Fathers’ Gendered Experiences in the Neonatal Intensive Care Unit

There has been a rise in the number of nurturing fathers in the last twenty years and in the belief that a nurturing and a positive emotional bond is an integral part of the father-infant relationship (Fatherhood Institute, 2011; Steen, Downe, Bamford & Edozien, 2012).

The birth of a child and the onset of parenthood can cause stress in the lives of parents, yet the delivery of a premature or unhealthy infant causes increased stress due to the uncertainty about the infant’s survival, risk of medical complications and concerns regarding long-term complications (Alkozei, McMahon & Lalav, 2014; Lasiuk, Comeau & Newburn-Cook, 2013). Due to the highly technical environment, NICUs have the potential to increase stress and alienate of parents from their infants (Busse et al., 2013; Pohlman, 2009, 2005). The technological sights and sounds indigenous to the NICU environment can cause increased fear, stress and feelings of being overwhelmed (Kantrowitz-Gordon, 2013; Pohlman, 2005). Due to this increased stress the father-infant attachment process may be delayed and have a negative impact on a parents’ fulfillment of their parenting role and the premature or unhealthy infant’s cognitive development.

 Traditional gender ideologies emphasize the value of distinctive roles between men and women. According to traditional gender ideologies about family structures, men fulfill their roles through the instrumental or breadwinning role, while women fulfill their roles through the nurturing and/or primary parenting activities (Lundqvist & Jakobsson, 2003). Equalitarian ideologies regarding the family have increased in recent decades, focusing on men and women equally sharing breadwinning and nurturing family roles (Cotter, Hermsen & Vannman, 2011). With today’s variety of gender roles and changes in gender ideologies, studies are needed to understand fathers’ involvement with their premature or unhealthy infants.

Paternal factors such as societal, financial, and gender role expectations can make the challenges of involvement and attachment between a father and their premature or unhealthy infant even more difficult (Martel, Milette, Bell, Tribble & Payot, 2016; Lee, Lin, Huang, Hsu & Bartlett, 2009). Research suggests fathers who transition from the traditional financial provider role to caretaker role have a positive effect on the father-infant attachment process and the infant’s cognitive development (Lee, Lin, Huang, Hsu & Bartlett, 2009; Fegram, Fagermoen & Helseth, 2008). Given the multiple challenges fathers face in the circumstances of a premature or complicated birth, it is essential to understand a fathers’ unique needs to foster involvement and attachment.

 This study provides new insights into the experiences of the vulnerable population of fathers of premature or unhealthy infants since paternal involvement has been underreported and not fully understood. An improved understanding of fathers’ experiences may lead to nursing and healthcare interventions that foster paternal involvement.

 The phenomenon of prematurity and fatherhood has yet to produce a theory of its own although one relevant theory that adds insight into this area, includes Hegemonic Masculinity.

 Critical studies of men and masculinities (CSM) historically has focused on the ‘role’ of the father and the impact their involvement has on child development (Cabrera et al., 2000; Lewis & Lamb, 2007). The concept of hegemonic masculinity does not only explore men’s experiences, but also explores how these experiences form the gendered caring responsibilities with their partners, babies, and healthcare staff in the unique context of the NICU. Hegemonic masculinity represents a fathers’ gender identity as the strong one, the protector of his family. When a father has an infant admitted to the NICU, many men struggle to fulfill their dual roles of provider and sustaining a physical presence in the NICU. Hegemonic masculinity adds insights into how some fathers may struggle to articulate their parenting role in the NICU (Denny, Lohan, Spence & Parkes, 2012).

While there has been evolving knowledge about men undergoing the transition to fatherhood, there is minimal research exploring the involvement of fathers with their premature or unhealthy infants. Neonatal intensive care unit nurses know that how premature or unhealthy infants receive care is integrally related to the social context in which fathers reside. Due to the lack of research and understanding of gender related issues in the NICU further attention is needed. This study closely explored and analyzed fathers’ gender issues and needs.

**Methods**

Using phenomenological data analysis described by Max VanManen (1990), a textual description of the phenomenon of fathering a preterm or ill infant was generated. This knowledge occurred through increasingly more in-depth interpretation of the participant’s language recorded in the narrative texts.

