

## Transition to Parenthood: Nursing Intervention to Promote Paternal Competences

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**Key Words:** *parenthood; parental competences; father-son relationship; positive parenthood; father's role.*

**Summary.** *This paper intends to disclose the role nurses play in the inclusion of the father in the pre- and postnatal care, promoting the parental competences, starting with the desire to conceive a child until the first 3 months of the baby's life. In order to accomplish this, it is necessary to acquire competences of knowledge about the subject, identify the father's intervention needs and acknowledge the importance of positive parenthood and the conjugal relationship to the healthy development of the child.*

*Two approaches were employed in the study: a systematic review of literature and, in clinical practice, the observation of nursing interventions in the nursing consultation of pregnancy, child-birth, and puerperium.*

*The transitions theory, by Afaf Meleis, was used as a nursing reference due to the research being centered on the transition to parenthood. The central concepts were family, parenthood, positive parenthood, conjugality, paternity, parental competences, parental partnership, and conjugal parenthood.*

*The paper was concluded through data collection and processing. The data were collected from databases, books, master theses, and scholarly journals. The collection was based on the following criteria: the principal subject was the parental competences; studies published in the last 15 years in Portuguese, English, and Spanish; matching the keywords. In the data processing phase, the most adequate data were selected and then interpreted according to the referenced authors.*

*In conclusion, the father's role in pre- and postnatal care still needs further research and a critical and reflective analysis from nursing professionals so that fathers can be included and their parental competences can be promoted. It is also important to develop programs of promotion and preparation for parenthood in each country. Regarding the preparation for parenthood and the promotion of parental competences, the literature still tends to highlight the maternal role, their needs and concerns, rather than the paternal responsibility. The same happens in clinical practice since health professionals, particularly nurses, continue to focus their intervention on the mother-child dyad, not providing moments allowing the inclusion of the father.*

*Despite the existence of programs of promotion and preparation for parenthood in some countries, none have been designed by nurses, and when the implementation of some of these programs in clinical practice was examined, it was found that the action that favors the mother as the main focus of care, promoting only one part of the parenthood subsystems, i.e., the motherhood, perpetuates in practice.*

### Introduction

Transition to parenthood is becoming more and more relevant, being an interesting area in nursing (1). Nurses have an important role in reinforcing competences and supporting the development of skills, allowing families to have an active role in the healthy development of the child. Nursing is a privileged profession to do this due to its proximity to families.

According to Meleis (2), transition is a concept related to one or more significant changes in one's life. These changes work through modification of

the identity, meanings, roles, relationships, expectations, skills, or behavior patterns, as a result of the stimulus or the acquisition of knowledge and competences. Consequently, individuals change the way they see themselves and the world; changing behaviors means that individuals reorganize and redefine themselves in order to incorporate the changes in their lives (3, 4), which implies that there is a psychological adaptation process (5).

Parenthood, as defined by the International Classification for Nursing Practice (1), is the action of caring through taking responsibility of being a

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mother or a father, developing behaviors that help the newborns' inclusion in the family, thus, promoting the child's growth and development, and incorporating individuals, families, friends, and society's expectations into the behaviors related to parenting roles.

Although parenthood is not a new transition, it still represents a challenge full of doubts and insecurities (6). Even though a couple follows the steps of their parents, they will also go through their own newly formed family's evolution. This way, their experiences and environment will produce a new parental model (7). In order to obtain a healthy child's development, this new parental model needs to promote a safe environment and provide the necessary tools to do so. This makes parenthood an exciting but rather demanding and challenging task. Hence, having a child brings ample changes and adaptations to new roles, responsibilities and day-to-day life, having a big impact on personal and familiar life of the new parents.

For this reason, the birth of the first child is considered to be a key moment because it marks a transition moment in the family's cycle (8). This transition may result in instability but also constitutes an opportunity of developing and gaining psychological and social competences (9, 10, 11). According to Canavarró (10), parents face development tasks that are crucial in caring and raising a child. Therefore, the parents' learning is going to have an effect on the child's healthy development and the parents' own personal growth.

