--Mark

The difficulty presented by dealing with persons who “haven’t walked in one’s shoes” echoed in some father’s stories of interaction with health care providers. Some felt dismissed when they were told not to worry.

Her weight actually dropped. We were told that [it’s expected]. But you know how it is.. anybody can say that but when you’re on the same shoe, you don’t want to see that. […] I had a lot of concerns in there and everyone tells me “It’s nothing. Don’t worry about it.” But I’m home, I’m worried, you know? Every day, 24 hours I’m worried. But the person who told me don’t worry, he or she just went to the next patient. And that person’s completely forgotten, but I’m upset at home. […] Even though we’ve all said it, don’t worry about things--Hey, I AM worried about it! But, sometimes just talking extra might be useful. That’s why Dr. Walls helped, you know he said I cannot fix the problem, you know, I cannot take the stress away. But I mean sometimes talking is helpful, you know? Sit down, take an extra five minutes to talk with a person.--John

The fathers I spoke to didn’t appreciate people minimizing their worries, whether it was a nurse, doctor, the infant’s mother, a family member, or co-worker. What they did greatly appreciate was health care practitioners taking extra time to listen to them and talk with them about their concerns. In a world where many felt misunderstood, I believe the fact
that I had walked in these fathers’ shoes was largely responsible for the rapport I developed with them as well as the candor of their responses.

**Needing and Accepting Support.**

**Support of Health Care Providers.** The ultimate achievement in acclimation happens when the native inhabitants (nurses) treat fathers like one of their own. When first names are traded and remembered from one day to the next or talk extends beyond the immediate care of their infant to other areas of interest, these fathers are here to stay. Participants in this study eventually came to see the NICU nurses as “that extra brother or sister who is sociable, reliable and trustworthy.” This was a status that had to be obtained over time. Initially, some fathers were leery of medical personnel due to prior negative experiences in hospitals. At the outset, some seemed unsure if nurses were an enemy or an ally in the battle they faced, only that they were the gatekeeper of information.

As fathers developed relationships with caregivers, they identified several key activities or aspects of care that they found supportive. These were as follows:

1. Anticipating needs, being attuned to parents concerns, providing information before being asked;
2. Continuity of care, same nurse for a period of time;
3. Coaching, teaching skills and encouraging interaction; and
4. Spending extra time, talking, listening, encouraging, reassuring.

Fathers who received these types of interventions felt more comfortable in the NICU environment, as well as more comfortable caring for their infants at discharge.

**Support from the Home World.** Several of the fathers reported they were able to gain support from their partners, extended families, friends, co-workers, and church family. For many fathers, however, the primary reason why the support of health care providers was so essential stemmed from the lack of support available to them from other sources.
’Cause I’m going through the situation and everybody’s like, they don’t know what I’m going through. They ain’t been through it. She talk to her mom but, you know her mom can’t really give advice, ’cause she didn’t have a premature baby. Then we really can’t talk about it [with eachother] because it’s our first one. It’s hard. --David

As a researcher and as a nurse, I frequently became the sole source of support for the fathers in this study. Consider this exchange with David, for example:

Q: What about your parents?
A: Yeah I look for ‘em. But my dad, he in and out of town a lot, so he don’t really have time. Then my mom she work a lot, so she don’t really have time.
Q: What about mom’s family?
A: Shh, work.
Q: So if y’all got a question about something—
A: I text you.

Future researchers in this area should be aware of this possibility and be prepared to give the necessary time and support the participants require. I frequently heard statements like “I don’t have nobody else to talk to,” “There ain’t nobody, man,” and “I know she [the infant’s mom] don’t understand me.”

**Relating to Mom: We’re on this planet together.** Fathers do not land on Planet NICU alone, but with a partner, the infant’s mom. As a researcher, I was interested in learning about that relationship and what it meant to “be with mom.” What I found were two common issues: (1) holding back from mom, and (2) questioning paternity.

**Holding back from Mom.** If I were simply to ask about the quality of the father’s relationship with mom, a typical male response might be “fine” or “good.” Asking fathers if they could talk openly with the infant’s mom about their thoughts or feelings provided a richer perspective. Although nearly all participants initially claimed they could share anything with their significant other, I frequently found these fathers later admitting to holding back information or ideas, either to protect themselves, or to protect mom. For some fathers, it was an issue of blame for the infant’s prematurity. “I wanted to tell her, like damn, what the hell you doing wrong? To be getting all these complications? ‘Cause that’s what I thought. I thought she was
doing something wrong,” said Mark. For others it was simply a matter of withholding their feelings for fear of an unpredictable female reaction.

Sometime I don’t tell her everything, ‘cause women are picky, you know? They messy. And some stuff I keep to myself. If I tell her something, I don’t know her reaction to it. She got so many kinds of reactions, that I don’t know how she gonna react to it. So it could turn into an argument, a misunderstanding, it could turn into whatever. And it be all over nothing. So I just really keep a lot of stuff to myself. I tell her some stuff to let her know that I’m still here for her, to keep the relationship going a little bit, but I don’t tell her everything, no. --Philip

A father may also withhold feelings from the mother when the reaction is predictable, but he chooses to protect her from it. For instance, one father found that he could not stop crying on the day his infant was born, but hid that fact from his wife. In his words, “She was still in a lot of pain, so no, I did not tell her. I think she has a heavy burden to bear… so then I add one more problem with my burden? My problem is my problem.” At other times there is an expectation of being misunderstood. Luke described a chill that came over him whenever his fiancée asked him a question. “I already be expecting her not to understand me,” he said.

Overall, fathers were selective in choosing which of their thoughts and ideas to share with mom, and which to keep hidden. As Daniel explained,

I can tell her things I want her to know. Like where my heart at, but with men, you know you keep some things to yourself. You don’t tell them everything. But things that I think that she deserve to know, you know, I’ll tell her that. You don’t tell them everything, man.

Knowing that the mother of a man’s child is only deserving of limited information indicates that a stranger might be seen as far less “worthy” of his sharing private thoughts.

**Doubting/Accepting Paternity: Am I the Daddy?** I asked fathers about the first thing that crossed their minds when they found out about the pregnancy. “Am I the daddy?” was not a response I expected, but in five out of eleven cases, it was part of the response. Some fathers recounted to me how they traced back the date of conception in the text messages on their cell phones to determine if they could be the father. One such father said that upon realizing he was likely the father, his thoughts were “Can’t be mad at no one but yourself, so just deal with it and
move on.” Even those who had been in a relationship with the mother recalled wondering “Can it be mine, or did she do something?” Simon still was not certain after the child’s birth whether he was the biological father. In his words,

I had doubts, but then I started thinking about it, I’m just gonna put it in the Lord hands and I’m a see where it goes. And it led me here today, to me telling I want my name on the birth certificate, I want her to have my last name. And it ain’t because I think she mine or not, it’s because I was there. I feel like I was there when she was born, so I feel like she my daughter regardless of if she got my blood running through her veins or not, I feel like she my daughter.”

In Simon’s opinion, it was his presence during the pregnancy and delivery that made him the father of the infant.

The question of paternity status sometimes creates problems in the NICU even when the father has no doubts about the paternity of his child. Seth’s fiancée died during childbirth. Because they were not married, and he was not present during the emergency delivery, he was not initially treated as the father of the infant. Without the mother’s word or a marriage license, he had no way of proving his paternity. His journey in the world of NICU was complicated by this fact and took a path that diverged from other fathers in this study.

**Being a Changed Man: Taking Home Life Lessons**

One thing is for certain—for better or for worse, each father was changed by his time on planet NICU. While most of the changes reported were positive, it cannot be forgotten that the journey to come to those changes was a perilous one. If given the choice, none of the fathers would have chosen for these lessons to be learned by such painful means. Some of the personal changes were described as having more patience, a new attitude and outlook on life, being more open-minded and being more grateful. For others, the experience brought about a complete lifestyle change. Daniel summed up his metamorphosis in this way:

I know this baby really made me a better man. I used to be on drugs—I used to smoke weed. I quit that. I don’t even drink no more. I stopped a lot of things, for this child alone… Lifestyle, you know. Be more of a family man. I have two other kids with different mothers and that really ain’t the lifestyle that I wanted. … I done made a whole 360. And I ain’t stopped yet, I’m still turning.
Simon underwent a similar lifestyle change, and credits becoming a father with saving him from a destructive path:

The experience of being a father is different. It changes you a whole lot, because it ain’t really about yourself no more. It’s about the baby. The baby is everything. … It’s slowed me down in life a lot. Because when I was a little bit younger, I was going down the road that I probably was gonna end up probably in jail or dead or something.

For those fathers who underwent positive personal changes, the relationship with the infant’s mother improved as well. Fathers said things like “It kinda brings the best out of you, to see where [the two of you] went wrong--time to straighten that up,” “we don’t wanna argue no more,” “we’ve gotten stronger,” and “we realize it’s not about the petty stuff… we gonna come together and make this work.” In David’s words, “I feel like if we go through something else, we’ve already been through this, so we’ll know how to get through it.” On the other hand, those fathers who did not express a significant personal change within themselves reported that their relationship with the infant’s mom was about the same.
Discussion

Being in the World

The common finding in this study was that of powerlessness. Fathers were frustrated by having to visit their infants in a place where they had no authority. This study extends previous research regarding powerlessness in fathers of neonates by considering multiple aspects of the experience where lack of control was manifested. In addition to feeling trapped in a physical location where they lacked authority, as described in previous research (Lundqvist & Jakobsson, 2003; Arockiasamy et al., 2008; Pepper, Rempel, Austin, Ceci & Henderson, 2012) these fathers’ frustrations were exacerbated by powerlessness in terms of time, knowledge, and emotions.