**Setting**

Eleven fathers of varying ages and demographics participated in the study allowing for identification of commonalities or differences across texts. The inclusion criteria were deliberately broad to capture as many fathers as possible to understand the experience of fatherhood.

Inclusion criteria included:

* Fathers 18 years of age or older
* English speaking
* Any father whose infant has been discharged from a Level 3 or Level 4 neonatal intensive care unit (NICU) within the last five years
* Any father who visited their premature or ill infant at least once during the infant’s hospitalization in the NICU
* Any father willing to be audio-recorded

Exclusion criteria included:

* Fathers less than 18 years of age
* Non-English speaking
* Fathers unwilling to be audio-recorded
* Fathers of infants born with an identified congenital anomaly
* Fathers of infants diagnosed with Grade III or Grade IV intraventricular hemorrhage

**Data Collection**

 A demographic survey was completed at the time of the interview. Fathers were then randomly assigned simple three to four letter male pseudo-names which were the only identifiers to appear on the transcript. Interviews were transcribed verbatim by a professional transcriptionist. An open interview guide was used focusing on the experience. The interviews consisted of ‘hermeneutical questions’ meaning that the questions asked, steered away from emotions and feelings but encouraged participants to share their experiences. Participants were asked to describe in detail their experiences of how fathers were involved with their premature or ill infants and how they perceived these experiences.

**Data Analysis**

 Phenomenological analysis aims to explore in detail how participants make sense of their lived experiences. During data analysis the hermeneutic researcher seeks for a textual description of human actions, behaviors, intentions, and experiences of the *lifeworld* through a dialogue with the text (Crist & Tanner, 2003). These descriptions of the experience can offer a deeper understanding of the phenomena under investigation. Analysis of the text involved searching for meanings of the experience, forming patterns by engaging with the data. Meaningful text segments were initially organized into different patterns and then merged to form constitutive pattern and sub-patterns that emphasized the principles in the text. Written interpretations then show connections between the meanings found within and across stories (Diekelmann, 1993). Second-order ideas were then generated using theoretical and personal knowledge. The final section then translated the patterns into a narrative account.

**Findings**

This phenomenological study is based on Heideggerian hermeneutic traditions and interprets the lived experiences of 11 fathers whose premature or unhealthy neonates were admitted to an NICU.

**Constitutive Pattern: Being Thrown into Groundlessness and Gaining Resoluteness**

 The experiences of fathers in the NICU are complex and multifaceted. After many careful readings the following patterns emerged from the text. The overall constitutive pattern of *Being Thrown into Groundlessness* and *Gaining Resoluteness* was found in this phenomenon. Within the constitutive pattern two overlapping dynamic experiences (patterns) were also found. These included patterns: (1) *Present/Being Absent* and pattern: (2) She *and I Are Different.*

 Heidegger used the word groundless to characterize the nature of Being and refers to Being that lies behind the scenes. Only through Being, which is a way of interacting wholly in the world, do we experience meaning as humans (Heidegger, 1962). *Being Thrown into Groundlessness* in this study relates to fathers’ finding themselves jolted into a situation which they have no reference, having feelings of no support, their voice being unheard and finding themselves ‘groundless’. Heidegger described resoluteness not as a complete answer to all the mysteries and unknowns in our Being but a willingness and openness to the unknown (Heidegger, 1927, 1969). For fathers in this study *Gaining Resoluteness* meant fathers must acclimate themselves to the perceived hostile environment of the NICU and the premature or unhealthy birth itself and find a way in which “to be”. Finding ways “to be” meant finding a balance with *Being* *Present/Being Absent and She and I Are Different*. *Gaining Resoluteness* helped fathers begin to construct their fathering role on more stable ground. They were able to begin to ‘get their feet under them’. *Gaining Resoluteness* allowed fathers to be open to insights or ways to move forward in this groundless world.

 In this study the constitutive pattern centered on *Being Thrown into* *Groundlessness* and *Gaining Resoluteness* begins with the delivery and continues through the admittance to the NICU. Feelings of instability, fear, shock and uncertainty all can lead to feelings of *Groundlessness* or an unstable world. A fathers’ ‘Being’ is now grounded in the new and unfamiliar realities in which they find themselves. This new and unfamiliar type of fatherhood has jolted them into uncertainty and a new gender identity. Within this phenomenon two overlapping patterns are described and exemplified throughout the text using fathers’ own words.

