

NURSES PERCEPTION REGARDING FAMILY INVOLVEMENT IN NEONATAL AND POSTPARTUM CARE: A QUALITATIVE STUDY

Qualitative Study

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ABSTRACT

Background: Prenatal care nurses play a pivotal role in educating and supporting new parents, fostering constructive maternal and paternal involvement from the onset of a child's life. Understanding healthcare professionals' attitudes, beliefs, and behaviors is crucial to ensure inclusive, high-quality prenatal care. These factors can either encourage parental engagement or inadvertently marginalize fathers, thereby impacting the quality of care provided in neonatal and postpartum settings.

Objective: This study aimed to explore the attitudes, beliefs, and practices of neonatal and postpartum nurses toward fathers' involvement in newborn care, highlighting the cultural and systemic factors influencing their engagement.

Methods: A qualitative descriptive study was conducted involving ten nurses (90% female, 10% male) from neonatal and postpartum units in hospitals located in two major cities, Multan and Lahore, Punjab, Pakistan. Participants were recruited through purposive sampling. Structured interviews lasting 25–35 minutes were conducted via telephone, capturing data on nurses' attitudes, perceived efficacy, and practices related to father-directed actions. Data analysis involved qualitative content analysis using NVivo 12 software, categorizing responses into themes such as father-child interaction, parental education, and nurses' roles.

Results: Participants demonstrated generally positive attitudes toward parental involvement; however, 80% reported that the existing healthcare culture prioritized the mother-child dyad. Over 70% expressed normative views influenced by gender, race, and cultural norms, which limited their engagement with fathers. Fathers were perceived as secondary caregivers, with 60% of nurses indicating minimal direct interactions unless prompted by fathers' presence or inquiries. While 90% of participants acknowledged the importance of educating both parents, none had received formal training on engaging fathers, with 40% expressing a need for such instruction. Cultural differences in paternal involvement were also observed, with higher engagement noted among Nigerian and younger African American fathers compared to others.

Conclusion: The study highlights that prevailing maternal-centric attitudes among nurses may unintentionally marginalize fathers, limiting their involvement in neonatal and postpartum care. Structured training programs and policy reforms are essential to foster equitable parental engagement and support inclusive family-centered care. Further research is recommended to explore the broader impact of provider attitudes on father involvement in newborn care.

Keywords: Family-centered care, father involvement, neonatal nursing, nurse attitudes, postpartum care, qualitative research, parental engagement

INTRODUCTION

Family-centered care (FCC) has become a cornerstone of prenatal and postpartum healthcare delivery, emphasizing the importance of engaging both mothers and fathers in the care process. Nurses, as pivotal members of the healthcare team, play a significant role in fostering an environment that promotes active parental involvement. They are uniquely positioned to educate and support new fathers during their transition to parenthood, ensuring a holistic approach to family well-being. This inclusive model of care empowers parents to make informed decisions, enabling them to confidently provide care for their hospitalized child and continue doing so at home. However, the practical application of FCC principles often reveals inconsistencies, with significant variation in how these guidelines are interpreted and implemented across hospitals, healthcare organizations, and even within departments of the same institution (1). These discrepancies are further influenced by individual healthcare providers' training, perspectives, and experiences (2). Despite the growing emphasis on family engagement in healthcare, fathers frequently feel overlooked in prenatal and postpartum settings. Research has highlighted that fathers often perceive themselves as excluded and relegated to a secondary role, with healthcare providers predominantly focusing on mothers (3-7). Instructional materials and communication frequently cater to maternal needs, offering little acknowledgment of paternal roles and contributions. Providers may fail to directly address fathers, thereby undermining the core objectives of FCC, which aim to empower and educate both parents equally (5). This marginalization of fathers contradicts the broader goal of equipping families to actively participate in the care of their children, both within healthcare settings and at home.