In relationship to time, powerlessness was manifested in the struggle to be patient. They could not set the timetable or speed the calendar, but found themselves at time’s mercy, forced to wait for their infant’s health to improve, for the infant to begin to look normal, for their turn to bond with the infant, and for the infant to be discharged. As to knowledge, they did not understand much of what was happening medically, nor could they know what the future would hold for their infant. Finally, they could not seem to gain control of their emotions, but found themselves powerless to stop an onslaught of unwelcomed feelings—stress, pain, worry, sadness, depression, greed, insomnia, fear, and envy. Feelings of greed and envy have not been described in previous studies on fathers of preterm infants, but were articulated here in terms of fathers’ frustration at seeing other infants go home. One father asked himself “Why can’t I be like that father, taking home a normal infant?” He reported trying not to think this way, but being unable to avoid such thoughts. The same father recalled wishing he could reach inside himself, take out the stress he felt, and throw it away. These unique insights expand the current
understanding of fathers’ experiences with powerlessness in the NICU, as they battle to exercise control on a variety of fronts.

Canadian researchers Arockiasamy et al. (2008) identified lack of control as the overarching theme in their study of 16 fathers of very ill and/or very preterm infants who had spent at least one month in the NICU. Two fathers in that study cited lack of control as the reason they stopped visiting their infants in the NICU. This is a real risk posed by the phenomenon of powerlessness, and one with negative consequences for both the father and baby. One father in the current study also stopped visiting, deciding instead to let the mother visit and simply catch up with the infant after discharge. We learned that this strategy failed him, as he lacked the education mom received in the NICU and struggled to bond with the infant at home.

Pohlman (2009) described a power dynamic between nurses and fathers of neonates relating to technology, but that finding was not reflected here. In an earlier report on that study, Pohlman (2005) found that the fathers of neonates were frustrated by the “inability to do something about their situation” (p. 211), and met that need by returning to work. In contrast, none of the fathers in this study expressed comfort related to going to work. Instead, they spoke of work only in terms of a burden—either they were too tired at the end of the workday to visit their infant, their schedule conflicted with visiting hours, or they were stressed by the struggle to find a job to provide for their families. Five of the fathers interviewed were actively searching for employment. Pohlman’s (2005) findings leave the unanswered question: What happens to fathers who do not have a job to turn to for a sense of purpose? We see from the current study that many of them suffer tremendous anxiety, while fathers who receive appropriate nursing support can find a sense of purpose within the NICU through active involvement in caring for their infant.

Parenting an infant in the NICU has been described in previous literature as “plunging into a strange land” (Pepper et al., 2012, p. 306). The current study reinforces this concept through the metaphor of crash landing on a foreign planet, and adds the concept of “hostile terrain.” This is different from powerlessness, which refers to aspects fathers longed to control,
but could not. Hostile terrain, instead, refers to those aspects of the NICU environment which were threatening to fathers during their first visits to the NICU, and put them into a defensive posture. Specific hostile elements identified in this study include foreign language use, arbitrary rules, navigational barriers, and alien equipment. Pepper et al., (2012) described a similar “culture shock” experienced by parents of neonates who were overwhelmed by the noises, lights, strange equipment and foreign medical terminology on their first visit to the NICU. Arbitrary rules and navigational barriers are additional aspects of the NICU environment revealed by the current study which may be uniquely threatening to fathers.

Fathers in this study had concerns about their infants being different from a “normal” or full-term infant. They reported being shocked or traumatized by their infants’ unnatural appearance in the first week of life and looking forward to a time when they would begin to “look normal” or even look “like a baby.” Some fathers feared their infants would have lasting abnormalities, but were reluctant to express these fears out loud. One man described mental bargaining, deciding that he would prefer to have his daughter with “something wrong” than to endure her death, but still feared any abnormality. The concept of “striving for normal” has been discussed previously in terms of parental goals in raising a premature infant over the first 12 months of life (Wakely, Rae & Cooper, 2010). Fear of abnormalities during the NICU stay and reluctance to speak of these fears is a new finding in the literature on fathering of premature infants.

Five “survival skills” were identified in this study as coping strategies used by the fathers during their child’s NICU stay: having faith, choosing battles, being strong, being there, and acclimating. Having faith was the survival skill used by all fathers in this study as they coped with having a premature infant, supporting previous research concerning fathers of neonates (Arocksiamy et al., 2008), mothers of neonates (Schenk & Kelley, 2010) and parents of preterm infants in general (Pepper et al., 2012). Faith and prayer were a stronghold for these fathers, particularly during the first two weeks of the infant’s life. Their reliance on faith during that
period correlated with their intense feelings of powerlessness in those early weeks. As their sense of control increased, fathers discovered additional survival skills and fewer fathers mentioned prayer and faith.

“Choosing battles,” involved fathers making logical choices of what to think about, what to talk about, and where to spend their energy. They avoided dwelling on their helplessness or possible problems that might arise, choosing instead to focus on positive things they could do. This supports research by Wakely et al. (2010), where Australian parents of preterm infants indicated they chose to think optimistically, rather than dwell on the negative, as a way of coping with the situation. It is unclear whether that finding originated from a mother or father, as the researchers refer to parents in general.

*Being strong* was expressed in terms of phrases such as “have to accept it,” “stay strong,” “do whatever it takes,” and “don’t give up, no matter what.” As one father pointed out, there is a big difference in simply appearing strong, and actually being strong. Appearing tough is merely an act for the benefit of others, whereas being strong is an everyday habit a man undertakes for himself. *Being there* meant being at the infant’s bedside as much as possible, whether touching the infant, getting information about the baby’s status, or simply showing his face to prove to health care providers that he cares. The act of being present gave fathers something concrete they could do, while simultaneously obtaining psychological comfort for themselves. For those who suffered from intense anxiety, being close to their infant was one of the few actions that brought them relief. These are new findings in the literature relating to fathers of neonates.

Lastly, some fathers described *acclimation* as a survival skill that marked their success in the NICU. They became one with the terrain, the culture and the local inhabitants. They learned how to get where and when without directions and sometimes helped fellow travelers when looking for a place to eat, sleep or park. Being comfortable in the NICU culture was often shown when fathers remained calm at the sound of equipment alarms. Other fathers felt acclimated when they were able to “do more.” As fathers gained skills that made them feel comfortable
caring for their infant, earlier fears gave way to confidence and pride. Once acclimated to the environment, their focus shifted from simply surviving NICU, to developing a relationship with the infant and looking forward to bringing him or her home. The concept of **acclimation** is another new concept within the literature addressing fathers of neonates.

**Being With Others**

Previous research emphasizes the importance of connectedness and relationships with others for mothers of extremely low-birth-weight infants (Schenk & Kelley, 2010). Existing literature on NICU father’s connections has been focused on relationships with health care providers (Pepper et al., 2012). The current study extends that research to examine how fathers’ relationships both inside and outside the NICU influence his experience of fathering a preterm infant. Fathers in this study received support from their parents, friends, extended family, co-workers, and church family, in addition to the infant’s mother. At times, these outside relationships were a source of stress for fathers when conflicts arose. For fathers who had no little or no outside support, relationships with health care providers became critically important.

Research on the transition to fatherhood points to the relationship between men and their female partners as an important predictor of men’s ultimate sense of fulfillment in fatherhood (Genesoni & Tallandini, 2009). Partner relationships described by fathers in this study ranged from a marriage of more than five years, to several non-cohabitating couples dating for one or two months prior to the infant’s conception. With the exception of one, the pregnancies involved in this study were all unintended. Risks of inadequate prenatal care and premature birth increased sharply when pregnancies are unintended by both partners, particularly in unmarried couples (Holmann-Marriott, 2009), pointing to the importance of including unmarried fathers in research regarding neonates.

Several fathers in this study reported feeling left out in the NICU as health care providers interacted with the infant’s mother, teaching her to care for the infant. This is similar to previous research showing fathers often feel left out in the labor and delivery room (Backstrom & Herfelt,
In a study by Fagerskiold (2005) first time fathers of infants in Sweden reported feeling “slighted,” “pushed aside” or like a “minor character” in their interactions with child health nurses (Fagerskiold, 2005, p. 81-82). The current study expands current literature to include the voices of fathers who felt left out within the NICU environment, particularly regarding education and coaching by health care staff. We found that the effects of this exclusion continued in the home following discharge, where the father felt less prepared to care for his infant and less bonded with the infant. In addition, we found that after discharge, several fathers became the primary care giver for their infant in the home, while their partners were working or attending school, underscoring the significance of this problem.

