

# Fatherhood of a Premature Infant: “A Rough Roller-Coaster Ride”

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## Abstract

A man's transition to fatherhood is one of the most significant changes in his life. The birth of the baby prematurely makes this transition a difficult experience. Study objectives included a better understanding of the range of experiences of fathers of premature infants and building new work procedures according to our findings. We used a qualitative content analysis design. We interviewed 26 fathers just prior to their infant's discharge from the neonatal intensive care unit. Our findings reveal a growing trend of the father taking on a more significant role in the care of the infant and equal division of tasks with the mother. Although this is the trend, there are fathers who prefer to keep to the traditional paternal role of standing aside or behind the mother. Pursuant to these findings, specific work procedures for fathers were formulated, and information booklets for fathers and mothers were planned.

## Keywords

fathers, parenthood, premature baby, qualitative, role transition

Men take on various roles throughout their lives, including fatherhood. The dramatic increase in the number of women joining the workforce in the latter

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part of the 20th century has changed family life and roles (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; McGill, 2014). In the past, child rearing was seen as a role resting primarily on the mother; however, paternal involvement has increased in the past three decades (Pleck, 1997; Yeung, Sandberg, Davis-Kean, Hofferth, 2001). Men have become integral to domestic and child-rearing activities and have been taking on more responsibility for the organization and planning of their children's lives (Cabrera et al., 2000; Gerson, 2010).

The first experience of fatherhood is important for the development of the self-esteem of the father and contributes to the forming of his self-image (Osofsky & Osofsky, 1985). Sharan (1989) dealt with this in the 1980s. Later, Sharan and Rimmerman (2005) noted that the transition to fathering a premature infant is accompanied by very high stress levels, and they confirmed the assumption that the adjustment of men to fatherhood in the case of a premature infant is more difficult than that of other fathers (Russel et al., 2014).

Even though the experience of fatherhood gives a feeling of great satisfaction, this is accompanied in many fathers by feelings of doubt regarding their parental capacity or their ability to support their family. In one research study, higher levels of distress were observed in parents of premature babies than in parents of full-term babies (Arnold et al., 2013). Both mothers and fathers of premature infants find the neonatal intensive care unit (NICU) environment stressful (Ionio et al., 2016; Prouhet, Gregory, Russell, & Yaeger, 2018). Fathers of premature infants admitted in the NICU experience significant stress and anxiety, and several factors may disrupt their ability to cope with the crisis, such as the fear of losing their job, feelings of shame in the family and among friends, separation from the spouse and newborn, and lack of knowledge regarding the NICU equipment and care procedures (Shahkolahi, Mahdavi Lenji, & Jafari-Mianaei, 2018). Koliouli, Gaudron, and Raynaud (2016) found that fathers of premature infants (26–35 weeks' gestational age) exhibit high levels of stress as well as posttraumatic stress symptomatology. Fathers expressed less anxiety (Alexopoulou, Evagelou, Mpakoula-Tzoumaka, & Kyritsi-Koukoulari, 2018) and emotional difficulty than mothers but revealed symptoms of depression connected to dealing with the traumatic event (Goldberg & Divitto, 2002). Another study showed that both mothers and fathers of premature infants hospitalized in the NICU experienced grief reactions and there was no significant difference between their grief reactions. However, because these grief reactions are rarely expressed by fathers, they are not detected, not only by health providers but even by themselves. Therefore, more attention has been focused on mothers and their mental health needs (Valizadeh, Zamanzadeh, & Rahiminia, 2013). Provenzi et al. (2016) compared maternal and paternal experiences during the NICU

stay. Their results show that mothers exhibited moderate levels of adjustment to preterm birth and had awareness of their own maternal role whereas fathers had low to moderate levels of adjustment to preterm birth and had limited knowledge of the paternal role.

Notwithstanding the assumption that the father of a premature infant would tend to be more involved in the care of his infant than the father of a full-term infant, it is difficult to consolidate a unified opinion. On one hand, the more medically complicated the condition of the infant, the more the staff is inclined to inform the father and include him in decision making. On the other hand, fathers of children with difficult medical conditions tend to minimize their connection with or even escape from the child. They also describe difficulty in physically touching their child, and therefore these fathers need instruction on how to form their connection with the young infant (Sharan & Rimmerman, 2005). Especially when the premature birth occurred before 32 weeks of gestation, fathers experienced high levels of fear of breaking/damaging/infecting their babies and showed low levels of engagement in their infant's care (Stefana, Padovani, Biban, & Lavelli, 2018). Clear, easily comprehensible information at the onset of the infant's NICU stay will boost fathers' sense of security and make them feel in control of the situation, thereby facilitating their involvement in the infant's care (Modé, Mard, Nyqvist, & Blomqvist, 2014).