In each pattern there will be parts of the constitutive pattern of *Groundlessness* and *Resoluteness* that affect the father and the family now and possibly in the future.

 The first sight of their infant in ‘that bed’ places fathers in a *Groundless* world full of uncertainty and unknowns. The sight of the size of their infant is only a symptom of the overwhelming vulnerability these dads experience due to uncertainty. The shock of the size of the infant has been echoed in previous research and my pilot study (Cummings, 207; Pohlman, 2009, 2005). This experience can lead to uneasiness for fathers because it’s not ‘normal’. The infant’s appearance lying there looking ‘helpless’, ‘vulnerable’ and ‘small’ all contribute to fathers’ feelings of uncertainty. Not knowingwhat will happen, whether their infant would live or die, or whether they will have long-term complications can leave fathers searching for answers and highly emotional.

 The uncertainty of the NICU experience results in various but common behaviors exemplified in this study. Specifically, fathers experience tension between the amount of time they can spend with their infants and providing for their family or Being Present/Being Absent.

Pattern 1: ***Being Present/Being Absent***

 When fathers were asked what they believed their role was while in the NICU, the common response was “it’s very different than I expected”. The premature or complicated delivery has jolted fathers into the protector role that is bound to their hegemonic masculinity. The normal male protector role, the person who has control now starts off in a world of uncertainty and little control. Previous research, including my pilot study (Cummings, 2017) has shown that fathers progress through a series of experiences during their infants’ hospitalization. Initially fathers are concerned with the survival of their partner

 “*…because it was tough because once we were up there in the NICU,*

 *you had to stand up a lot to be with Robbie (pseudonym). And so,*

 *we were – I was very concerned with – with her as well” (Tom)*

Likewise, Tim says, “just knowing how taxing it was on Lilly (pseudonym) was particularly

tough on me” (Tim)

Once fathers have reassurance that their partner’s health had improved, a father’s protector role turns to the protection of their infant. *Groundlessness* for fathers now is seen in their uncertainty of *Being Present/Being Absent.*

 *“The one that really sticks out was the nurse that went to get him out*

 *of the incubator and hit his head on the incubator and played it off*

 *like nothing happened” (Drew)*

This was a salient moment in Drew’s journey. He laughed about it at the time of the interview, but his outrage was heard and shows his struggle related to being able to care for and protect his child. The father’s traditional gender role of the protector of his family places him in a struggle with where he should be, at work or in the NICU, with his wife or their child. Many fathers voiced their concerns with protecting and caring for their infant as well as having to provide for them. They felt they should fulfill both roles. Being a nurturing presence meant not fulfilling their masculine duty, their job as the traditional breadwinner. It placed them in conflict with what and where their gender identities and what social expectations thought they should do and be. This altered start to fatherhood is important because the issue of father-infant attachment underpins the purpose of this study. In this study the role of ‘overseer’ or ‘protector’ seemed to apply to fathers’ partners and infants. Bill’s dual ‘overseer’ role is explained here:

 “*I’d say the overall feeling I got was kind of a helpless, torn feeling.*

 *She, Kati (pseudonym) wasn’t in the same room as the baby, so – I*

 *didn’t know which way to go, if I should stay with her more…Yeah,*

 *I guess the overall feeling is just like a helpless feeling. When you’re*

 *with your baby, you feel like you should be with the mom. When you’re*

*with mom, you feel like you should be with the baby” (Bill). Zac adds to this when saying “It was just scary in the fact that, you know, I wasn’t sure if I was going to lose my wife and baby in the same day” (Zac)*

Many fathers react to a premature or complicated birth by moving towards a more traditional masculine parenting role of provider by returning to work. According to Pohlman’s research (2009, 2005) fathers at times return to work to fulfill their breadwinner role, while others return to work to gain control over some part of their lives. In this study paying the bills made fathers feel responsible for and in control of their family’s financial future. Interestingly, this also caused a paradox. As fathers returned to work and spent less time with their infants, they felt out of touch with all the issues going on with their infants and subsequently they felt they never felt like experts and/or primary caregivers. In short, returning to work caused a discourse between providing for the family and being actively involved. These conflicting priorities emphasize the unique gender role issues father face in the NICU. Several fathers reported going back to work, *Being Absent* or *Being Present* at the hospital created a push/pull paradox which added to their stress*.* Dave felt this paradox:

“*I didn’t feel as*) *up on what was going* *on – the changes and what they were doing” … because of the medical bills I kinda was forced to go back to work a little early – earlier than I would’ve like to” (Dave*

Tom even compared life in the NICU as a job. “I kind of look at it like my job is my job, whether that’s literally my job or being there for the family as well” (Tom). For these dads having a job was synonymous with being a father and husband. These exemplars illustrate how these three concepts: provider, husband and father are inter-related and convey that a father’s identity is bound to the provider role. These findings speak to how perceptions of fatherhood are linked and influenced by a man’s view of the traditional gender role within the family. These conflicting roles created a tension for fathers as they tried to navigate fathering, careers and gender identity demands. This push/pull paradox between the traditional gender identity of breadwinner and protector and *Being Present* at the hospital added to a father’s stress level during the NICU experience.

 Fathers many times attempt to model themselves as the supporter to their partners, which many times means staying strong and not showing their emotions, which highlight one of the male and female gender differences. Also due to the dual roles of *Being Present* vs. provider, some fathers struggle with *Not Being Present* and receiving information second-hand.

*“Cause it’s nice to feel like you have some sort of control. So not being there and kind of getting things second-hand was a little tougher” … “She knew I was there whenever she needed, but there – there was like a struggle there to, you know provide for the family, being at work as well as provide for the family being there in the moment” (Tim)*

For Tim, and corroborated by previous research (Fagan & Barnett, 2003: Schoppe-Sullivan et al., 2008) when fathers received information from their partner, they felt modifications in the information could not be avoided, since what their partner remembered or what they found important could be different than what they wanted to know. These exemplars again echo the dual roles fathers feel they must fulfill, providing for his family’s present and financial future or *Being Present* in the moment.

Furthermore, when a father is seen as *Not Present* by the nursingstaff, nurses may treat the father as a secondary parent and alter the way they communicated with them. When fathers are treated as equals to the mother and encouraged rather than **allowed** to care for their infants, the physical contact is valued, and their sense of control is enhanced.

 *“*Oh, yeah*, very much so. Getting to hold him skin-to-skin helped*

 *me a lot, you know, as well as it did him, it just comforted me and*

 *kind of helped me to know that everything was going to be alright.*

 *Getting to hold my son for the first time and just having him in my*

 *arms and close, ah, put a little comfort in me” (Drew)*

Physical contact for Drew shifted his fathering role from being one of a secondary parent to one of being a “father”. Drew like other participants craved to be a father. He needed to *Be Present* in all ways. After days of knowing his infant in superficial ways such as the name they shared, the first moment of holding his infant solidified their attachment. Holding his infant served as a significant moment in the development of the father-infant attachment process. The hermeneutic question here becomes: How will these NICU experiences shape fathers’ *Presence* or *Absence* in the future?

Pattern 2: ***She and I Are Different***

For many fathers, NICU rules, policies and biases make the NICU a place where being a father is difficult and at times what seems to be an unwelcoming place. A difficulty for many fathers in this study was the stereotypical gender roles of male (father) and female (mother) and *How She and I Are Different*. Fathers themselves along with historical, societal and NICU personnel biases placed them in a place where they need to be acknowledged. For nurses to recognize the difference between themselves and the mother was an important aspect for fathers. When fathers were not recognized as being an important person in the care of their infant, they felt more like a visitor rather than a father when in the NICU.

*“Being a dad…you’re just a visitor really…it is different being a mom*

*than a dad in the NICU” … “Recognizing a person is the father and recognizing him as the father” … “Only to acknowledge that this is the father…show the father that he is welcome” (Jay).*

The above repetition seems like a cry to feel important. Later in the transcript, Jay confessed that because he felt unimportant, and not recognized as a father, he felt the need to repeatedly assert himself to establish his legitimacy. The non-recognition of the father and his needs was an unacknowledged suffering. Healthcare providers must understand that the male gender role generally consists of staying strong and in control amid crisis. For fathers in the NICU, their struggles are associated with emotions that are historically, socially and culturally bound. Fathers and mothers may share these challenges, but a father’s gender identity challenges can present differently. When looking at these differences the hermeneutic question that arises is: Do the different gender challenges fathers face in the NICU impact the father-infant attachment process in the immediate and distant future?