Enhancing fathers' experiences in prenatal and postpartum care begins with understanding the attitudes, knowledge, and behaviors of healthcare professionals who interact with them. Studies indicate that nurses may harbor implicit biases regarding fathers' caregiving abilities. For instance, a Swedish study revealed that while nurses acknowledged fathers as capable caregivers who should participate in child care, 65% of respondents believed mothers were inherently more compassionate (8). Similarly, another study found that child health nurses did not view promoting father involvement as a core aspect of their professional responsibilities (9). These findings underscore the need for a paradigm shift in how nurses perceive and engage fathers within the context of FCC. Notably, there is a dearth of research examining healthcare providers' perceptions of fathers, particularly in the United States, and even less on how these perceptions influence provider-father interactions in prenatal and postpartum care settings. Nurses' attitudes toward fathers, their understanding of fatherhood, and their self-perceived roles in facilitating paternal involvement can significantly impact the quality of care delivered to families. This study aims to bridge this gap by investigating the attitudes, knowledge, and practices of nurses who frequently interact with fathers. By identifying opportunities for targeted education, training, and quality improvement, the findings will contribute to a more inclusive, family-centered approach to neonatal and postpartum care.

METHODS

This qualitative study was conducted as part of a broader investigation into postpartum nurses' behavior modification in pediatric hospitals in Punjab, Pakistan, utilizing the framework of the Theory of Planned Behavior (TPB) (10). TPB has been extensively employed in nursing research to explore attitudes, practices, and behavior change in healthcare environments. For this study, an interview protocol was designed to collect descriptive data on nurses' attitudes, beliefs, perceived efficacy, and intentions toward interactions with fathers and father-directed practices. The protocol included 19 questions covering topics such as nurses' training, roles, responsibilities, approaches toward fathers, and opinions on paternal involvement in newborn care. Purposive sampling was used to recruit participants. Study coordinators distributed information about the study's objectives and parameters to colleagues in postpartum units of local hospitals. Nurses expressing interest contacted the coordinators to volunteer for participation. Despite meeting the study's criteria, only ten nurses were included due to financial constraints. The participants were selected to reflect a diverse range of hospitals, including those serving public and private payers. The sample consisted of ten nurses—nine female and one male—working in postpartum wards across two hospitals in two major cities in Punjab. The participants' professional experience included postpartum units, neonatal intensive care units (NICUs), and educational roles. This diversity ensured a broad representation of experiences and perspectives.

Data collection followed a qualitative descriptive approach, chosen for its utility in describing phenomena without necessarily developing new theories (11). This method was particularly suited for exploring under-researched topics and informing the development of survey instruments (12). Interviews, conducted telephonically by the first author, lasted 20–35 minutes each. To ensure confidentiality and candid responses, verbal consent was obtained before the interviews, and written consent was waived to prevent participants from being identified. The study's purpose, focused on understanding nurses' interactions with fathers, was communicated before the interviews commenced. Detailed field notes were taken during the interviews, supplemented by analytical memos immediately afterward and during the formal analytical process (14, 15). These measures aimed to capture rich and accurate data while safeguarding participant anonymity. Responses were securely stored using the Research Electronic Data Capture (REDCap) system, which organizes and preserves survey data in a user-friendly format (16). Data analysis was performed using NVivo version 12 software, applying both content and thematic analysis methods (17-19). Initially, responses were organized by interview questions, with the questions serving

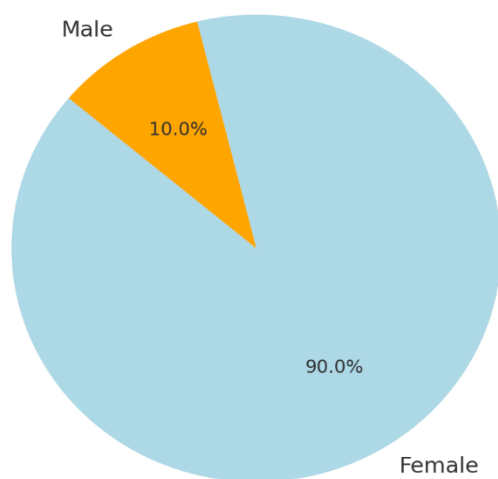
as the primary unit of analysis. An inductive coding approach was used to analyze the data within each question (20). Subsequently, themes were identified across multiple questions, and the analysis incorporated both manifest and latent content. Themes and codes were categorized into overarching areas: nurses' roles and training, interactions with fathers, paternal involvement in newborn care and education, and perceptions of fathers' roles. This methodology was robust and systematically designed to capture nuanced insights into the interactions between postpartum nurses and fathers. However, a potential limitation was the relatively small sample size, which, while diverse, may not fully represent the broader population of postpartum nurses. Additionally, the reliance on telephonic interviews could have influenced the depth of responses compared to in-person interactions. These limitations were mitigated by employing rigorous qualitative methods and ensuring confidentiality, thereby enhancing the reliability and validity of the findings.