Folkman, Lazarus, Grunen, and DeLongis (1986) studied the effect of the degree of control with regard to stressful events. Cognitive assessment of the life-altering event, the first experience of fatherhood, was assessed also and was found to be important for the development of the father's self-esteem and contribute to his self-image. An additional study that took place in Israel, and was published in 2011, found that fathers of premature infants tended to develop symptoms of depression—the same as mothers. However, in contrast to mothers, who recover from this situation, fathers tend to suffer from the depression for longer. According to the researchers, the difference between mothers and fathers stemmed from the lack of support available to fathers, both in the medical system and socially. The study also found that fathers who tended to be self-critical or pedantic were twice as likely to develop depression. This pattern was not detected among the mothers (Elder-Avidan, 2011).

Studies performed since the beginning of the 21st century have noted that fathers experience ambivalence and have different needs and coping strategies (Henwood & Procter, 2003). They require the support of the nursing staff to be able to manage the care of the baby and their transition to fatherhood. During their stay in the NICU, they form a self-image (Provenzi & Santoro, 2015). This is especially true for fathers of premature infants. They face unique challenges that are beginning to be met through innovative service

development (Al Maghaireh, Abdullah, Chan, Piaw, & Al Kawafha, 2016; Walmsley & Jones, 2016).

There is a growing opinion in recent years that the functioning of the parent during the period of infancy influences the child's development (Purdy, Craig, & Zeanah, 2015). In view of this, we stress the importance of caring for the father's mental well-being, thereby empowering him and contributing to optimal results in the child (Giallo et al., 2015).

Recently, much has been written about the changing role of the father (Cabrera et al., 2000; Gerson, 2010; Gorvine, 2010; McGill, 2014; Yeung et al., 2001). In this study, we want to fill the gap that exists in the literature on this point but in relation to fathers of premature infants and their needs in light of their desire to be more involved. To inform the development of effective initiatives to meet fathers' needs, this research has two goals. Primarily, it aims to better understand the range of experiences of fathers of a premature infant, including his perception of the father's role, involvement in the care of his infant, and feelings of responsibility toward the care of the infant. Specifically, the research aimed to describe fathers' perception of the paternal role (cognitive), their feelings at the birth of the premature baby and regarding the baby's treatment (emotional), their involvement during the hospitalization (behavioral), and the factors that promote and those that inhibit the process of adaptation, bringing up questions and dilemmas. Second, the research aimed for an in-depth understanding of the modern father's role, according to which new work procedures can be created and implemented.

## **Method**

### ***Study Design***

We used the qualitative content analysis design. Using a qualitative lens in this study provides a complementary addition to the rich quantitative work on the father's role (e.g., Gorvine, 2010; Hawkins et al., 2002; McGill, 2014) and provides a rich and authentic understanding of fathers' experiences (Stefana et al., 2018). Qualitative research is good at simplifying and managing data without destroying the context. Qualitative methods are highly appropriate if the purpose is to learn from the participants in a setting (NICU) or a process (experiences of becoming a father to a premature infant) the way they experience it, the meanings they put on it, and how they interpret what they experience (Atieno, 2009). Qualitative research deals with questions that involve how a personal experience is built up and has varied significance and components (Ben-Yehoshua Sabar, 2001). The researchers

took a constructivist stance—consistent with acknowledging the presence of different values, beliefs, and points of view, and the relational nature of fathering. The constructivist paradigm allowed for multiple perspectives of the fathering role to come forward. Ways of ensuring trustworthiness or validity in this paradigm include sensitivity to context (e.g., places or situations presented in the fathers' narratives) and bracketing assumptions. The last researcher, who works in the NICU, interviewed the fathers and analyzed the data. To ensure that initial interpretations were not unduly influenced by her acquaintance with the research participants, conversations with the coresearchers included articulating (and setting aside) assumptions and repeatedly returning to the transcripts to seek verification or disconfirming evidence (Creswell & Miller, 2000).