For fathers to *Gain Resoluteness* and find a comfortable place to father they must first begin to acclimate to their unexpected role, where their new abnormal has become normal. They must overcome their fears as well as come to the realization that the infant in that bed is theirs with all the uncertainties. Fathers must find a balance between their hegemonic masculine roles and their own personal needs.

 *Gaining Resoluteness* entails finding the meaning to fathering a preemie or unhealthy neonate and assuming the role of fatherhood. *Gaining Resoluteness* for these fathers required gaining control, protecting their infant and striving for a positive outcome. In short, through striving for a brighter future, being positive and *Gaining Resoluteness,* fathers were able to take control of their lives and identity. For fathers to *Gain Resoluteness* a new way of ‘being’ is required.

 Fathers search for *Resoluteness* through planning for a bright future, for themselves and their infant. Statements like “we want to go home” shows their drive for hope and a positive outcome. The search for a brighter future is a way for fathers to stay healthy during periods of crisis and trauma and a way to *Gain Resoluteness.* Joe and his wife lost a twin: their experience amplifies *Groundlessness and Resoluteness,*

 “No*, I would say that everything else in our life was pretty stable.*

 *Um, and we knew – we knew with the twins, you know, that it*

 *was probably going to be a not smooth sailing. But, you know,*

 *certainly, we’d never – you never considered that – you know,*

 *what – what did end up happening. So – ‘cause we – we went*

 *through the, you know, IVF – you know, the fertility treatments*

 *for my wife, so um, you know, the twins were definitely not a*

 *natural thing. There’s no twins in our family. And it’s kind of –*

 *you know, not everybody is geared up to have twins, and I don’t*

 *think my wife was. So – but obviously, we didn’t get a choice in*

 *that matter. So, I think – I think we both knew it was probably*

 *going to be a rough road” (Joe)*

In these lines we can interpret in the back of Joe’s mind there is guilt associated with pursuing invitro fertilization. This pregnancy was “not a natural thing”. For this father the loss of control began with not having a “natural” conception. “I’m sad that I lost my son who, you know, at two pounds looked exactly like me. Um, you know, I still had this huge chance with my baby girl” (Jack) He further stated:

 *“Another weird thing is when Kevin (pseudo name) passed away,*

 *like I was so um, because when he was in that incubator. Even*

 *though it was only for two days, at the same time, there was*

 *nothing I could do to help. And, you know, it was just watching*

 *this, you know – this piece of me just being in pain and suffering.*

 *and I just wanted it to be over” (Jack)*

In these exemplars even losing his son gave Jack *Resoluteness* through being able to take control of his son’s pain. Although the decision to remove life support was extremely difficult Jack’s “protector” gender identity as well as the general male identity of being in control was apparent. Everything that happened to his son mattered in the moment but could also affect the future. Helplessly watching his son suffer stimulated feelings of powerlessness as seen in this excerpt

*“Yeah, it was tough to not feel like I had any control…feelings of helplessness”* (Jack)

Clearly for Jack and others, the NICU is a place that is controlled by the doctors and nurses. There are policies and procedures that belong only to the medical team. The unexpected and overwhelming environment and the feeling of no control over the situation or the infant’s outcome jolts fathers out of their traditional masculine identity of being the protector, keeping their family safe and being confident in many situations. For Jack and many other fathers in this study the lack of control was a powerful issue. The lack of control often is intimidating and was interpreted as a failure. Jack’s sentiment

 When fathers positively navigate the NICU journey a greater father-infant attachment will develop and there will be improved infant outcomes.

**Summary**

Hermeneutic analysis of the 11 fathers in this study revealed a consistency of patterns that comprise the lived experiences of fathers in the NICU. The world of the NICU is one of uncertainty.  *Being Present/Being Absent*, and *She and I Are* *Different* are all parts of the NICU journey. Positively navigating these aspects of *Groundlessness* and *Gaining Resoluteness* may have a positive impact on the father-infant attachment process and improve infant outcomes.