Consequently, transition to parenthood could represent not only a moment of confusion and instability for parents, but also a moment of satisfaction. This is considered to be, by McKellar et al. (12), as "a major life event and may be one of the most acute changes experienced during a person's life. Nevertheless, many parents find themselves unprepared for their role." In addition, "research has consistently demonstrated that the birth of a child is often a stressful event and brings about more profound changes than any other developmental stage of the family life-cycle." It is within the nurses' role to support future parents in this complex task, so they can achieve higher stability and have an opportunity to grow, develop, and become empowered (13). Also, the nurses' function is to provide continuity of care between prenatal and postnatal periods, being available to answer any questions and reinforcing parents' skills to the development of their parental and conjugal role. In order to make this a reality and bearing in mind the deep changes in nowadays society, nurses need to raise awareness of the necessity of new work methods and intervention programs built to support the transition to parenthood. However, these methods and programs need to be focused not only on the mother-child dyad but also on the spe-

cific competences of the father. The nurse should protect the client's interests, defending the father's involvement from the beginning and at all levels, ensuring equality and equity of rights (14).

On that account, nowadays, promoting healthy parenthood implies the father's involvement in the parental project. Before, men used to be out of all pregnancy experience, leaving to the mother the responsibility for children education, but nowadays we can see a growing cooperation between both parents in order to ensure the best for their kids, enhancing the paternal role and the way emotions are experienced by the couple (15), each one looking for his/her own personal experience, either in tasks demanded by pregnancy or the newborn (16). This change in family models is considered positive and brings new meaning to what the father should be, thus increasing the importance of father's presence in the growth process (17).

This is a positive evolution in the family models that brings along new meaning to being a father. Furthermore, the necessity of the father figure grows in the child's development (17). This assumption has grown from the child's need of having an adult conjugal couple – forming the parental partnership – to develop a positive image about relationships.

Acknowledging that the father is a crucial part of the child's life is essential for nurses and other clinical staff to promote paternal competences, providing support starting with the decision to have a child. By doing this, nurses facilitate the fusion between the parental and the conjugal role.

In conclusion, for a better nursing intervention, it is important to understand and reflect over this problem. Hence, this paper intends to identify the intervention's needs in transition to parenthood, bearing in mind both partners (father and mother), and also identify the specific nursing interventions for the development of the father's competences, bringing up parenthood programs that can have positive outcomes for the child and parents.

### Material and Methods

Two approaches were employed in the study: a systematic review of literature and, in clinical practice, the observation of nursing interventions in the nursing consultation of pregnancy, childbirth, and puerperium.

The literature review seeks to answer these questions: "What is the impact of parenthood on conjugal dynamics?" "What is the father's role in the family?" "How can nurses promote the father's involvement in the prenatal and postnatal care?" "How can nurses promote father's competences?" To answer these questions and to understand the nursing care in this area, the data were taken from databases, books,

master theses, and scholarly journals, between September 2013 and March 2014, with the following keywords in Portuguese, English, and Spanish: “parenthood,” “parental competences,” “father-son relationship,” “positive parenthood,” and “paternal role.” The collection of the data was based on the following criteria: the main subject was parental competences in fathers with newborns; the studies were published in the last 15 years in Portuguese, English, or Spanish; matching the keywords. The most adequate data were selected and then interpreted according to the referenced authors.

### **Transition to Parenthood: Nursing Intervention to Promote Paternal Competences**

Parenthood has been described as one of the most relevant health topics in nowadays society (18) and the most important development transition in nursing (19). Although promoting, facilitating, and empowering parents for the transition to parenthood is a widely discussed topic, most professionals and research focus mostly on the mother-child interaction. Hence, it is essential for nurses and researchers to realize the importance of “preparing new fathers for parenthood in advance of the birth of their baby” (20), since parenthood should be a project experienced by both members of the couple, which implies the inclusion of the father, who is also considered pregnant (14).

Taking this into account, empowerment occupies a highlight position in the promotion of parental competences since it can enhance the power and personal autonomy in relationships (21). Furthermore, it becomes important to support an education that aims at the development of awareness and critical behavior in the father, so that he can be responsible regarding his active participation in the child’s life (22).

It is within the nursing competences to know how parents experience their parenthood, their perspective, their necessities, and questions in order to adjust the interventions, preventing risk situations and promoting individuals’ health (23). To this end, there are several methods designed for couples, aiming to make the transition and the learning process easier. According to Lopes (24), the most common strategies with scientifically proven effectiveness are community appointments, individual and group educational sessions, written guidance, books, and audiovisual means.

Support groups are formed of people undergoing similar transition moments or the ones that have already gone through these moments successfully. This allows sharing experiences, feelings, and difficulty overcome during the process of adaptation to parenthood, making a healthy transition a reality.

Competence training in education sessions can help future parents in their learning process (25). These will be physical, emotional, cognitive, and social competences (19, 26). This method has been shown to be effective in relation to parents’ knowledge, but if it is applied for a short period of time, the effectiveness is reduced, especially in relation to promoting self-confidence and parental competence (24).