**Being a Changed Man**

When men become fathers for the first time, the transition in identity from partner to father, involves a process of psychological reorganization as well as lifestyle reorganization (Genesoni & Tallandini, 2009). Several of the men in this study described changes in both their outlook and lifestyle following the birth of their preterm infant. Two fathers reported discontinuing use of alcohol and drugs. One remarked that he would have likely ended up in jail or been killed if the child had not come along, “slowed” him down, and removed him from the self-destructive road he was traveling. Another had been incarcerated previously, and was struggling to turn his life around when the infant was born. While it is not absolutely clear if these changes were related to the NICU experience itself or becoming a father, it should be noted that two of the three fathers who described profound lifestyle changes had children previously. These findings echo those of Parra-Cardona, Sharp & Wampler (2008) in a study of six adolescent fathers of Mexican origin on probation in the juvenile justice system. That study revealed similar themes in the experiences of those young fathers, such as “knowing I was heading in the wrong direction,” “slowing down,” and “changing for my child” (Parra-Cardona et al., 2008, p. 374). This is also consistent with findings by DeKlyen et al (2006) that unmarried
non-coresident fathers tend to have more mental health issues related to substance abuse, and a higher rate of incarceration.

**Strengths and Limitations**

This study reinforces that there is much to learn from listening to men’s stories. The difficulty is often in getting a man to open up. For that reason, I believe the primary strength of this study lies in its method, a series of private, loosely structured, man-to-man interviews. Because I am a man, and I had “walked in their shoes” I was able to quickly develop a rapport with these men that facilitated intense, often very deep, candid discussions. In addition, being a man helped me interpret not only what they said, but at times what they seemed to dance around, or not want to say. At times a long pause, a sigh, or a particular facial expression speaks louder than words.

Participation in the study required the participants to be physically present in the NICU on a regular basis. This may have resulted in some bias in the results, since I was unable to interview absentee fathers. Another potential source of bias was my position as a nurse in the NICU where their infants were being cared for. Because of my relationships with other nurses in the unit, it is possible fathers downplayed any negative interactions or feelings about health care providers in the unit, for fear that it would get back to them. Lastly, there was a potential for bias due to my own past experiences as a father of neonates. I controlled for this by journaling about my own experience prior to beginning the study, and continuing to practice reflexive journaling throughout the study. Being aware of my preexisting ideas helped me separate them from the emerging findings and avoid undue influence on the study. In addition, to control for biased interpretations, the interviews and my emerging analysis were reviewed by dissertation committee members, including an expert interpretive researcher and a male faculty member, who provided feedback and suggestions throughout the data analysis process. Multiple interviews with each father allowed for validation and clarification of data by the participants.
Additional limitations of this study included the demographics of the sample and relatively small sample size. One father was of Indian descent, one was Asian/Black, and the remaining nine were Black. While eleven men were interviewed at least once, only seven completed all three interviews. Having interviews from nine Black fathers addresses a gap in the literature, but it only opens a door. Where Pohlman (2005) gave us a glimpse of Midwestern fathers’ experiences, this study provides a picture of that experience in the South. Because of the many cultures present in the southern U.S., however, this is only a partial snapshot. It is difficult to ascertain for certain which of these findings truly represent the Black culture, and which of them are simply a product of the geographic region. Future studies are needed focusing on other specific cultures, in order to expand our knowledge of fathering neonates in this region. An audit trail completed by an expert qualitative researcher enhanced the credibility of this study.

**Implications for Practice**

The findings of this study are of interest to all health care providers in the NICU whether at the bedside or in management role. In order to ensure optimal paternal involvement, female nurses must seek to understand the NICU experience from a father’s point of view, just as male nurses must strive to be sensitive to the intangible experience of mothering. By understanding the factors that influence a father’s decisions and actions, we can help identify his stressors in the NICU and provide the support he needs.

As action-oriented beings, we fathers thrive on having something productive to do, whereas sitting idly by creates a restless tension rooted in powerlessness and a perceived waste of resources. Since this tension may ultimately be the force that causes him to stop visiting the NICU (Arockiasamy et al. 2008), it is imperative that nurses offer options to fathers looking for something to do. In the early days of the infant’s stay, when hands on interaction may not be possible, nurses might suggest activities such as donating blood, purchasing a car seat and crib, or taking an infant CPR class. In the subsequent weeks, nurses should encourage fathers to touch the infant, hold him or her, change diapers, give baths, etc.
Health care practitioners should provide information to fathers about their infant’s medical status, but with sensitivity to the father’s state of shock, particularly during the first week after the infant’s admission. Nurses must also be aware of potential language barriers between themselves and fathers, and avoid use of elevated medical jargon as much as possible. A father’s silence must not be mistaken for either lack of questions or lack of interest. It is helpful to anticipate some questions fathers may have, but be afraid or unsure how to ask. As NICU nurses, we must avoid the use of a pre-scripted bedside spiel given to all parents upon admission, and attempt instead to be attuned to the emotional state and unique needs of the mother and father standing before us.

NICU nurses must be aware that everything about the NICU experience, including the baby itself, is highly foreign and absolutely abnormal. While a nurse’s definition of a “normal premature infant” may have been created by seeing hundreds if not thousands of premature infants on a yearly basis, this is something these parents have likely never seen in their lives. A nurse-led tour of the NICU conducted early in their stay may go a long way toward redefining “normal” and decreasing anxiety for both the father and mother. In addition, we must encourage fathers that their infant’s appearance, while it may be upsetting to them, is very temporary, perhaps showing them older infants who once looked the same way. Care must be taken to emphasize that while their child may look “abnormal” to them, and this is understandable, he or she is in fact a very typical premature infant.

Just as the infant’s appearance seems foreign, so does the equipment surrounding him or her. It may be difficult for a father to translate the nature and purpose of this equipment, and his best guess may be far from accurate. He may incorrectly associate the sight of a ventilator with impending death, or may believe that the sound of any alarm at a patient’s bedside indicates grave danger. Nurses should consider these false notions, and attempt to view the NICU surroundings as they might be seen by parents, explaining the equipment, reassuring them as needed, and modeling calm reactions to stimuli.
Nurses should be sensitive to the psychological effects of daily fluctuations in the infant’s health status. Understand that these ups and downs cause anxiety for fathers, both in the NICU environment and at home. A reassuring phone call might go a long way toward decreasing anxiety at home, while reinforcing a positive, supportive relationship with the parents. Nurses should also encourage parents to look at the infant’s progress on a weekly basis, rather than a daily one. Small fluctuations are to be expected, and usually are innocuous, but the overall trend is where parents should focus their attention.

A father’s first impressions of the NICU environment, whether hostile or friendly, have a profound impact on his ability to successfully acclimate to the culture of the unit. Health care practitioners should keep this fact in mind when new fathers enter the unit and attempt to minimize extraneous chaos. Positive attitudes, smiles and reassurance go a long way toward establishing a calm non-threatening environment. As a father leaves the NICU after this initial visit, a simple gesture of walking him to the door, asking where he is going next and giving directions may help decrease his anxiety. Successful navigation may be a first step in gaining a sense of control over this new environment.

Although they may appear tough, many fathers of neonates are in a great deal of pain and in desperate need of support. The mask of strength is a survival skill employed by fathers as a means of protecting the infant’s mother, as well as themselves. It seems a waste of energy to some men to even talk about their emotions, when talking will not change anything. Thus many choose to hold them in, and look for something they can do with that energy instead. Nevertheless, this study shows fathers do benefit from talking with their infant’s nurse. Ask Dad how he’s holding up. Realize he may say “fine” but continue to ask anyway. Just showing interest in Dad on a daily basis will demonstrate to him that someone cares about his wellbeing.

Fathers are after all half of the parental unit. The entire family suffers when dads are “left out” at the bedside or made to feel like a second string parent. As this study shows, many fathers become the primary caregivers at home, and need to be educated directly in how to care
for their infants. “Listening in” to mom’s lesson is not enough. Fathers need to be assured by the words, actions and attitudes of nurses that their presence at the infant’s bedside is every bit as important as the mother’s. Encouraging hands-on interaction with the infant furthers this goal while helping him acclimate to a foreign environment. When a father’s ability to visit the infant is limited by his work schedule, every opportunity should be taken to give preference to his involvement and education during his NICU visits.

