Abstract

NITC is a triumph of complicated technology which has improved the survival rate of infants who are premature. The understanding of parenting specifically by fathers is limited in a technological environment. Fathers usually want to protect their children mostly when the child is impaired. It is very stressful when a father has a premature baby. They have feelings of anger, fear, guilt, helplessness, and anxiety.

Power comes with technology, which is granted to health care providers and not patients. The balance of power in NICU favors the nurses and the doctors, because nurses are the ones who spend most time beside the newborns, and sometimes they unwillingly find themselves at power struggles with the parents. This paper aims at investigating the technological imperative of NICU and fathering. This theme has emerged from the study of fathers and premature newborns.

Introduction

NITC is a triumph of complicated technology which has improved the survival rate of infants who are premature. The understanding of parenting specifically by fathers is limited in a technological environment. Fathers usually want to protect their children mostly when the child is impaired. It is very stressful when a father has a premature baby. They have feelings of anger, fear, guilt, helplessness, and anxiety (Poblman, S 2009). The circumstances of the parents including their mental health normally exert an extremely powerful influence on the
ability of parenting by the parent.

Those fathers who have newborns who are premature embark on parenting in environments that are intimidating and complex with newborns who might be less responsive, irritable, and suffer from mental and physical problems. The ability of the father to form a healthy relationship can be put at risk. It is very important to understand the interaction between NICU and the patient nurse relationship. This is necessary because those people who monitor and prescribe this technology usually assume authority and power and parents can become powerless. This paper aims at investigating the technological imperative of NICU and fathering. This theme has emerged from the study of fathers and premature newborns.

Literature review

Power comes with technology, which is granted to health care providers and not patients. The balance of power in NICU favors the nurses and the doctors, because nurses are the ones who spend most time beside the newborns, and sometimes they unwillingly find themselves at power struggles with the parents. According to a research by Poblman, S (2009) it indicates that the relationship that exist among the mother of the newborn and the nurse is complex, but even though the relationship appear to be harmonious there are times the nurses and the mothers have negative feelings at each other.
This indicates an imbalance of power between the nurse and the mother. Very little information is known about the power relation in NICU and fathers. A study on German fathers Poblman S (2009) shows that, fathers were very conscious of the disparity in power amid them and the care providers and they do not like confrontation with them. A study on Australian parents shows that fathers are distressed because of being unable to protect their newborns from NICU (Poblman, S 2009).

Conceptual underpinning

This paper will disclose the stressful experiences of fathers. It is also going to examine the barriers and resources of fathers when they are developing a relationship with their newborns. The paper will describe the way fathers learn practical care giving skills to newborns, and how fathers own personal meanings to family, fatherhood, self, and work shape his practices in care giving. When trying to gather all information about how father, father premature newborns in NICU, the method that will be used to gather information is interpretive phenomenology. This method is very efficient as it assumes that human live in a meaningful world.

Research questions

1. To find out if the father had a positive relationship with the nurse while their premature infants were in NICU?
2. To find out how fathers were emotionally connected with their babies while NICU?
Method research design

The method of research that was used was interpretive phenomenology. This method is based on philosophical framework, and it assumes that human beings live in meaningful world.

Sample and setting

The number of fathers who were recruited is nine who had premature newborns of seven months. These fathers were from three Midwestern hospitals. The criterion for enrollment was white fathers speaking English of singleton newborns who were born in less than 33 weeks and having no congenital disabilities. These fathers had to be of age 22 years. They had to be sharing home with the mother of the infant, and had to be enrolled within one month after the birth of the infant. The fathers agreed to participate in eight interviews, where seven of them completed all the interviews, one father withdrew after six interviews and withdrew just after one interview. The total number of interviews which were completed was 63.

Data collection

The interviews were done in the hospitals every two to three weeks during hospitalization. Interviews were conducted every four to five weeks after discharge at homes, and all the
Interviews lasted for one hour to one and half hours. The interviews were recorded in tape and also transcribed literally into more than 2000 pages.

Procedure

Interview guides were used during the interview so as to encourage dialogue and initiate conversation. There was inquiry in clarifying questions which was used to help fathers to provide narratives that were detailed.

Results

The study show that most fathers were very attached to their premature newborns while they were in the technological environment. The fathers were emotionally affected although they tried hiding so that they can support their families.

Data analysis
Analysis of the interview was done using interpretive approach. This approach involves systematic circular process which develops as, the provisional understanding of text by the researcher deepens from detailed analysis, successive readings, and consensual validation from the reader. Data analysis started with reading the narrative text, then coding of extract which reflected the aim of the study.

Findings

The results of the interview were put in two categories which are the fathering emotional cost in the technological environment and the difference in power between the nurse and the father.

Theoretical integration

The study indicates that the balance of power in NICU favors the nurses and doctors. The results of the study show that the power tried to remain quiet and did not question the nurses instead they were just watchful.

Discussion
Fathers tried to hide their emotions so that they can appear to be strong for their families. This study indicates that fathers are very stressed when their premature newborns are in the NICU. Most fathers expressed negative feelings like sadness, anxiety, frustration, and fear, and this can contribute to mental illness.

Interpretation of findings

In the emotional cost of fathering, the nurses who were taking care of the premature newborns spend more time and energy in monitoring the machines, which might take preference over nursing the father’s emotional needs. This is because the nurses have to take care of the wrath that the tubes, machines, and wire inflict on a daily basis, thus distancing themselves from the patients and families. This helps them to cope with the difficult emotional situations. In the power differential between the father and the nurse, the fathers did not to criticize the nurses, but instead remained silent and watchful.

Recommendation

This study would be much beneficial if it included the wives so as to interview both sides and deepen our understanding. It would be better if the study includes the nurses and other providers of health care to the samples so that to find out a broad picture of the dynamics of NICU.
Reference

Poblman, S (2009). Fathering premature infants and technological imperative of neonatal intensive care unit *Advances in Nursing sciences* 32 (3)