This study deals with the way fathers of premature infants perceive their role, including their responsibility toward their spouse in distress and their understanding of the influence this event can have on their family connections, their daily duties, and their expectations for the future. This study attempts to investigate the personal, familial, and social perceptions and experiences of fathers of premature infants. For this purpose, we used the principle of interpretative phenomenological analysis (IPA). The IPA principle is based on a constructivist approach that posits that people build their reality through their narrative (Shkedi, 2003). Thus, the goal of the IPA principle is to investigate in a detailed manner how the interviewees explain their private and social world and, in particular, the significance that the interviewees place on their experiences, situations, and events (Smith & Osborn, 2003). The objective of the interpretation is to deal with the hidden dynamics as opposed to the exposed, which brings to expression that which would otherwise be hidden (Frost, 2011).

IPA offers integration between different quality methods. In conjunction with phenomenology, it offers researchers a way to learn about subjective experiences and the significance that people attribute to their experiences. In conjunction with the hermeneutic approach, IPA accepts the fact that the process of the study is influenced by the interpretation of the interviewee and also the interpretation of the researcher in his or her attempt to understand what lies behind the interpretation of the interviewee. From the principle of grounded theory, IPA adopts the content-categorical analysis theory (see the Data Analysis section) and the posit that a theory is built on the basis of data collected from interviewees (Shkedi, 2003). The current study aspires to describe the subjective experiences of fathers of premature infants. Therefore, the approach of IPA is the most appropriate to carry out this study.

We followed the standards of Lincoln and Guba (1985) to evaluate the study quality. They referred to the term *trustworthiness* as a quality and reliability

index of qualitative research, that is, how much we can trust the results of the qualitative research. This index is composed of four criteria and strategies to be performed to fulfill the criteria requirements. These criteria are as follows:

1. *Credibility*: whether the explanation suggested by the researcher for understanding the data is really plausible
2. *Transferability*: whether the possibility exists to understand similar procedures and manifestations in different contexts according to the matching criterion
3. *Dependability*: the ability to depend on the results
4. *Confirmability*: Ratification: whether another researcher would be able to reach the same assumptions with the same data and in the same context

### *Participants*

The criteria for inclusion of fathers in the study were as follows: (a) the infant is hospitalized in the NICU, (b) the infant is born at 34 weeks' gestation or less, (c) the infant is about to be discharged (approximately 2 weeks before discharge), and (d) biological fathers only.

The participants included 26 fathers at the Edmond Lilli and Safra Children's Hospital, Tel Hashomer, Ramat Gan, Israel (Table 1). Of these, 15 were fathers of twins. The ages of the fathers ranged between 24 and 56 years. The majority of the fathers were working men living in central Israel. Twenty-three of the fathers were married, 3 were in marriage agreements, 13 were secular, 11 were religious, and 2 were Orthodox.

### *Data Collection*

The open interview with the fathers included open-ended questions regarding their perception of fatherhood (cognitive component), a description of their role (behavioral component), and their concerns (emotional component). We also asked what promoted and what inhibited their adaptation and in what ways the staff could have been of assistance. (Table 2). At the end of the interview, insights were brought up, including their questions and dilemmas.

### *Procedure*

The study was approved by the Helsinki Committee of the Sheba Medical Center, Ramat Gan, Israel. On recruitment of the participants by the research organizer and after receiving their consent to be interviewed, a meeting was

**Table 1.** Participants Demographic Characteristics ( $N = 26$ ).

Pseudonym	Father's age (years)	Years of education	Personal status	Single (S)/ multiple (M) preterm delivery	Birth weight first preterm (g)	Birth weight second preterm (g)	No. of children	Profession
Yair	27	16	Marriage agreement	M	1,620	1,342	2	Hi-tech
Avi	40	15	Married	M	680	1,256	2	Hi-tech
Nahum	25	12	Married	M	810	1,098	2	Business
Nir	24	14	Married	M	1,378	1,090	2	Business
Yoni	25	12	Married	M	1,200	1,256	2	Business
Lahav	42	18	Married	M	1,110	1,780	2	Hi-tech
Kobi	40	15	Married	M	1,490	1,560	2	Insurance
Natan	43	10	Marriage agreement	M	2,175	870	2	Business
Reuven	42	12	Married	M	1,525	1,356	2	Business
Gil	46	16	Married	M	1,430	1,456	2	Hi-tech
Keinan	35	14	Married	M	1,853	890	2	Business
Aharon	56	12	Married	M	2,146	1,789	4	Business
Tom	46	12	Married	M	1,230	870	2	Business
Boaz	47	15	Married	M	1,460	780	2	Business
Ohad	31	16	Married	M	1,390	1,250	2	University student
Lotem	27	14	Married	S	730		1	University student
Leni	26	10	Married	S	1,670		3	Business
Felix	44	12	Married	S	1,200		3	Business
Leon	42	12	Married	S	1,282		3	Business
Omer	43	16	Married	S	1,345		4	Lawyer
Lir	36	14	Marriage agreement	S	1,223		4	Teacher
Shmuel	31	12	Married	S	786		3	Business
Moti	27	14	Married	S	1,567		4	Business
Geva	32	14	Married	S	1,223		3	Business
Nave	50	12	Married	S	786		4	Teacher
Hanan	28	14	Married	S	1,567		2	Business