Conclusions and Recommendations for Research

The aim of this study was to explore the lived experience of fathers of VLBW infants in the Southern U.S., within their real life contexts, in order to discover what it means to be such a father. The study was ultimately successful in these goals, as it enabled the voices of eleven fathers of VLBW infants to reveal their meaning of the experience. Because of the relatively small sample size, further research is needed to confirm and expand these findings. Future studies may focus on specific races and ethnicities in order to describe unique needs of fathers in those cultural groups. We recommend using male interviewers to establish rapport with participants as quickly as possible, as well as a longitudinal design that includes at least one post-discharge interview. Since fathers in this study reported holding back thoughts and feelings from the infant’s mother, it is essential that she and any other family members be excluded from the interview in order to decrease the likelihood of fathers disguising their true experience.
References


### Table 1
Demographic Characteristics of Sample

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<th>Time with Mom</th>
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<th>Race</th>
<th>Highest Education</th>
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Abbreviations: HS, high school; LtHS, less than high school; SC, some college
Chapter Three

Releasing the Flood: A Qualitative Case Study of One

High-Risk Father’s Journey Through the Labor Unit and NICU

ABSTRACT

Fatherhood is a turning point in the life of many men, but for a young father from a fragile background, the birth of a premature child may be the catalyst for a fresh start. This case study details the experience of a young Black man from a high-risk background during the pregnancy, birth and hospitalization of his premature son. Findings suggest such fathers may benefit from additional support by health care practitioners, specifically regarding needs for guidance, trust, available presence, familial bonds, and sense of purpose. Male nurses may be uniquely suited to acting as mentors for such fathers. The participant’s Labor Unit experience set a positive tone for his NICU journey, providing comfort, cohesion, and empowerment. His fatherhood ideals at discharge were a composite of the qualities his own father lacked and the attributes he found in his NICU “family” of nurses. The conflict between his self-imposed isolation and strong desire for human connection was only resolved through persistent intentional drawing out by a supportive health care staff. Findings provide valuable information on the lifeworld of these young fathers and implications for health care practitioners working in these environments. Key words: qualitative case study, fathers, neonatal intensive care, labor unit, phenomenology
Manuscript

J.M. Barrie is credited with the saying, “Be kinder than necessary, for everyone you meet is fighting some kind of battle.” Perhaps nowhere else is this imperative more crucial than in the Neonatal Intensive Care Unit (NICU) where the new father struggles each day to reconcile his own needs with those of his growing family and critically ill infant. His battle is invisible to the untrained eye, his pain tucked away behind the stoic mask of manhood. For many young Black fathers, that battle is compounded by the pain of a dark past, and the desperate desire to ensure a better future for his children. The stakes are high, literally life and death, and it appears the deck is stacked against him. Worst of all, he is alone, and convinced that no one cares. After all, he’s just the “baby daddy,” and must be strong for the women and children in his life. Being strong often means being quiet, but don’t be fooled. There is a story behind his silence and a hurting young man desperate for someone to hear it. Just talk to him and you will release the flood.

What you find may surprise you. You will find he is shocked that someone cares. You will find that all he really needed was the sense that he has value, that he has a role to play, a purpose to fulfill as the father of this child. All he needed was to be seen and heard. With the support of caring staff, and the male role models he has been missing, you may just empower him to win this battle, and change the future of the infant in your care.

The purpose of this article is to describe a qualitative case study involving one such father. The study draws upon data collected as part of a larger interpretive phenomenological study that aimed to explore the lived experience of fathers of very low birth weight (VLBW) neonates in the southern US across various cultures and ethnicities. The “case” is that of a young unmarried Black father whose story emerged as particularly extreme and intrinsically interesting, both in terms of his high-risk background and the profound impact the Labor Unit and NICU
experience had on his life. It is hoped that this study will provide insights that can be translated into meaningful support by the health care staff who may encounter similar fathers on a daily basis.
BACKGROUND

Although family centered care has emerged as a popular model aimed at improving the well-being of parents and families in the NICU,\(^1\) little is known about the specific needs of fathers in the NICU. We know from previous studies that they experience feelings of stress, helplessness, frustration, fear and alienation.\(^2,3\) Unlike mothers, however, fathers do not typically express these emotions in an externally visible way, and as a result their true needs often remain invisible to the nurses caring for their infants.\(^4,5\) Further, many fathers also try to hide their emotions from their wives or partners, which may make coping even more difficult.\(^5\)

What little has been written about the experiences of fathers of very low birthweight infants is based almost exclusively on research performed in other countries, and may therefore be limited in its application to American fathers.\(^6,7,8,9,10,11,12\) Additionally, due to the inherent challenges in interviewing males, previous interviews of fathers by female interviewers, by physicians, or with mothers present, may not present a full picture of the father’s experiences.\(^13\) The single qualitative US study on the subject was limited in scope to Caucasian fathers.\(^3,5\)

Research has shown that the transition to fatherhood is strongly guided by the social context in which men live and work, and by the struggle to reconcile personal needs with those of their new families.\(^14\) As society expands its definitions of fatherhood, there has been an increasing focus on studying unmarried fathers of infants and young children in low-income families, sometimes referred to as “fragile families” due to the unstable nature of the family unit.\(^15,16\) These men are more likely to have less stable employment, more issues related to depression, anxiety and substance abuse, and a higher rate of incarceration,\(^16\) issues which inevitably affect the family as a whole. Because socioeconomic disadvantage is itself a risk factor for low birth weight and prematurity, there is a greater likelihood that these fathers will be caring for preterm infants.\(^17\)
Traditionally, studies of fathers of neonates have been limited to fathers who were married to the infant’s mother. I chose not to make that a limitation in this study, and had I done so, would have excluded this and many other actively involved fathers in the NICU. While the marital relationship is usually an important factor in parenting infants and young children\textsuperscript{18}, studies have shown that in the Black community, fathers’ parenting roles are less tied to marital relationships.\textsuperscript{19} In Louisiana specifically, where this research was performed, studies show that the role of the unmarried “baby father” has achieved a higher degree of acceptance and normality among African Americans than among other US racial and ethnic groups.\textsuperscript{19,20}

**Father involvement**

Father involvement has been associated with improved cognitive outcomes for the pre-term infants of African American fathers, more so than for any other US population,\textsuperscript{17} underscoring the significance of supporting involvement of black fathers with their neonates. Nevertheless, despite numerous studies regarding fathers in other countries around the world, the experiences of Black fathers of neonates in the US have not been specifically studied, nor have any US studies included man-to-man interviews. This study, and the larger study its data was drawn from, was conducted in an effort to fill that gap.
PHILOSOPHICAL UNDERPINNINGS

The philosophical underpinnings of this study were based first in phenomenology, which holds that the abstract reality of an event is subjective and can be comprehended only through the close study of individual experiences\textsuperscript{21}. Phenomenology is rooted in the belief that individuals participate in cultural, social and linguistic contexts of the world, and embody their immediate experiences with meaning and organization through these contexts.\textsuperscript{22} The self-understanding inherited through language and culture comprises the individual’s unique background, a critical element of all human perception.\textsuperscript{22} Interpretive phenomenology, in contrast to descriptive phenomenology, assumes prior understanding by the interpreter, and contends that his own background, beliefs and personal experiences are a legitimate part of the research process.\textsuperscript{23} In this study, interpretive phenomenology was used to facilitate understanding by acknowledging and valuing the meanings one man ascribed to the experience of being the father of a very low birth-weight infant.

Case study involves exploration, description and explanation of a phenomenon within the real life context in which it occurs.\textsuperscript{24} Yin (2009)\textsuperscript{24} recommended the qualitative case study design when the researcher wishes to uncover the contextual conditions relevant to the phenomenon under study and as a preliminary step in guiding future research. The holistic single case study design is appropriate when a particular case is extreme, unique, or revelatory in nature, all of which are true of the case presented here. The case is extreme and unique by virtue of the participant’s particularly tragic, high-risk socio-cultural background, the profound epiphany he experiences, as well as his willingness to describe that experience in great depth. A case is considered revelatory when the investigator has an opportunity to observe and analyze a phenomenon previously inaccessible to social science inquiry.\textsuperscript{24} Over the course of eight weeks
as a nurse at the infant’s bedside, three interviews, and several cell phone texting sessions, the
researcher developed a close mentoring relationship with the participant in this case. Through
this relationship and the trust that was cultivated, the researcher was able to access unique
information about the experience of this previously unstudied population, revealing insights
which until now have been unavailable to nursing or social science.
METHODS

Purpose

The purpose of this study was to explore the lived experience of one father from a particularly high-risk background, from the birth of his VLBW infant, throughout the infant’s stay in NICU, and through the first two weeks at home using a hermeneutical, phenomenological case study approach. A key factor in that study was the use of one-on-one dialogue with a male interviewer who disclosed himself to also be a father of VLBW infants. In this way the researcher hoped to establish a rapport with the participants and elicit more candid, less filtered narratives than those reported in earlier literature.

Sample

The participant in this study met the following inclusion criteria: English-speaking, 18 years of age or older, father of an infant weighing less than 1500 grams and less than one week old, and willing to be interviewed alone at least twice during hospitalization of the infant and once after discharge. The participant was a 22-year-old black male with a high school diploma or equivalent, employed full-time, unmarried but cohabitating with the infant’s mother. Initial contact was made by the participant in response to a flyer posted in the NICU.

Data Collection

The lead researcher conducted three in-depth semi-structured interviews with the participant over a ten-week period, the first at approximately two weeks after his infant’s birth, the second one week prior to discharge, and the third two weeks after discharge. All interviews were conducted in a conference room near the NICU. Interview guides were used only to initiate conversation, with probing, clarifying questions growing out of subsequent dialogue as it emerged, in order to elicit as much detail as possible. Examples of questions in the first interview
included: ‘What was it like for you when you first learned about your child’s prematurity and related problems?’, ‘What were your thoughts the first time you saw your infant?’

Prior to the second interview, the researcher gave a brief verbal synopsis of the first interview, allowing the subject to correct misinterpretations, expand on topics, or add any information left out of the first interview. The participant was then asked to describe his experience in the NICU since the last interview, followed by questions such as: ‘What is it like being the father of a premature infant that is about to go home? ‘What are your expectations for your infant, partner, and self over the next month at home?’ ‘What has been the most difficult aspect of being the father of a premature infant in the NICU?’