 Within the constitutive pattern *Being Thrown into Groundlessness* and *Gaining* *Resoluteness* patterns found in this study, two sub-patterns were also found 1) *Being Present/Being Absent*, and 2) *She and I Are Different.* The first sub-pattern *Being Present/Being Absent* shows a father’s frustration in the dual role (provider vs caretaker) he feels he must fulfill. 2) *She and I Are Different* brings to light the hegemonic gender differences and needs of fathers when compared to mothers. Fathers need to be acknowledged as ‘the father’ and as an equally important contributor to their infant’s care, and their outcomes. These patterns and sub-patterns bring to light the challenges encountered by fathers during their infant’s stay in the NICU and their journey to fatherhood. The exemplars throughout this study display the fear, uncertainty and conflicting gender roles fathers face when their babies are placed in a situation of crisis. The inability to be present, noninvolvement and feelings of powerlessness threaten aspects of fathers’ masculinity adding to the sense of Groundless for a dad. Fathers’ biggest need in this study was to be recognized as ‘the father’. The aspects of masculinity, being present, protecting their partner and infant and *Gaining Resoluteness* are male characteristics nurses can foster. As fathers take on their new gender identity and role of a father of a preemie or unhealthy neonate: How can healthcare providers foster fathers in establishing a healthy fathering role?

**Strengths/Limitations**

Previous studies have primarily focused on the experiences of mothers or mothers and fathers combined but this study focused exclusively on fathers. The strength of this study is its qualitative methodology meaning that it is from direct contact with fathers who have experienced the phenomenon under investigation and where the participants are the expert. This study reinforces that there is much to be learned from listening to fathers’ told stories. The study was conducted in three different level four and one level three NICUs with diverse ages of fathers, infant maturity and time spent in the NICU solidifying the results. The length from discharge to interview ranged from 4 days to 14 months allowing fathers to have time to adjust being at home and to reflect on what remained salient for them. The study had many strengths which enhance its value within the body of nursing research.

There were limitations in this study, including:

The study was based on the nuclear family, a father, mother, and child/children which does not necessarily reflect today’s complex family makeups and does not represent all family dynamics today. Results of this study are based on the experience of eleven fathers. It does not include experiences of all fathers who may have experienced the unique experience of prematurity or an unhealthy neonate. However, these common human experiences may be similar across those who experience this challenge. Only fathers of premature infants without any severe perinatal injury were enrolled. PI had limited association with some of the fathers due to working at one of the level four NICUs. Due to this limited association I journaled about my own experiences prior to the beginning of the study and continued reflexive journaling throughout the study. Being aware of my own preexisting ideas helped me separate them from the emerging findings and avoided undue influences on the study.

**Conclusion**

The findings of this study offer insight into the experiences of fathers whose premature or unhealthy infants were admitted to an NICU. It was a privilege to have the opportunity to listen to these fathers’ stories, stories that have the potential to benefit future fathers, practicing and future nurses. This study yielded the interpretations of the lived experiences of *Groundlessness* for fathers in the NICU and their need to *Gain Resoluteness.* It affirms that fathers of premature or unhealthy neonates seek acknowledgement that is vitally important to their ability to withstand the pervasive uncertainty of the NICU. The evidence found in this study expands on the limited amount of research that focuses solely on fathers and offers a starting point upon which to build an expanding body of knowledge advancing the state of the science of nursing.

 The experiences of *Groundlessness* and *Gaining Resoluteness* is a complex, multifaceted phenomenon. The many aspects fathers must accomplish to go from *Groundlessness* to *Resoluteness* can be seen through *Being* *Present/Being Absent* and *She And I Are Different*, all suggesting a greater need for nursing emphasis on helping fathers become more knowledgeable about their infants’ condition and being supportive of their gender differences and needs.

Feelings of powerless and lack of control emerged as a figural experience in the NICU. Although some aspects of powerlessness are inevitable in preterm or complicated birth, but much can be done to help fathers gain control. In this study fathers’ powerlessness manifested itself as not being acknowledged as ‘the father’. When fathers struggled with not being acknowledged it led to finding it difficult for them to find a comfortable place to father. When fathers were acknowledged it helped them deal with the uncertainties of the NICU and their new fathering role. Unfortunately, due to the infant’s condition and the highly technological environment of the NICU the priorities for nurses is to meet the needs of the infant first. Many times, fathers are seen as secondary parents behind the mothers, leaving fathers feeling frustrated and at times unwelcome. In this study a fathers’ need to be acknowledged depended greatly on the nurses. Nurses were the primary source of positively or negatively influencing a father *Gaining Resoluteness.*  Fathers wanted to be acknowledged, gain information and be recognized for the multiple roles they felt they must fulfill. Since research-based evidence documenting that fathers’ involvement positively effects an infant’s outcome it is no longer acceptable for fathers to be treated differently due to their gender or nursing staff gender biases. The father-infant dyad should be supported, and fathers should be encouraged to find a comfortable place to father.

