Swedish Child Health Nurses: Their Effect on Paternal Involvement

ABSTRACT:
Swedish child health centers (CHCs) are an integral part in providing information on children’s health and development, as well as parenting advice. Little research has been completed on nurses’ perceptions of fathers being involved in their child’s health. Seventeen interviews were conducted with nurses, with seven themes emerging from the interviews. Nurses were found to hold mainly traditional views of fatherhood. Although most nurses thought fathers were competent, nurses saw fathers as secondary parents and did not actively encourage fathers to participate in their child’s growth and development. Also, nurses did not reflect on making accommodations for working families and for parents group meetings which could help increase father participation. Since it is the policy of CHCs to include all members of the family, nurses should rethink how to involve fathers to a greater extent.

INTRODUCTION:
Aims: To explore nurses’ thoughts on father involvement at Child Health Centers in Sweden.

Swedish Child Health Centers (CHCs) are not only a health service, but have become a societal institution (Baggens, 2004) with 98 percent of parents of young children utilizing their services (Sundelin et al., 2005).

Little research has focused on CHC nurses’ perceptions of their professional roles. The way professionals understand their work may influence the way they conduct their everyday duties and the actual results of their work (Sandberg, 2000). Knowing what nurses think about their work may, thus, lead us closer to what they actually do.

Also, it is increasingly recognized that father involvement has important positive effects on children’s development (Sarkadi et al., 2008). Given that CHC nurses are the professionals who are most likely to meet new fathers, the current study sought to explore CHC nurses’ perceptions on their own potential roles in father involvement.

METHODS:
This qualitative study is derived from a seven question interview guide where 17 child health nurses were interviewed about their opinions on father involvement at the child health clinics.

RESULTS continued:

Fathers as Mother’s Support:
“In the beginning, fathers need to support the wife with her breastfeeding and to make sure that the mother is fed and has water.”

Fathers as Parents in their own right:
“Fathers often change diapers and clothes... Fathers are much more concerned now and they take part in the care of their child.”

Gender Roles in Parenting:
“I think before you have children, everything is shared. But after you have a child...the mother is more at home and the father is working.”

Inviting Fathers In:
“I think it’s up to them [the parents] to decide who comes to the child health clinics.”
“I think that many fathers feel that they are coming in to a very female dominated world. So maybe they don’t feel like they belong here...”

Role of the Nurse:
“To support the parents in that they are good parents, that is by far the most important.”

Nurses Beliefs on Parenting:
“I think mothers want to let the father in. They want to have the father there.”

CONCLUSIONS:
Nurses mainly expressed traditional views on the fathers’ roles in parenting, viewing the mother as the primary caretaker and the father as an often engaged and skilled, but still, a supporting parent. Nurses also realized that the CHCs might not be so explicitly father-friendly, but they saw no role of their own in actively encouraging fathers’ participation. Nurses were also clearly unaware of the major impact their views and practices might have on father involvement: they wanted to leave those choices up to the parents.

METHODS:
Data collection
Interviews ranged from 13.5 minutes to 41 minutes, with the average interview taking 28 minutes. CHCs were selected to represent the population of Sweden. All CHCs contacted agreed to participate. The Medical Ethics Committee of Uppsala University, Sweden approved the study (D.no. 2008/145).

Interviews with Swedish nurses were completed in English. It was emphasized at the beginning of each interview that the nurses could speak Swedish in order to further emphasize their point. All but two nurses spoke mainly in English. Additional questions not in the interview guide were asked so that nurses could expand on their thoughts on fathers; clearly more probes had to be used compared to an interview with a native speaker which also led to a more explicit focus of the interviews.

Participants
Child health nurses experience ranged from a half a year to 34 years, with the average being 15.7 years as a CHC nurse.

Analytic strategy
The interviews were transcribed verbatim and then analyzed. The interviewer and two co-researchers independently read the interviews to find themes embedded in them. Those themes were then broken down into categories until the point of saturation. The themes and categories were fully agreed upon by the researchers.

RESULTS:
Seven themes emerged during the analysis.
Fathers as Distant:
“They start to work two week after the baby is born, and they don’t have the time to come here.”

Photo of a Swedish Child Health Center (Michael Wells)