During the third interview, the participant was again given a verbal synopsis of his last interview for clarification, and asked to describe his experience since going home. Some questions included: ‘Has the experience since your baby came home been what you expected it to be?’, ‘What has been the most difficult aspect of being the father of a premature infant?’ and ‘What advice would you give to new fathers who are going through the same experience you went through?’ Each interview lasted 60-90 minutes and was digitally recorded with the participant’s permission. Observations regarding the interview were documented in field notes maintained by the interviewer. All interviews were transcribed verbatim within 48 hours following the interview and reviewed for accuracy by comparison to the audio recording. This study was approved by hospital and university institutional review boards. Written informed consents were signed and all data was kept confidential.

Data Analysis

Data analysis and data collection were undertaken simultaneously to allow for revision of questions and exploration of emerging themes. At the beginning of interview two and three, themes that emerged from the previous interview were discussed with the participant in order to fill in any gaps in analysis or clarify any misunderstandings. Transcripts were read to achieve immersion, then reread line by line in order to capture and code key thoughts and concepts.
Related codes were placed in broader categories, and ultimately used to organize codes into themes and subthemes. Throughout the data analysis process, discussion with colleagues was employed to stimulate new insights and avoid error or bias.21,25,26
FINDINGS

In order to understand the findings in this study, one must first understand the case itself. Luke is a 22-year-old Black male who has experienced a tremendous amount of loss, neglect and disappointment. He grew up fatherless in an inner-city black community in the South, one of five children raised solely by his mother. His adolescent years were spent “in the streets,” where he became involved in illegal activities. He reports having been shot, and having spent time in jail. His younger brother was fatally shot at 15, an event that profoundly affected his life and outlook, in addition to the tragic deaths of many other friends and family members. After high school, Luke found a good job, but was later fired due to his criminal record. At 22, he is working for $2.50 an hour plus tips as a drink server at a buffet-style restaurant, a job he intended to be temporary, but has now had for two years. He lives with his fiancée and their two-year-old daughter, struggling every day to “stay on track.” This is the scenario when the couple finds themselves expecting a second child.

Findings will be presented in three time-sequenced stages: before birth, during hospitalization, and post discharge. Before birth, the major theme identified was Burdens of the Past and Present. During hospitalization, two major themes were identified: Epiphany in the Delivery Room, and Surviving NICU: Behind the Mask of Manhood. Two weeks post discharge, the major theme identified was Finding New Perspectives. Minor themes identified within each major theme are also discussed.

Burdens of the Past and Present

Loss. The first minor theme identified was that of loss, both as it relates to Luke’s past and threatens his future. Luke lived through the deaths of at least ten close friends and family members in the last three years, including the shooting death of his 15 year old brother. He
describes himself as “the only one left,” and seems to feel the pressure of being the last hope of his family. In Luke’s eyes, this premature infant son provides his last opportunity to repair the mistakes of the past. For that reason, his greatest fear is the loss of this child. “I don’t think I could take another death,” he says. Indeed, all of Luke’s hope for the future hinges on the survival of this child.

**Unmet needs of the past.** The second minor theme identified was *unmet needs of the past*, shown in Table 1. Luke’s background of neglected needs fed his dreams for his child and shaped his experience with health care providers. Specifically, because his father had not provided *security, guidance, love and available presence*, he was determined to meet those needs for his children. To his surprise, Luke also finds his each of these needs met by the health care professionals he encounters during his hospital experience.

**I’m a mother too—experiencing dual roles in pregnancy.** Throughout our interviews, Luke made it clear how important it was for his fiancé and me to realize how fully he experienced this pregnancy, that he was not simply a bystander who couldn’t understand, but a real participant in this life event, feeling its effects in an equally real way.

I told her, I understand way more …because I’m the one that’s gonna have to accept what you going through…when you sad and try to make you happy… I’m like your shirt, I’m right on your back. It’s like I’m going through it as much as you are- I’m the one who gotta get scolded and cussed out and you know I’m feeling (the pregnancy) it’s just in a different way.

Luke was adamant that he should be seen as something more than a “sperm donor,” not only by his fiancée during the pregnancy, but later by the employees in the NICU. He wanted to be seen as a father that was ‘all in’--not just biologically but emotionally as well.

Because I feel like I was more the mother of both of them than the father, because I had to baby her and nurture the baby. I have to be a father-- I had to step up even more as you’re recovering from having a baby. So like I told her, I said I’m a mother in a way, but I am a man.”

By equating his pregnancy experience with the mother’s, Luke expressed his desire to be given equal status as a parent who had also nurtured this infant and was just as deeply invested.
**Pressure to improve and provide.** Luke’s first reaction to the news of this pregnancy was “Gotta do better.” When asked what this meant, he explained his urgent need to find more reliable income for his family, as well as an occupation his children could be proud of. Luke was suddenly no longer satisfied with a mere job, one that barely made ends meet, but sought a profession that would add both stability and integrity to his life.

**Epiphany In The Delivery Room**

“It was like we was all a family.”

Luke had his first transformative experience during the birth of his son, through his encounter with the health care providers in the labor unit. Subthemes identified within this theme were *comfort, cohesion,* and *empowerment.* First, Luke was struck by the positive attitudes and caring demeanor of the labor unit employees, which immediately set them apart from health care providers he’d encountered elsewhere and gave a very palpable comfort to the air of the unit. Later a single employee reinforced this sense of *comfort* with his calming reassurance.

And it was just a blessing … he was a young [man], he was like ‘Don’t worry,’ you know. He was just the spirit and the company of it. I mean I was scared. He came over and he was like ‘You didn’t hear him? He was crying.’ And that’s what made me feel like the best feeling ever. He was like ‘Don’t worry.’ And I heard him, and it kinda made a tear drop.

He was further struck by the organization and cooperative *cohesion* in the delivery room, likening it to a family atmosphere. “It was like it happened so fast, but everyone was so organized… They were keeping us calm, and it was like we was all a family and somebody just hurt themselves. Everybody was there for each other.” This sense of cohesion brought much needed feelings of *stability,* an inspiring contrast to the chaos of Luke’s past (see Table 1).

Lastly, the delivery room experience was empowering for Luke. He felt a sense of purpose and importance in being given a specific role to play in the delivery.

It was always a part for the father to play. They made me feel important. It made me feel good ‘cause I was actually participating… instead of standing there being a statue and just looking. It made me feel more like I AM here, you know, I CAN be helpful.
The overall effect of the delivery experience was one of epiphany, a change in perspective that caused Luke to view the world through a different lens. In his words “It just gave me a big eye opening. Life’s not about me. I mean I care about me a lot, but when that day came, it’s like a voice, and it just open your eyes.” This was only the beginning of a greater transformation that was about to take place in the NICU over the next eight weeks.

**Surviving NICU – Behind The Mask Of Manhood**

Luke struggles with choosing which identity to portray when he enters the NICU. Traditionally, the man is tough and emotionless, the rock others lean on for support. Behind this mask of masculinity, however, Luke acknowledges his desire to be recognized as a person with real needs and emotions. Through his dialogue, we find out what happens when those needs are met through a highly supportive, mentoring health care staff.

**What about me?** This first sub-theme reflects a hurting young man who just wants someone to reach out and ask “How are YOU doing?” In Luke’s words, ”Sometime you just feel like, dang, do anybody ever take the time out to ask me how I’m doing, how [Luke]’s doing? ‘Cause being a man, you need someone just as well as a woman need to be loved.” Luke recognizes that he is in a precarious situation. Besides being a father of a neonate, he is engaged in an everyday struggle to break the chains of his past and forge a new positive path for his life and his family. This struggle is complicated by his belief, from past experience, that no one truly cares about him.

“Everyday it’s a daily struggle … because like I said I’m always worried about everybody else, my family, my mother, my fiancé, her people, and at the end of the day, ain’t nobody worried about me. So I been trying to find myself, being content within myself too at the same time, because if not, I’ll start to fall off track.”

This is our first clue that Luke’s fate hangs in a delicate balance. He struggles to find himself, without a role model to lead the way. He struggles to value himself, without feeling valued by others. Luke is very aware that if he does not find satisfaction for these emotional needs soon, he will go “off track” and his life will take a dark turn.
**Appearing strong, being strong.** Despite his inner turmoil during the first days in the NICU, the average person meeting Luke casually would get the impression he’s doing just fine. Like many men, he hides his pain with silence and isolation, believing that any expression of emotion would be simply unacceptable.

I know it don’t be acceptable to cry, so I have to be quiet a lot. I find myself wanting to be isolated a lot, because men have this standard or a pride where you don’t want nobody to know you hurt or feel like you can be hurt. You wanna try to hold a certain type of standard that you’re a certain type of tough.

This “standard” of strength is not only imposed by society, but self-imposed as a way of protecting loved ones. “I have to be strong for her, my fiancé…I have to be there to calm her, or she just bust out crying.” It is not enough to simply appear strong, however. Luke finds he must actually *be* strong in order to personally survive daily life in the NICU. “You have to be that father to be there, to go through that process and be strong, and come up here day after day and see your son or your daughter on that bed.” There is a tremendous pressure on Luke, as the “only one left” to be a source of strength for the women and children in his family, as well as for himself. What he desperately needs is someone *he* can lean on. Fortunately he finds that in the NICU staff.