scheduled at their convenience, usually 2 weeks before discharge of the baby from the hospital. The participants received an oral and written explanation of the nature of the study. The interviews were conducted by the third author, who is a social worker, studying the psychosocial aspect of parents of premature infants. The interviews took place in a private room in the hospital, usually in the afternoon or evening, and lasted about an hour. Several meetings had to be split into two in light of constraints such as feeding, bathing, or other actions related to the baby.

**Table 2.** Samples of Interview Questions.

Question
1. What is your experience about having a premature infant admitted in the NICU?
2. What were your thoughts when you were in the NICU? (cognitive aspect)
3. How did you feel when you were in the NICU? (emotional aspect)
4. How do you assess what promoted and inhibited the process of adaptation at the time you were in the NICU?
5. What do you think the staff could do better to improve your adaptation process as a father?

Note. NICU, neonatal intensive care unit.

### *Data Analysis*

The goal of IPA data analysis is to present the psychosocial world of the interviewees (Smith & Osborn, 2003). This procedure lays emphasis on understanding the content and complexity of their implications. Smith and Osborn (2003) detail the stages of analysis with IPA: First, the researcher reads repeatedly through the text, using the left margins to note and emphasize the significant or interesting points in the interviewee's words. This stage is intuitive and associative. Second, the researcher reads the complete text from the beginning and divides it into distinctive meaning units. In the right margins, the researcher inserts headings for each meaning unit. The intuitive remarks that are written in Stage 1 enhance the understanding of the meaning units and help create conceptual titles that represent the words of the interviewee. Third, the researcher groups the titles of the meaning units into categories and names each category. In the beginning, this is done for each interview separately; later on, cross-case analysis is done, where shared categories are created for all the interviews. Fourth, the themes are connected: The researcher searches for links between the categories that were formed, to build a central theme. Fifth, the themes are written in such a way that they are connected into "theories," thereby reaching the open and hidden meanings in the experiences of the interviewees. At this stage, the theme is translated into a narrative account. The last two stages were not applied in the current study. Then, the researcher expands on and explains the theme and illustrates it with the words of the interviewee (Smith & Osborn, 2003).

Repeated representation of the themes indicated that saturation was achieved in the data set.



## **Results**

The following themes emerged from the interview.

### ***To Be Present in the Delivery Room: An Obligation or Preference***

Not everyone feels able to be in the delivery room. It's embarrassing and stressful:

This is an amazing experience, but I think it needs to be spoken about beforehand and discussed between the husband and wife. (Yair, age 27)

It is a subject that is spoken little about; not all men feel they need to be present, and there are those men who are very afraid to be present. (Avi, age 40)

### ***The Father Should Be Well Prepared in Advance for the NICU, Ready to "Jump Into the Stormy Waters"***

Fathers feel that they are compartmentalized. A visit to the NICU before delivery was suggested to them, but they were afraid and did not go in:

Perhaps I would have been better prepared. . . . I had no idea what I was about to face. (Yoni, age 25)

I was so afraid, but when it actually happened, I pulled myself together and stayed strong. (Nir, age 24)

### ***The Father Needs to Receive Care Just Like the Mother and the Baby***

Fathers feel that they are not an integral part of the treatment process:

It is so important to have a separate conversation with the father. I do not know if this is your protocol; however, it is critical. (Nahum, age 25)