**Implications for Education, Practice, Policy and Research**

The findings of this study are applicable to all health care providers in the NICU whether at the bedside or in a management role. In order to ensure optimal paternal involvement nurses must seek to understand the NICU experience from a father’s point of view. By understanding the factors that influence a father’s decisions and actions, we as nurses can help identity their stressors in the NICU and provide the support they need. Acknowledging that fathers have gender differences and related needs is a fundamental step in NICU father care. This agrees with Ringheim (2002) who stated that ‘providers who deal with male and female clients must be sensitive to their gender roles and how they factor into client-provider interaction” (p. 174). When healthcare providers interact with fathers, they need to meet fathers at their gender identity which many times is different than mothers. Healthcare providers particularly nurses must remain open to these gender differences and not make blanket assumptions about what fathers should or should not do and where they should be. Father involvement has changed over the years, but barriers remain including a fathers’ own uncertainties, fear, work and nurses’ own biases as well as hospital traditional routines. Fathers would gain confidence with primary nurses with whom they have built a rapport making it easier to feel a sense of control and begin the journey to *Gaining Resoluteness.*

**Nursing Education**

Nurses bring to practice their own communication skills. During their education and orientation to the workplace they receive limited training in interacting with patients and families. It is important that techniques of communication be brought into the forefront. Many nursing students and newly graduated nursing students believe the ‘skills’ of nursing are the most important parts of their nursing careers at the expense of their communication skills. Nurses need further education on the benefits of practicing family-centered care (FCC). Nurses who truly practice FCC recognize the importance of the father in their infant’s life and the neonate’s developmental outcomes. When nurses connect emotionally with fathers, they can help fathers find a comfortable place to father.

**Nursing Practice**

Based on the importance of the father-infant attachment process, a fathers’ involvement with their premature or unhealthy neonate is vital in neonatal care. Fathers should be recognized as equally important as the mother in the care of their premature or unhealthy neonate. It is important for healthcare providers to familiarize themselves with the unique challenges fathers face daily inside and outside the NICU. The findings of this study have multiple implications for neonatal nursing practice. First and foremost, the experiences shared by these fathers serve as a reminder to just how fragile fathers are while their infant is hospitalized in the NICU. They are sensitive to our communication both verbal and non-verbal. Neonatal nurses need to care for the fathers with the same tenderness and respect they do the mother and infant. One-way nurses can accomplish this is to acknowledge them as ‘the father’ and welcome them. The perception of mothers being the primary caregiver has been historically and socially perpetuated for decades but needs to change. Considering the evidence from this study and other literature, it is time that neonatal nurses commit to creating an environment in which fathers know and feel like ‘the father’ and that they are critically important to the well-being of their infant. The climate of the NICU needs to change from fathers as visitors to fathers as a contributor. Feelings of being comfortable in the NICU may be the best way to enhance father involvement and improve infant outcomes. Using words like ‘we’ instead of “I” can communicate a shared responsibility and sends the message to fathers that they are equally important, and they are ‘the father’. This study provides nursing with an additional framework in current nursing practice for the betterment of care for the NICU father. Individualized father care will enhance fathers’ experiences of being known and heard potentially increasing paternal involvement. With improved paternal involvement a significant advancement in the father-infant attachment process may be made improving the growth and development of the infant. Enhancing nursing communication and identifying what gender identity the father is at will allow nurses to incorporate fathers’ needs into the plan of care.