**Finding support through thoughtful communication.** In the early weeks after his son’s birth, Luke was comforted by the NICU staff’s ability to anticipate his concerns and diminish his anxiety by readily providing information without his needing to ask questions. He reported being positively affected on a daily basis by the kindness shown to him by the NICU staff. It seemed to surprise him how people who didn’t know him personally could care enough to make such a difference in his daily life. In his words, “It’s all in how you treat people, greet people, things you do to people… You can say something, the most sweetest thing and a person will be mad all day, then you say that and it’ll make their day.

Later, as he was preparing for discharge, he looked back on the close relationship he’d developed with the staff. He described them as “reliable, trustworthy and most of all, like an
extra brother or sister. It was just the love and the vibe that they made it, that it was gonna be alright.”

Communication was the key for Luke. People took the time to talk to him and it made a world of difference. When they talked, they had positive attitudes. They made him feel loved and valued as though he were part of a family. In his words, “It all comes along with how they communicate, how just involved they get with a patient… going out their way, being willing to be there, being patient, just giving that extra care.” Luke recognizes and appreciates the choice these staff members made to become involved in his life. He did not expect to be treated this way, and it made a significant impression on him.

It's interesting that he uses the words “reliable,” “trustworthy,” “love,” and “being there” to describe the NICU employees, as these are the same words he uses to describe the unmet needs in his past. (See Table 1, Unmet Needs.) His father had not been there for him with the available presence and love he craved. The street role models he had looked up to, he later discovered were not trustworthy, and did not have his best interest at heart. Yet here were strangers who cared, and who could be trusted.

Finding a mentor--meeting needs for understanding and guidance. Like many men, Luke finds it easier when communicating at home to simply nod and go along, rather than express what he is feeling. This is complicated by betrayals of trust in his past. Eventually he realized some of his feelings could not be understood by his fiancé, and what he needed was another man to talk to, preferably one who had been in his shoes. He found that confidant, quite unexpectedly for both of us, in me, a male nurse who is also the father of a neonate, and who conducted these interviews with him.

Everything me and you talking about, I been trying to find a way to tell my fiancé, but I had to realize in my head that’s not gonna happen. I had to talk to somebody, get somebody who can relate. You see it’s easy for me to tell you, because you a man.

While I hadn’t planned to do so, I became a role model for Luke while his child was in NICU. Besides our interview sessions, I was often working as a nurse in the unit when Luke
came to visit his son. During those visits I answered his questions about everything from career and education choices to feeding and infant care issues. When I was not at the hospital, Luke sometimes asked questions via text message to my cell phone, and I either answered them or directed him to someone who could. Providing this guidance was not difficult, and yet these communications seemed to have a profound positive impact on him.

I was just stressing so bad (but) this whole conversation show me like, I got somebody that care for me. He [the nurse researcher] ain’t even my father! Just to get to show you how God can put people in your life for a certain reason. He brought my son in the NICU so I could be able to meet you, so I can be able to relieve myself from stress, so I can be able to have another opinion or another fact about life, knowing that there ARE good dads out there, you know what I’m sayin? You older than me, to show me that there ARE somebody that can show me or give me advice on how being a father, or how they are a father-- to give it to me, and not be my father.”

When describing his fatherless adolescence, Luke says his mother taught him everything, “but she can’t show me how to be a man.” Having a man in his life who he felt he could look up to, one was also an actively involved father, filled yet another neglected need from Luke’s past.

**Learning to open up.** Luke emphasized the importance of having a friend with whom he feels able to talk openly about sensitive issues. As role models, male nurses have an opportunity to demonstrate acceptable forms of communication on emotionally charged subjects by sharing their own relevant past experiences, either personally or professionally. In this way, they can provide the new or young father a safe environment to open up and express his own thoughts or feelings that he desperately wants to share, but may be holding inside due to fear of negative reactions. In his words, “Everything that you said to me… is everything that I always wanted someone to understand and get from me…And you did it.” In learning to share these thoughts and feelings, Luke said he was motivated to share more. He discovered a coping mechanism that in turn translated into improved communication with the infant’s mother, as he felt that he was better able to communicate with her after opening up with me.
Finding New Perspectives

Being the father of a neonate has the potential to spark drastic changes, as a man finds himself in an environment like none he has ever experienced. Within this theme arose minor themes of perspectives toward life, fatherhood, the infant, and hospitals.

Faced with a difficult situation where he could neither run away nor take control, Luke had to adjust his approach, and in the process gained a new perspective toward life in general. In being forced to adapt to this powerlessness, he learned valuable lessons in humility, patience, and faith that reflect his new perspectives on life.

[This experience has changed] my attitude, my understanding, my impatience, learning to be more humble, and most of all my faith...cope, communicate and most of all not be afraid of my son being in NICU. It’s taught me how to be a man and ...how to accept things for as they are and try to roll with them. It’s like this a whole new life, you know? It’s bigger than just like buying a pamper… it taught me to be open minded, …willing to learn and …humble.

Being a father and the various meanings Luke attributed to fatherhood was a significant part of all three interviews. Issues discussed were manning up, security/protecting, guidance, available presence, unconditional love, and purpose (See Table 2). During his time in the NICU, Luke wrestled with how to personify the ideals of fatherhood in his mind. Significantly, this picture of the ideal father is a composite of the qualities his own father lacked, as well as the attributes found in the NICU “family” who supported him and the male nurses who became role models for him. Some of the challenges he faces in attempting to achieve these ideals are also discussed in Table 2.

In terms of Luke’s evolving perspective toward his infant, it’s interesting that he previously had a daughter who was born premature and spent time in the NICU, yet issues are arising for the first time with his son. It seems fathers may be impacted differently when their premature infant is a son, versus a daughter, in that the son is seen as a direct reflection of himself, bringing issues of fear and shame into play. It is acceptable, for example, for a daughter to be perceived as fragile or weak, where having a son with those characteristics may not be as
readily acceptable to the father. Luke refers to fear and shame when describing his changed perspective toward his infant son during his stay in the NICU.

I be real happy now… I mean it’s a blessing! That’s my baby boy, and I love him. So it’s just like saying I’m black and I’m proud! That’s my baby out of the NICU! ‘Cause a lot of people be afraid and ashamed of what somebody might say, but man that’s a part of you--that’s something God created! That baby need to be loved and taken care of and comforted, you know?

For the most part, fear has given way to pride and gratitude, but at discharge, Luke is still plagued by lingering fears of something going wrong at home. He expressed, “the most scariest thing is for me to lose my son….I don’t think I could take it.” He also describes a fear of not being there for his son due to incarceration or death. These fears are additional clues that Luke’s fate hangs in a delicate balance.

Because of the nature of Luke’s past, his prior experience with hospitals and health care staff has been very negative, usually relating to experiences of violence, death and tragedy. In contrast, this experience was a positive one revolving around birth, growth, support, and hope, giving way to a new perspective on health care as a whole.

Y’all gave us just a big different outlook—The doctors not the ones trying to hurt us, you know? It’s had me thinking about a better perspective… it’s like a butterfly out a cocoon or something. It just gave me a better and more faithful idea about the whole hospital thing, you know.
DISCUSSION AND IMPLICATIONS

From day one in the NICU, fathers crave equal status with mothers in terms of respect, importance, and purpose. Unlike the mother, who carried the baby since conception, there is no outward sign of how involved a father has been during the pregnancy. Luke stated he felt as though he was a mother to both his fiancée and child during the pregnancy. Upon his infant’s admission to the NICU, his role as nurturer was interrupted in much the same way as we traditionally think of a mother’s role being suspended or altered during an NICU admission. In approaching unmarried fathers, nurses must set aside any preconceived notions and give fathers the benefit of the doubt as being fully engaged and attached to the infant in the same way as the mother. This means talking to the father about the infant, as well as being interested in his wellbeing as a person.

Father involvement has been associated with improved cognitive outcomes for the pre-term infants of African American fathers, more so than for any other US population. The phenomenon of the unmarried “baby daddy” is a real, institutionalized part of the African American culture in some parts of the southern US. These factors point to the need for the neonatal nursing community to not only support the involvement of black fathers with their neonates, but also to treat unmarried black fathers in our units with the same respect we might give a married father from any other culture.

From Luke’s experience in the labor unit, we learn the potential positive impact that health care employees have when they provide a designated role or purpose for fathers. In this researcher’s experience, this element is often absent when the father arrives in the NICU. What comforted an expectant father most in a highly stressful situation was the feeling that he had a specific job to do as part of the team caring for his wife and unborn child. Similarly, NICUs must find a way to give fathers a position on the team caring for their infant, with clearly delineated
instructions as to what they can do to best help their child. Telling fathers to simply stand by and be patient is not enough.