RESULTS

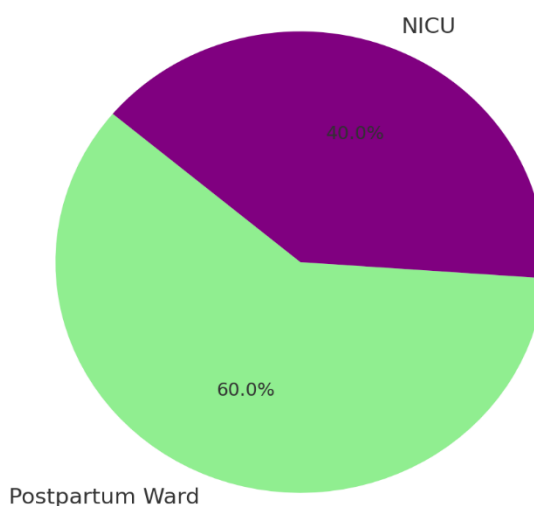
The analysis of interviews provided comprehensive insights into nurses' perspectives, practices, and challenges regarding father involvement in postpartum care. Participants outlined their responsibilities, training experiences, methods of interaction with fathers, and perceptions of paternal involvement, which revealed significant patterns and themes. Nurses consistently identified their primary responsibilities as providing direct care to mothers and newborns, including breastfeeding education, postpartum assessments, and neonatal care tasks such as umbilical cord care, swaddling, and bathing. All participants emphasized the importance of educating parents as a core aspect of their roles. However, this education was predominantly mother-focused, with fathers often included only when present. Nurses reported relying on mothers to relay information to fathers or offering information again when fathers later became available. No participant described intentional planning to involve both parents simultaneously, reflecting a reactive rather than proactive approach to father education.

Despite recognizing the need for enhanced communication training, most nurses believed that their existing on-the-job experience was sufficient. Only a minority expressed interest in additional training to improve interactions with fathers, particularly in addressing their emotional and psychological states post-delivery. One nurse highlighted the difficulty of engaging fathers, stating it was "easier to communicate mother-to-mother but harder with fathers." Another noted the potential value of training in respectfully engaging fathers who appeared hesitant or disinterested in participation. In terms of father-child interactions, all participants stated that they made efforts to involve fathers when present, using methods ranging from demonstrating newborn care tasks to providing verbal encouragement and support. Educational strategies included providing specific instructions on daily caregiving tasks and seeking fathers' opinions and feelings about their role. Nurses described their approach as non-coercive, avoiding pressuring fathers who appeared disengaged or uninterested. One participant noted, "I engage fathers more if they seem eager to participate, but I do not force involvement if they seem disinterested." This adaptive approach highlighted the variability in paternal engagement based on individual attitudes and behaviors.

Gender Distribution of Participants



Work Settings of Participants



Perceptions of fathers' levels of involvement varied significantly, with nurses attributing these differences to personal, cultural, and situational factors. Participants observed that some fathers were highly engaged, asking numerous questions and actively participating, while others were disengaged or absent. Cultural differences were frequently mentioned, with one nurse noting that Nigerian fathers

were typically very involved and inquisitive, while another highlighted differences in paternal involvement among younger African American fathers in the United States. These observations reflected diverse dynamics in father engagement influenced by background and context. Nurses overwhelmingly agreed on the importance of paternal involvement in neonatal care, citing benefits for both the child and the family. Participants emphasized that active father participation strengthened father-child bonds, reduced maternal stress and anxiety, and positively influenced family dynamics. However, a notable dichotomy emerged in how nurses perceived fathers' roles: some viewed fathers as equal partners in caregiving, while others framed them as secondary or supplementary caregivers, stepping in only when the mother was unavailable. References to fathers as secondary caregivers were more frequent, suggesting a prevailing perception of maternal primacy in caregiving. The results highlight gaps in structured father-focused education and communication strategies, underscoring the need for targeted training to foster greater paternal involvement. Nurses' approaches to fathers were largely informal and dependent on individual engagement levels, reflecting an opportunity to standardize practices to enhance inclusivity and family-centered care. A structured focus on paternal education and involvement may further support the objectives of family-centered care principles by empowering fathers and promoting equitable parental roles.