There is a need for specific support for the father of a first child, who has no idea what has happened and needs instruction, guidance, understanding, and attention. He is confused and shocked, at least as much as the mother is, sometimes even more. (Lahav, age 42)

## *A Roller-Coaster Ride With Many Drops, and Each Incline Becomes More Difficult to Endure*

Life in the hospital is full of ups and downs that come unexpectedly without any preparation:

The experience of a premature infant is traumatic. The infant is taken away from the mother immediately after birth, and she experiences disconnection and a feeling of abandonment. (Kobi, age 40)

Everything is frightening; it is like a roller-coaster ride. You feel mainly helplessness and confusion: What is going on here? (Natan, age 43)

Here starts all the confusion and the feeling that this is not your responsibility, you cannot do anything. You are in the hands of the nurses and the doctors. . . . It is very confusing. (Reuven, age 42)

## *I Feel Lack of Clarity About My Role*

The fathers reported that they felt they were unnecessary:

At times, it seems to me that since my wife is nursing the baby, my role as a father is smaller: We planned to use this time now to prepare the house for the upcoming birth, but this has changed now. (Gil, age 46)

I try very hard not to let this affect my work; this really does not have to involve anyone. However, I have discovered good people; for example, my boss, who herself had a grandchild born prematurely, in Week 29, understands the situation well and allows me flexible hours. However, I cannot take advantage. . . . I need to move on. I cannot put my work on hold. (Lir, age 36)

## *There Is No Information Available to the Public About the NICU*

There is no public awareness of premature babies:

I had never heard of an NICU. . . . In my imagination, it was a small room with a few babies. I did not guess the size of the department, the technological devices, and the complicated treatments. (Lir, age 36)

One of the things that bothers me is that there is no general awareness about the premature infants. (Aharon, age 56)

### *How Do I Relate to My Wife After the Birth?*

Fathers feel that the reference to them is as an instrumental object, only to play practical roles:

She is more with the baby, and as we said, she has had a more encompassing preparation for motherhood. Therefore, when I am next to the baby, then start the instructions, like “Do this, carry him differently, you don’t know how to do that” . . . (Tom, age 46)

I have learned many things. Meanwhile, each of us reacts differently: My wife is very emotional, and I am practical, and I am not sure how to respond to her instructions. Fathers are sometimes perceived as disturbing. Fathers feel they are interrupting, wandering around and not knowing what to do. The mothers receive a lot of attention; the fathers are perceived sometimes as disturbing, but it’s really not like that. (Boaz, age 47)

### *Is There a “Maternal Hormone”?*

Fathers are concerned about their attachment with the child:

Does the fact that the fetus is in the mother’s womb a number of months mean that there is a maternal hormone? The infant has felt the mother’s heartbeat all these months and feels her body warmth, but how am I supposed to connect to him? (Ohad, age 31)

### *The Father Has to Know How to Balance Between His Wife, His Children, His Parents, His Friends, and His Job*

Fathers do not know what to do first; there are so many tasks, and everything is urgent and important:

The children are definitely reacting to the birth; they do not understand why they cannot see the baby like all their friends can; they see pictures, but I do not want them to see all the difficult parts. (Lir, age 36)

Fathers expressed difficulty asking for help:

I learned that I need to be very efficient, but also to worry about the children at home. I see my duty is to worry about my wife, my newborn, and the children at home. I made myself a table of tasks on Excel and thought about who I could possibility enlist for help. I need to learn to take help from family members and

friends; there are many tips to receive. It is not shameful, the opposite. No one expects you to be a superman. Eat healthily and regularly, even participate in sport activities if you are used to doing that, and you can even meet with friends. (Leni, age 26)

### *Communication With the Staff Is of Prime Importance*

Fathers stressed the importance of their relationship with the staff:

I feel very close to the staff. We rely on the doctors here, who treated my wife all the way through her pregnancy. Here, I feel at home; this morning, I changed my baby's diaper—finally, I felt that this is actually my baby. (Felix, age 44)

### *How to Transmit Information: Not to Crush but Also Not to Give Illusions*

Fathers felt that the transfer of information was not sufficiently sensitive:

Do not give illusions. Give answers precisely and without hesitation to my questions. I have learnt to be proud of my son, who is a true hero, and I know to tell myself the truth too. My child teaches me how fragile life really is. One has to live each moment with love and optimism. (Omer, age 43)

### *To Deal With All the Information the Family Is Absorbing*

The whole family is absorbing information constantly:

No one really knows every small nuance of treatment. Sometimes the difficulties are intensified by irresponsible information that is passed around, all of which needs to be sifted through and corrected. (Geva, age 32)

### *The NICU Has Been a Bonus: "We Learn Everything Here"*

Utilizing the time in hospital for learning how to care for a child:

I compare myself to fathers of full-term babies. They go home with their baby and do not know anything about them. Here at least we received instruction, information, and confidence, which is very important for everyone. (Nave, age 50)

The qualitative research reveals a range between total involvement already during the pregnancy and in the delivery room, an involvement of "observation from a distance," and involvement keeping to the traditional paternal

role, where the care of the infant is solely the responsibility of the mother, with the mother being "front stage." From the interviews, we derived that most fathers feel involved and contributing and take on themselves a well-defined and organized role. Today, there is an extra emphasis on enlisting fathers immediately after the birth, as well as extra attention paid to them toward the time of discharge. Together with this, we see that awareness of the fathers' needs puts them in the spotlight, which is now being tested and monitored in the framework of the work procedures.

The themes that came up were passed on to the medical and nursing staff. Until these procedures were implemented, the widespread opinion was indeed that fathers are in no less distress than mothers. However, until now, no structured and focused work pattern was formed to address this need. During the past 2 years, attention was focused on the fathers, and the conversations with the fathers do indeed show us expression of these changes above, coinciding with the global social changes and the instrumental adjustments in the NICU. One notes ambivalence, lack of clarity regarding their role, and conflicting tasks between the care of the premature infant and the children at home.

According to these themes, the medical staff created new procedures for conveying information to and communicating with parents:

1. *Addressing the father personally and relating to the birth of the baby:* Not everyone is comfortable wishing "Congratulations" in every situation; therefore, it was decided to positively note the baby's arrival with a "Welcome to the department" or "Congratulations" according to the situation.
2. *Introduction:* Get the father's name and job details, noting who is on the staff caring for his baby.
3. *Contact with the baby:* Suggest that the father touches the child, and enable him to do so. Most fathers are afraid to go close and touch the baby, therefore this initiative on the part of the staff toward the parents will instill in them the feeling that they are indeed partners in the baby's care, to the extent that the baby's condition and development allows.
4. *Photographing the baby for the mother:* Suggest to the father to photograph the baby to show the mother, who cannot come to see the baby at this point.
5. Offer a brief explanation of what is being done for the baby.
6. Mention that to make it easier for the father, at this point the staff will provide a brief explanation and at a later stage more detailed instruction and information will be given: "Within the next 24 hours, you will receive explanations and information from the nurses and doctors."

Information will be provided along the way in an organized fashion; the staff are conscious of the need to update parents and are prepared for it.”

7. Provide a plan of treatment for the time being.
8. Provide a short explanation of the monitor and the stickers on the body of the baby.
9. *Procedure for admission to the department:* Risk management, noting its purpose: “In order to ensure maximum health for your baby, the people who may enter the department are . . .”
10. *Nutrition:* Provide an explanation regarding when the baby eats and how, emphasizing that there is importance in the mother’s milk, but proportionally, “we will be starting to feed the baby in the next few hours; we will start with a formula, but we will be happy to accept the mother’s milk since it is very important for the baby.”
11. *Provide a prediction for the next stage:* what the next stage is, a brief explanation from the treating physician, and a meeting with the secretaries of the department: managerial admission
12. *Plan the next meeting and its purpose:* “Right now, you should go and get stickers printed. In another 3 hours, we will meet again, and you will receive more information.” It is important to explain how to get back into the NICU and how to leave until they are given parent entry cards.
13. *“Place” orientation:* Monitor values, stickers, body heat, saturation-level measurements, feeding tubes, endotracheal tubing, respirators, infusion, the incubator and its function, blue light therapy for jaundice, and brain ultrasounds
14. Outline the plan for the next 24 hours.

## Discussion

The current study opens the door to future research and provides a framework from which others can base their research. As the fathering role changes, future studies can further explore involvement in fathering roles in light of having a premature infant. The findings of the interviews demonstrate high involvement of the fathers during the period of pregnancy, at the birth, and in the care of the newborn. Some described a conflicting situation with questions, hesitations, and dilemmas. The responses of the parents ranged from total devotion—a caring father who will naturally step into the role, motivated and without questions or doubts—to, on the other end of the spectrum, fathers who prefer to keep a distance and stay in the background, without taking an active role; they have certain fears that hold them back—some fears that they are aware of and can define and others, intuitive.