Further, nurses must realize that when it comes to fathers in the NICU, there is often more going on than meets the eye. Many men very deliberately and convincingly present an image of a stoic figure who is unaffected by circumstances, whether for the sake of supporting others, or simply as a matter of pride. It is important to recognize the self-imposed isolation these men may be experiencing as they hide their true thoughts and feelings from the world around them, including the infant’s mother. Luke admitted to keeping quiet about his own pain and holding back tears in order to protect his fiancée. We as nurses must show concern for these fathers just as we do for mothers, knowing their struggles that may appear invisible are just as real. To the child’s detriment, health care providers often do not take the concerns of fathers into account. When difficult decisions must be made down the road, it may be too late to engage a father who has withdrawn, believing no one cares what he has to say. Furthermore, a father who dislikes hospitals and distrusts health care staff, as Luke once did, may be less likely to return his child to that hospital for needed care after discharge.

The presence of a male nurse in the NICU environment is comforting for many fathers, and is beneficial to the father both in terms of modeling parental care giving behaviors and in the male nurse’s ability to relate to outside stressors experienced by these fathers. By recognizing a father’s fundamental impulses to provide and to act, a male nurse can identify potential stressors and enhance the father’s comfort level in the NICU. Fathers of neonates have been shown to prefer speaking to male interviewers and they appreciate the opportunity to speak to other fathers. This case study shows the significant impact one male nurse can have in the life of a father. Being a mentor does not require undertaking a formal study and conducting formal interviews. It only requires showing concern, listening, sharing any relevant personal experience, asking a few delving questions, and making one’s self available to answer questions the father may have.
Every day, male nurses in the NICU meet and talk to new fathers, communicating serious issues about their infant’s care. Although they may know nothing about each other, the two share common ground as men in a unit typically filled with female nurses and mothers. Taking just a few minutes to talk to a father alone may make a world of difference in that father’s ability to cope.

It is hoped that the findings of this study will encourage more male nurses to seek employment in the NICU. It should also encourage the male nurses already present to engage fathers more openly about their needs or concerns, particularly when dealing with potentially high-risk populations. Certainly further research is needed on the experiences of fathers of neonates in the US, a task male nurses are well-suited to undertaking. And lastly, these findings should give female nurses a greater insight as to why fathers react differently to situations from their wives or partners. Fathers are not the uncaring brutes they may seem, but struggling young men fighting invisible battles.

Afterword

While preparing this manuscript, I attempted to contact Luke one last time. I was unable to reach him, but learned that his infant son had passed away approximately two months after our last contact. Upon further research, I learned that Luke had gone back to the streets and had been arrested four months after his infant’s death.
<table>
<thead>
<tr>
<th>Minor Theme</th>
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<tr>
<td><strong>Security/stability vs. violence/chaos</strong></td>
<td>The violent chaos that was once a way of life for him now overwhelms and haunts him as he struggles to forge a new life. He longs to establish a more secure, stable life for his children, and for himself, but is sometimes tempted to just give up. Knowing his deceased brother looked up to him, wanting to be just like him, motivates him to keep trying. The birth of his son will be a stabilizing presence in his life, giving him purpose, focus, and a reason to improve the chaotic circumstances of the past. Having a son is almost seen as a second chance at life for his brother, whose life was cut short.</td>
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<td><strong>Guidance</strong></td>
<td>Luke has desperately sought a role model throughout his life, in his father's absence. His mother taught him all she could, but could not teach the essence of manhood. He is troubled knowing there are many other young men like himself in the community still needing guidance. There are street role models or “home boys” who appear to fill this void, but are ultimately untrustworthy, as they corrupt children rather than help them.</td>
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<td><strong>Love</strong></td>
<td>Luke’s father attempted to compensate for his absences with money and material things. What Luke wanted most was his father’s love, something he felt like his step-siblings have. Even as a grown man, he still needs to be loved and wanted. “I’ve been in like, whew, just in the last past 2–2, 3 years, I can name off like ten people that have gotten killed that I know. .. Like the other day, my home boy slit his girl throat over here in Lakeside, shot her two times in the head, you know? And it’s crazy, man… it’s like life, it’s just so much. When you grow up around that stuff man and then when you change, there be so many—what I can say—triggers. Things that make you trigger and be like ‘Oh Lord.’ Give up and go do this and do that, you know?” “I know the things that I been through these last six years from me being shot, my auntie death, my brother death, my godmother death, my two best friends death, you know life, it will take a toll on you.” “My brother just died in ’09 at 15 years old… and I can’t call my little brother. It kinda hurt me a lot you know. …And me knowing he said he wanted to be just like me … that’s why I gotta do better for him and my kids.” “I’m the only one left, so when my son was born it kinda hurt me a lot you know. …me knowing what I got to do, it motivate me a lot.” “I got a daddy, but I never had a father. Meaning like this man got my mom pregnant who fathered me, but he was just a dad to me, a person who I called dad you know. I never had that role model, you know, show me this or show me that. I always had to do it for myself or get it on my own. My mom, she showed me so much ‘til, she can’t show me how to be a man though.” “I know there’s plenty young men like me… that has a daddy but never had a father to play that role. Because everybody needs some type of guidance. .. And I got people older than me who I used to look up to … People who want you to look up to them and say that they your big brother, your big home boy, your real friend, well how? If you selling these cigarettes, you doing this to the children, you corrupting the city before it even progress.” “All I ever wanted was like ‘give me some DLC, daddy loving care, you know? Everybody else got it, you know? It ain’t about money, material physical things. It’s the quality time that you can spend and the love that you can share, to communicate and get them to understand what is love.” “Being a man, you need someone just as well as a woman need to be loved, and kids. The man need that feeling that I’m a person, a man that need to be wanted.”</td>
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Table 1. “Unmet Needs” Theme with Minor Themes Supported by Dialogue (Continued)

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<th>Minor Theme</th>
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<tr>
<td><strong>Available Presence: Being There</strong></td>
<td>“You know how you see other kids out, their dad with them out being there, I’m out there alone or just with the class, and it—people don’t look at it like that, but it be the smallest thing that scar kids for life. Like by me knowing that I didn’t have my dad, by me knowing that he didn’t come to a basketball game, by me knowing my mom had to be there–My mom took care of five kids by herself, struggling. And I thank her for every day, but to have a man– I’m talking about a man man. …For you to tell me I’m your son, and then at the age of four you walk out my life? I’m totally scarred. I still like have things happen from that, you know?”</td>
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<td>“You can’t buy me a shirt and thinking that it’s gonna stop the conversation or the worries and things I wanna hold and conversate with you. Dad, I might wanna go fishing. Well here’s ten dollars. Ten dollars? What? It’s just the thought of the things that you do.”</td>
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<td>“You always told me good stuff, you know son stay out of trouble, do such and such. But to have someone by my side, when I’m crying, down or hurtin’–you know just to have that father figure man.”</td>
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<td>“I told him I’m like money can’t buy my love and my respect that I’ve been asking from you. And he’s like oh son what you need? I’m like I need you! You know? But now that I’m older I don’t need you.”</td>
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<td>“All I ever wanted before I die is to have one day with my dad. I mean by me knowing that I probably never will, that’s what make me so close to my little girl.”</td>
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Table 2. "Being a Father" Theme with Minor Themes Supported by Dialogue

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<th>Minor Theme</th>
<th>Supporting Dialogue</th>
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<tr>
<td>Manning Up, Doing Better</td>
<td>Having a son brings attention to the matter of being a man, and becoming the best man possible, as soon as possible. This means becoming the kind of father his father was not. The meanings he ascribes to fatherhood below are direct reflections of the unmet needs of his own childhood, shown in Table 1.</td>
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<tr>
<td>Security/Protecting</td>
<td>Luke's first concern is to provide a safe environment for his family, one without threat of violence or corruption. His efforts to protect his family are met with cultural challenges, however. He faces criticism from his peers in the black community for trying to remove himself from their environment, perhaps similar to someone who tries to leave a gang. He recognizes the racism in his community toward whites and says he simply wants to surround himself with good people, of any color. Having his children exposed to the conditions of his upbringing is not an option. He already knows the dangers there. Testing the waters with his precious children is unthinkable.</td>
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<td>Guidance: Being a Role Model</td>
<td>Again, having a son makes it imperative that he become a positive example. He is no longer content to simply have a job, but seeks a profession. Luke asked many questions throughout his time in the NICU about professional schools, medical and otherwise, wondering if any would accept someone with his criminal background. He ultimately enrolled in diesel school in a nearby city, but was asked by his fiancée to come home when his son's health deteriorated in NICU. Everything is like free hands on, it's nothing that's hard to touch out there. That's why I'm like, I got kids. I know what the circumstance. I know what the water's like out there. Why would I wanna test my children to something I've been through and I KNOW that the water's hot. I KNOW that the water's deep. Why would I want them to burn, or get drowned?</td>
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<td>&quot;I feel like I'm a man now, but it makes me want to be more of a man because I feel like I'm missing certain things... It might be certain things I'm not getting right now or it just might be I just need to learn a little more, you know.&quot;</td>
<td>&quot;All I ever wanted before I die is to have one day with my dad. I mean by me knowing that I'll probably never, that's what make me... wanna be so much—that's why I say DO so much better, you know? Because you don't have to be doing bad to do better.&quot;</td>
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| "Got to do better...Like choice living wise, future wise, income wise, like I have to do things more to be able to be more reliable and supportable for my family..." | "There's so many people racial. 'Cause see I stay with the white folks, and they be like what you mean with the white folks? I be like well, when you don't have to worry about people breaking in your house-- Like I told 'em, I'm over here not too much worrying about nobody breakin in, no bad kids, no totally just corrupt environment, and I'm tryin to get me a job to where I can build me a home around good black or any color people."