DISCUSSION

The findings of this study carry significant implications for the conceptualization and delivery of family-centered maternity care, highlighting both progress and persistent gaps in addressing the needs of fathers. Over recent decades, maternity care has shifted from provider-centric paradigms to more inclusive models that emphasize shared decision-making and parental empowerment. However, postpartum care continues to predominantly focus on mothers and infants, with limited deliberate efforts to integrate fathers into the care and educational processes (21, 22). Despite expressing generally positive attitudes toward paternal involvement, nurses did not consistently translate these beliefs into purposeful strategies for engaging and educating fathers, revealing a gap between attitudes and practices. The Theory of Planned Behavior (TPB) provides a useful framework for understanding how normative beliefs, attitudes, and perceptions of efficacy influence intentions to engage in specific behaviors. In this context, the targeted behavior involves empowering and educating fathers to actively participate in the care of their infants (10). The study revealed that while nurses held favorable views of father involvement, their perceptions were often shaped by traditional gender roles, viewing mothers as the primary caregivers and fathers as supplementary figures. This conventional perspective influenced the nurses' approach to engaging fathers, with limited proactive measures to incorporate paternal involvement as a standard aspect of postpartum care.

Nurses recognized parent education as a central component of their role but tended to prioritize educating mothers, reflecting the entrenched institutional focus on maternal care. Father involvement was often viewed as ancillary to their primary responsibilities, with interactions occurring informally and opportunistically rather than through structured programs or strategies. Nurses demonstrated a willingness to involve fathers but lacked formal training, clear objectives, or tools to effectively engage them. Cultural and familial dynamics further influenced their approach, as nurses aimed to respect boundaries while providing support. These findings suggest that institutional priorities and norms significantly shape nurses' behaviors, limiting the scope of father-focused initiatives. The study's strengths lie in its use of a qualitative descriptive methodology, which provided rich insights into nurses' perspectives and practices. By capturing a diverse range of experiences across multiple settings, the study highlighted the complexities and challenges associated with integrating fathers into postpartum care. However, the study's small sample size and reliance on self-reported data may limit the generalizability of its findings. Additionally, the absence of observational data to complement interview responses may have constrained the depth of analysis. Despite these limitations, the study offers valuable evidence to guide improvements in family-centered maternity care.

The lack of formalized training for healthcare providers on engaging fathers represents a critical barrier to achieving equitable parental involvement in neonatal and postpartum care. The absence of structured programs leaves nurses to rely on personal experience, which may perpetuate inconsistencies in paternal engagement. Addressing these gaps requires institutional commitment to revising policies and protocols that prioritize father involvement alongside maternal care. Evidence-based tools and training programs should be developed to enhance healthcare professionals' capacity to meet the unique needs of fathers, particularly in community and hospital settings. Furthermore, additional research is needed to explore paternal perspectives, evaluate the impact of inclusive practices, and develop strategies that challenge traditional caregiving norms. The study underscores the necessity of a systemic shift in postpartum care that recognizes fathers as equal partners in parenting. Achieving this objective will require addressing normative beliefs and attitudes among healthcare providers, fostering an environment that values and supports paternal engagement. By bridging the gap between attitudes and practices, family-centered care can evolve to better meet the needs of all parents, ultimately promoting improved outcomes for families and newborns.

CONCLUSION

Enhancing the healthcare experiences of fathers within prenatal and postpartum settings requires a shift towards a more inclusive family-centered care model that equally acknowledges both parents as primary caregivers. While the needs and expectations of mothers and fathers may vary, they are equally vital to fostering a successful transition into parenthood. Postpartum nursing should aim to provide comprehensive knowledge, support, and resources to empower both parents in their caregiving roles, ensuring they feel prepared and confident in caring for their child both in the hospital and at home. Future research is essential to explore and address the necessary shifts in provider attitudes and practices to create an equitable and supportive environment that fully integrates fathers into prenatal and postpartum care.

Author	Contribution
Madiha Umar	Conceptualization, Methodology, Formal Analysis, Writing - Original Draft, Validation, Supervision
Samra Arif	Methodology, Investigation, Data Curation, Writing - Review & Editing
Sobia Arif	Investigation, Data Curation, Formal Analysis, Software
Adeela Qayyum	Software, Validation, Writing - Original Draft

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