Initiatives aimed at supporting fathers should be individualized with a father’s gender identity in mind. Direct observations should be made to examine verbal and nonverbal cues on how fathers are adjusting to the NICU and their fathering role. Health care practitioners should provide information to fathers about their infant’s medical status with sensitivity to the father’s state of shock and uncertainty in mind. A fathers’ opportunity to be close to their infant facilitates attainment of their paternal role in the NICU, because of this, fathers should be encouraged to care for their infants as soon as possible. When fathers can be close to their infants it is instrumental in attaining their paternal role in the unexpected situation. For staff to better understand and overcome stereotypes and gender biases, nurses would benefit from training on interventions for fathers and on their unique strengths and vulnerabilities. This would eradicate the assumption that a father’s silence is either a lack of questions or lack of interest. Nurses can strengthen the shaky ground fathers encounter in the NICU by welcoming and acknowledging them. Neonatal nurses need to remember parenthood in the NICU begins as an involuntary journey, but our goal during and at discharge should be a well-functioning family

From a practice perspective, neonatal nurses need to reflect upon their own past experiences, beliefs and attitudes concerning fathers and fatherhood that could affect their judgements about fathers and their involvement. This study makes it evident that healthcare providers need to guide and intervene when necessary to help fathers gain a strong healthy relationship with their premature or unhealthy neonate.

**Nursing Policy**

Nursing policies and procedures should be developed, specifically aimed at facilitating and supporting paternal involvement. Programs that support fathering such as Fathers Support Group need to be built on the reality that fathers are an important factor in their child’s life. These programs should be built on a fathers’ strengths and acknowledging that fathers are different than mothers.

**Future Research**

 This study provided fathers a chance to tell their experiences, but it would be beneficial to interview NICU nurses to obtain a comprehensive view of the interactions, beliefs and culture of the NICU. Also, future research should be aimed at ways to facilitate building a healthy father-infant attachment and how this affects the relationship after discharge. The stories told by these fathers clearly reflect the unique challenges faced by fathers in the NICU, but would these stories be different for adolescent fathers, fathers who may lie in impoverished areas, or those of further diverse cultures and races.

**Conclusion**

The findings of this study yielded the interpretations of the lived experiences of *Groundlessness* for fathers in the NICU and their need to *Gain Resoluteness.* The study provided affirmation that fathers of premature or unhealthy neonates seek for acknowledgment that is vitally important to their ability to withstand the pervasive uncertainty of life in the NICU. With the limited amount of research solely based on fathers’ experiences in the NICU, the evidence found in this study offers a starting point upon to which to build an expanding body of knowledge and advancing the state of the science of nursing.

In this study the constitutive pattern and sub patterns provide a glimpse of the real-world phenomenon of fathering a premature or unhealthy neonate and what it means to be such a father. Studying fathers exclusively provided insights into their experiences and will help health care providers move away from the assumption that mothers are the primary caregiver and fathers are the supporter.

 Fathers of premature or unhealthy neonates face unique challenges in the NICU. They experience feelings of *Groundlessness* in developing their fathering role. For fathers to *Gain Resoluteness* they need to find a comfortable place to father by overcoming or finding a balance between *Being Present/Being Absent and She and I Are Different.*

 Fathers desire to be active participants in the care of their infants and want to be seen and heard, acknowledging them as equals to the mother’s when caring for their infants. Often there is a disconnect between healthcare providers and fathers due to NICU rituals, employment demands and NICU biases. The relationship between practitioners and fathers many times is centered around “doing” or “telling” them what to do rather than “asking” or considering a father’ gender role, expertise and opinions. The goal of the NICU should be to foster a positive father-infant dyad leading to more positive infant developmental outcomes. Nurses in the NICU play a vital role in helping fathers come to terms with the birth of a premature or ill infant and find a comfortable place to father. Understanding the complex gender issues affecting fathers is an essential part of supporting them during the infant’s stay in the NICU, as well as preparing them for the infant’s discharge home. A thorough understanding of these issues is especially important when it comes to providing support to fathers whose infant may suffer delays. 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.

 Little is known about the needs of fathers in the NICU. This is troublesome, since fathers react and cope differently than mothers to having an infant in the NICU and this may affect he father-infant attachment. We do know that fathers of premature neonate’s experience feelings of stress, frustration, fear, uncertainty and the need to gain control. All these feelings can threaten a father’s sense of masculinity.

 The aim of this study was to explore the lived experience of fathers of premature or ill infants in the Midwest within their real-life context, to discover what it means to be such a father. The study was ultimately successful in these goals, as it enabled the voices of 11 fathers of premature or ill infants to reveal their meaning of the experience.