Community appointments are considered by some as a good method after hospital discharge in order to follow up parents in their transition, due to the proximity between a nurse and a family. This intervention will also generate positive outcomes in the parents’ empowerment to the development of their role (27).

Soares (26) claims that empowerment for parents and their families around childbirth, and especially after it, allows their parental roles to develop since this is a moment where parents are quite open to nursing interventions, mostly the ones centered on education and Q&A (questions and answers). For this purpose, the nurse should provide support and a safety feeling to parents so that they can feel confident in their care to the newborn, dealing with the natural challenges of parenthood.

Finally, written guidance consists of providing preventive guidelines for professionals, especially nurses (28). Audiovisual means are also indicated as an intervention since they have a positive impact on the parents’ competence promotion (24).

In all the methods, nurses have the opportunity to enlighten couples and their families about their parental role, providing a realistic image of parenthood (25), explaining the expected behavior patterns, alongside with the feelings, responsibilities, and competences related (19). In addition, it would be important to remember the legislation that applies to this transition in life, as well as to the parents’ rights and duties. The importance of parental partnership should be also reinforced since the couple must learn how to identify and solve problems through communication (29).

The nurse has the responsibility to promote the father’s involvement, which is usually forgotten, since the prenatal sessions are more focused on the mother, talking about pregnancy and delivery, but not parenthood. This way, the father will not have his expectations, needs, and worries taken into account by the professional, leading to a nonprepared father (20).

The father’s participation should be encouraged during the entire process and, by promoting his involvement, the nurse will reduce the rejection that some fathers feel and raise the bond between the couple, promoting the early relationship of the father and the baby and stimulating self-confidence in the newborn’s care (30). Therefore, it is essential that nurses help parents take responsibility for their new

roles and promote empowerment equally between both partners. Thus, it is possible to empower parents in a way that they can develop their competences independently, giving them tools that allow them to gain power and know-how in order to take decisions.

This way, it was possible to find in the literature 2 models that can be easily adapted to nursing in order to respond to the nurses' needs in the promotion of parental competences and in the consequent inclusion of the father in this process. The Brazelton Touchpoints model (31) is an example of a model that can be adapted and that allows looking at the family in a positivist's perspective of acceptance of the other, which becomes important to establish a therapeutic relationship. The other example found was a Spanish intervention project "Evaluation and Promotion of Parenthood Competencies" from Andaluz Public Sanitary System, which aimed at the creation of an ideal model of parenthood, but at the understanding that each couple builds their reality. To promote positive parenthood, health professionals should identify the parental competences, by optimizing the performance of the parents' duties and not by focusing on their limitations and difficulties.

Therefore, assisting people and their families in dealing with transitions emerges as a challenge for nurses (32), and it is the most important role of the nursing discipline (33). According to Meleis et al. (5), nurses are key partners of individuals and their families in the transition process, such as the exercise of parenthood, because they follow the changes and demands that transition causes in their lives as well as help parents prepare for the impending transitions and in the adaptation to new realities by facilitating the learning and development process of competences. For these reasons, it is also necessary that nurses invest in themselves, striving and dedicating in their practice, and continue to develop technical, scientific, and professional skills to enable them to outline nursing interventions that tend to anticipate, facilitate, and improve the way in which individuals experience transitions, in order to make them healthy.

### Concluding Remarks

In conclusion, regarding the preparation for parenthood and the promotion of parental competences, the literature still tends to highlight the maternal role, needs and concerns, rather than the paternal responsibility. The same happens in clinical practice since health professionals, particularly nurses, continue to focus their intervention on the mother-child dyad, not providing moments that allow the inclusion of the father. For these reasons, the role of the father in pre- and postnatal care still needs further research, and a critical and reflexive analysis from nursing professionals so that fathers can be included

and their parental competences can be promoted.

Furthermore, another conclusion refers to the fact that despite the existence of programs of promotion and preparation for parenthood in some countries, none of them have been made by nurses, and when the implementation of some of these programs in clinical practice was examined, it was found that the action that favors the mother as the main focus of care, promoting only one part of the parenthood subsystems, i.e. the motherhood, perpetuates in practice.

Regarding the difficulties experienced with this article, these were related to the reduced amount of scientific evidence about the nursing intervention in the promotion of parental competences. This difficulty was increased as some literature appears to focus on parental competences, but when examined, it turns out that it does not include or involve the father in all moments related to the promotion of parenthood. Moreover, it would also be important to explore this issue in a greater depth in nursing and in the context of each country, as well as the creation and development of intervention programs, using different methods of approach that value and promote parenthood in the true assertion of the word, which means focusing equally on both members of the couple.