With a sociological perspective, we are monitoring the social changes in Israeli society. We see that Israeli society is in the process of formation, dealing concurrently with many tasks that have intrinsic implications for its formation, all while having to provide immediate solutions to the new problems that continually come up. There is no doubt that the family environment—the society in all its aspects—has changed and is still changing further. The social reality is characterized by cultural diversity and by constant change and multiple options, the dimensions of modernity (Fogiel-Bijaoui, 1999). The majority of family setups have disintegrated, as well as the connections between the setups that were prevalent in Western society until the latter half of the 20th century (Rabin & Appel, 2002).

In addition, the psychological studies and the psychoanalytic school of thought in Israel and globally point to changes in the paternal role, with ups and downs through the years, with some periods of almost rejection. The fluctuations in the psychoanalytic discourse resemble a children's seesaw, with the father and the mother sitting on opposite ends: When the mother is lifted up, the father goes down (Sobolewski & King, 2005). Today, the Israeli father holds an important place in the rearing of children (Katz, 2009)

The literature describes different ways of coping with stress. Our participants used two main coping strategies: The first is to try to solve the problem, with active coping and planning solutions, and the second is calming—calming oneself, calming one's inner world, and regulating the emotions that are overtaking oneself (Mikulincer, 2002).

Theoretical approaches are described for developing strength. According to Belsky (1984), the figure of the caregiver (father, mother) has two functions. The first is to be a safe haven—a shelter. When the baby is in stress, he knows that there is someone he can rely on who will calm him and take him out of his distress. The second is to be a safe base. The baby feels he can leave the safe haven and go out into the world, distance himself from his origin, search, examine, and take risks. However, if he should be in distress or in danger, he has the possibility of returning to his safe haven for a “refueling.” This can be likened to a child learning to walk. He walks a few steps, stops, looks backward, and then carries on. The looking backward means “The safe haven is here. I am safe. I can carry on further.” In the years of maturity, an expression of this initial need is in a relationship—the need to create a family framework is a basic need of a person, as well as the need to preserve a stable relationship.

Clinical experience together with the research reveals a growing trend of fathers taking on more roles that are significant in the treatment of their infants and children, and equal division of tasks with the mother (Sobolewski & King, 2005). This trend is displayed in the fathers' feedback during the open-ended interviews regarding the medical care of the infant and their

personal attention and emotional involvement. Although this is the trend, there are some fathers who prefer to keep to the traditional paternal role of stepping aside or staying behind the mother, without taking an active part in the treatment and decision making (O'Brien et al., 2015).

Defining the main themes that emerged from our interviews, new work procedures were delineated to the treating staff. These include relating to fathers in a specific way, as an intrinsic part of the comprehensive mother and baby care, beginning from during the time of the pregnancy and carrying on through the birth procedure and the care of the infant at home after discharge. The father is enlisted in a complete partnership (Al Maghaireh et al., 2016; Solomon, Hays, Zaslavsky, Ding, & Cleary, 2005).

### *Limitations, Implications, and Future Directions*

We are looking to evaluate in the future the different requirements and different adaptation patterns of different types of fathers to the birth of a premature infant, and to learn how to apply the treatment responses differentially to the different types of fathers. Of note is that some fathers viewed the interviews as a milestone that would help future parents. Pursuant to these findings, specific work procedures for fathers were formulated and information booklets for fathers and mothers planned regarding the themes that were brought up and that are not addressed routinely within the department or outside it. In addition, a review of the work procedures that were built based on these themes is also planned.

There are some limitations to this work. First, only fathers were interviewed; we have no information about mothers' perspectives. Second, our sample was homogeneous; all the fathers were Israeli, most were married, and all were biological fathers. Therefore, the findings cannot be generalized to other groups of fathers.

### *Conclusions*

In view of the present study findings, we have a mission to discover the meaning of the stress a father undergoes and to discover his way of coping. We have to strengthen his inner resources and provide a supporting overlay—gathering pertinent information for him, giving him opportunities for ventilation, and allowing him to choose the coping strategy that suits him. The program for fathers was not evaluated. Monitoring the medical staff for the implementation of the procedures will give us a new basis to confirm our approach and perhaps expose us to new findings.



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