And I say that because like my little girl, people look at my little girl and they be like hey [Luke] where she stay at, and I be like, it's where she LIVE at. You know? It's not where she's stayin at. If she was stayin somewhere it would be temporary periodically where you just go and do this and do that. Where you livin is somewhere you be comfortable and protected, you know? Everything is like free hands on, it's nothing that's hard to touch out there. That's why I'm like, I got kids. I know what the circumstance. I know what the water's like out there. Why would I wanna test my children to something I've been through and I KNOW that the water's hot. I KNOW that the water's deep. Why would I want them to burn, or get drowned?"

"It's like I gotta do better, I gotta do more, so when my child get a certain age, you know, say Dad what do you do, I wanna be able to have something to tell them or be able to have something to show them." |
| "I'm not trying to precede something that he's gonna have to intervene on and be like oh my dad a gangster or my dad a thug or this the right way to be on the block." | "I have to be there more for him and set more positive examples and do more positive things, by him being a young man just as well as myself. I wanna have him follow in the right steps, you know? Just learn early, that way he'll prosper, and then when he'll get older he'll know, you know?"

(continues)
### Table 2. “Being a Father” Theme with Minor Themes Supported by Dialogue (Continued)

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<tr>
<td><strong>Available Presence: Being There</strong></td>
<td>“Father is being there unconditional, being there when it’s their need, you know what I’m saying? ...Just being that whisper away.”</td>
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<td>Being there is what Luke missed most from his own father. It includes not just quality time with children but comfort and support of the mom. His ultimate fear is to fail at being there. The two possible causes of this would be death or jail.</td>
<td>“Being the father, and being there to be able to protect and comfort your wife and kinda, you know, be there more, and that’ll kinda give the kids and everyone their expectation on what a father is, and not being a dad walking in and out their lives, having to see their mother stress.”</td>
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<td>“My fear is not being able to be there. Dead or in jail, however, I just refuse, you know? It’s my only fear.”</td>
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<td><strong>Giving Unconditional Love</strong></td>
<td>Q. What advice would you give to new fathers that have gone through the same experience you’ve been through, with having your baby in NI? \ A. Love your child unconditionally, without a doubt. I mean extremely without no gesture of how if he’s male or female, the way he comes out, the dysfuncionalness, you know what I’m saying, … really realizing, you know, NICU babies just like really angels, you know?” ... But it’s just all about being understanding, being a father, to be able to provide and protect and love unconditionally without a doubt, no matter what.”</td>
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<td>Luke used the term “Daddy Loving Care” to describe what he wanted as a child. He now recognizes the importance of giving that kind of love to his premature son, regardless of whether he has any mental or physical abnormalities.</td>
<td>“I feel blessed. I feel important. I probably feel more a man than my father did. [Laughs.] But I feel great—feel very important. Feel like I have a purpose. I know I have a purpose. My purpose is you know making sure my kids are growing up right, taken care of, you know just giving my most to them.”</td>
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<td><strong>Having a Purpose</strong></td>
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<td>As long as Luke has a son to take care of, he feels his life has purpose.</td>
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References


Chapter Four

Summary and Conclusions

Successful research in Heideggerian phenomenology allows us to see a Being which would otherwise remain hidden, lost in “covered-upness” (Heidegger, 1962). One can only see, however, what is shown by the Being itself and interpreted from that showing. The findings of any qualitative study are arguably only as valuable then as the transparency of the participants. According to Heidegger (1962), a Being-in-the-world can only be understood by another Being-in-the-world. While it is impossible for two Beings to touch, the goal of phenomenologic research must be to become as close as possible, in order to achieve the clearest, most truthful showing possible (Heidegger, 1962). Since research has shown that male interviewees tend to tailor their responses to the audience at hand, it is desirable when studying men to choose an interviewer who might be perceived as least threatening and most demographically similar (Schwalbe & Wolkomir, 2001). It is also important to exclude family members from the interview, as any additional audience risks alteration of their responses. As a man and a father of neonates myself, speaking to these fathers on a one-on-one basis, I believe I was able to develop a rapport with each of them that brought me closer to the participants and therefore added a new dimension of detail to the image of the phenomenon.

Findings from the main report (Chapter 2) were divided into three overarching categories, Being in the World, Being with Others, and Being a Changed Man. Within the category of Being in the world, the findings suggest that fathers struggle with powerlessness as they attempt to acclimate to the foreign environment of NICU and respond best when given tasks to perform. Some examples of such tasks were provided both for the NICU and the home environments. We also saw that dads tend to choose their battles based on the wisest expenditure of energy. This
means they may choose to leave an environment where they perceive they are not needed, again pointing to the need for a specific role on the NICU team. Fathers initially perceived the NICU environment as a hostile one due to language barriers, arbitrary rules, navigational challenges, and foreign equipment. Further, fathers expressed fear of the unnatural or abnormal, and frustration with the ups and downs in their infant’s health status.

In terms of Being with Others, fathers benefit greatly from developing close relationships with NICU nurses, particularly when they have no outside sources of support, but often feel misunderstood and require that trust be earned. Continuity of nursing care is an important goal toward achieving those relationships. Overall, Dads suffer in both the short and long term when they feel left out in the NICU. Nurses must make a concerted effort to treat them not as second-string, but as co-parent with mom, regardless of marital status, providing the same level of education, coaching and support provided to her. Their pain and need for emotional support are not as visible as a woman’s, but are equally real. All fathers interviewed reported holding back their thoughts and feelings from the infant’s mother, for her protection as well as their own. A surprising finding was the fact that many fathers struggled at some point with doubts over whether they were in fact the father of the infant. In Being a Changed Man, we saw that the NICU experience sometimes brings about profound personal changes for a man. My life was changed by my NICU experience, as I chose to become an NICU nurse afterward. Several of the fathers in this study told how they had changed direction, let go of negative habits of the past, and even felt the experience saved them from the dangerous road they were traveling.

The aim of this study was to explore the lived experience of fathers of VLBW infants in the Southern US, within their real life contexts, in order to discover what it means to be such a father. The study was ultimately successful in these goals, as it enabled the voices of eleven fathers of VLBW infants to reveal their meaning of the experience. These men generously shared their stories with me in the hope that it would pave the way for an easier transition for future fathers. This study reinforces that there is much to learn from listening to men’s stories. The
difficulty is often in getting a man to open up. For that reason, I believe the primary strength of this study lies in its method, a series of private, loosely structured, man-to-man interviews. Because I am a man, and I had “walked in their shoes” I was able to quickly develop a rapport with these men that facilitated intense, often very deep, candid discussions. In addition, being a man helped me interpret not only what they said, but at times what they seemed to dance around, or not want to say. At times a long pause, a sigh, or a particular facial expression speaks louder than words.

From the case study of Luke (Chapter 3), we learned that a family is only as strong as its most fragile member. Fathers from difficult backgrounds have increased needs for nursing support, yet suffer from increased self-imposed isolation. The conflict between this isolation and strong desire for human connection can be successfully resolved through persistent relationship building by a sensitive, supportive health care staff. Male nurses in particular may be uniquely suited to becoming mentors for such fathers by providing the positive role model they may lack in the outside world. Like many of the men I interviewed, Luke appeared self-sufficient on the outside, but in reality was desperate for someone to talk to. Behind the tough guy mask, he was longing for someone to care about him, to show him he mattered, and to give him a role to fill.

Because of the support he received in the Labor Unit and NICU, Luke seemed to undergo a profound positive change. If I had stopped my report after the discussion of findings, we could all assume that change was a lasting one, but I chose to check on Luke one last time. Unfortunately the death of his infant son was more than Luke could bear, just as he predicted it would be, and triggered a downward spiral in his life. Even under the best of circumstances, sometimes bad things happen, and people break.

As nurses, we never know what happens to the seeds we plant. We rarely learn the rest of a father’s story, after he walks out the doors of the NICU. These fathers are not lab values we can draw again in six months to determine if our interventions made a lasting difference. We must focus instead on the good we can do in the present, and take every opportunity we are given to
make a positive difference. We must remember the reason we became nurses: people. The man standing beside the isolette may not be our picture of the ideal father, but he is the one and only father of the infant in our care.

In my experience, many of the young unmarried fathers who come through the NICU are in desperate need of a mentor. A male nurse in the NICU has a unique opportunity to demonstrate positive parenting skills by modeling those behaviors at the bedside. In addition, he is positioned to become a personal role model and source of support for such fathers. The example that we as male nurses set may change the course of a father’s day, week, and in some instances his entire life. If we can give our tiny patient a father who is a better man, we offer that child a chance at a better future.

It is easy for us to be proud of our job taking care of fragile infants. Supporting the mothers is a natural part of that caretaking role—Mom has been through the traumatic experience of giving birth to a premature baby, after all. To stop there, however, is to do only half our duty. As this study has shown, a father’s experience following the birth of a VLBW infant can be equally difficult, whether his struggles are visible or invisible. We as nurses must take the time to get to know Dad and engage him in caring for his infant if we want to keep him on our team. We must care for each father as though the infant’s future depended on it, because in many cases, it does.
References