Alongside that, it is anticipated that this article has implications in the nursing practice and on the quality of care due to its provocative style and reminder of the need to include and support the father in the transition to parenthood. By doing that, it will also promote the development of parental competences by giving the same importance to the partners involved in the parental project and by providing them with tools so that they know how to mobilize and integrate resources, knowledge, and skills to face the challenges that may arise during this transition. Hopefully, it will be possible to improve the nursing care delivery to the child by promoting positive parenthood and by focusing on parental partnership because this is a life project that belongs to both parents and has implications on the child development. Hence, nurses should embrace this care philosophy in their practice and adopt those conceptions as something transversal in the care they provide in the field of parenthood and conjugal intervention.

Finally, it is also important to encourage nurses to use a critical and reflexive analysis in their professional practice as a way to find answers to overcome the difficulties inherent to their role and to use research as a means to improve care standards and as a contribution to the nursing profession development.

### Statement of Conflict of Interest

The authors state no conflict of interest.

## Pasirengimas tėvystei: slaugos intervencijos tėvų (vyrų) kompetencijai didinti

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**Raktažodžiai:** tėvystė, tėvystės kompetencija, tėvo–sūnaus santykiai, pozityvioji tėvystė, tėvo vaidmuo.

**Santrauka.** Šio straipsnio tikslas – išsiaiškinti slaugytojų vaidmenį, įtraukiant tėvus (vyrus) į prenatalinę ir postnatalinę naujagimio priežiūrą ir stiprinant tėvystės kompetenciją, kad tėvai (vyrai) gebėtų geriau suprasti savo vaiką per pirmuosius tris jo gyvenimo mėnesius. Pozityvioji tėvystė svarbi sveiko vaiko raidai ir santuokiniams santykiams.

Tyrimas atliktas naudojant sisteminės literatūros analizės metodą ir slaugos intervencijų stebėjimo metodą. Stebėjimo metu vertintos slaugos intervencijos konsultuojant nėščiąsias nėštumo ir gimdymo laikotarpiais bei laikotarpiu po gimdymo. Remiantis Perėjimo teorija (angl. *Transitions Theory*, Afaf Meleis), tyrėjų dėmesys buvo kreipiamas į pasirengimą tėvystei. Pagrindinės sąvokos: *šeima, motinystė (tėvystė), pozityvioji tėvystė, santuoka, tėvystė (tėvo vaidmuo), tėvystės kompetencijos, tėvystės partnerystė ir santuokinė motinystė (tėvystė)*. Duomenys rinkti iš duomenų bazių, knygų, magistro darbų ir mokslinių straipsnių. Atliekant paiešką vadovautasi pagrindiniu tyrimo objektu, t. y. tėvystės kompetencija. Analizuoti leidiniai apima 15 metų laikotarpį, spausdinti portugalų, anglų arba ispanų kalbomis, atitinkantys raktažodžius. Surinkus duomenis, atrinkti tinkamiausi ir interpretuoti atsižvelgiant į nurodytus autorius.

Literatūros šaltiniai tėvystės tema pabrėžia motinų vaidmenį, jų poreikius ir rūpesčius, neskiriant didesnio dėmesio tėvų (vyrų) atsakomybei. Tokie pat rezultatai gauti apibendrinus ir stebėjimo rezultatus: sveikatos specialistai, daugiausia slaugytojai, slaugos intervencijas nukreipė į motiną ir vaiką, nesuteikdami galimybės dalyvauti tėvui. Nors tėvystės skatinimo ir stiprinimo programos vykdomos kai kuriose šalyse, tačiau jos nėra parengtos slaugytojams. Analizuojant tokių programų įgyvendinimą praktiškai pastebėta, kad svarbiausios veiklos yra skiriamos motinų vaidmeniui vaiko priežiūroje stiprinti. Tokiu būdu skatinama tik viena tėvystės dalis – motinystė.

Tėvų (vyrų) vaidmuo prenatalinės ir postnatalinės kūdikio priežiūros laikotapiu turėtų būti tyrinėjamas išsamiau ir analizuojamas kritiškiau, atsižvelgiant į slaugos specialistų vaidmenį. Tai padėtų užtikrinti tėvų (vyrų) įsitraukimą į tėvystę ir jų kompetencijos didinimą. Būtina parengti valstybines pasirengimo tėvystei ir tėvystės skatinimo programas.

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