

ABSTRACT

THE LIVED EXPERIENCE OF FIRST-TIME PARENTS OF INFANTS

By Tanya J. Jensen

The purpose of this qualitative, naturalistic inquiry study was to explore the lived experiences of first-time parents of infants and how they cope with this new responsibility. The postpartum period marks the start of a new relationship with the baby, but also brings about changes within the couple. These changes and experiences are the building blocks for future coping skills.

Lazarus and Folkman's Theory of Stress and Coping (in Polit & Beck, 2008) was used as the theoretical framework for this study. Lazarus and Folkman (1984) state that a person exposed to stressful stimuli will complete a cognitive appraisal of the stress and how it is perceived. When coping strategies are learned, deliberate responses are used to adapt to or change stressors (Polit & Beck, 2008).

Nine couples were sought through snowball sampling and interviewed until data saturation was obtained. The data collection instruments included the researcher, a demographic questionnaire, one broad, open-ended question, and several focused interview questions. Trustworthiness of the data was evaluated through Lincoln and Guba's (1985) criteria (in Polit & Beck, 2008). All interviews were transcribed and analyzed using Giorgi's (1985) method (in Polit & Beck, 2008).

Results of this study described the participant's experiences. During data analysis, three main themes emerged: (a) life altering and selflessness, (b) stressful and scary, and (c) learn as you go.

It is important for advanced practice nurses to recognize the unique needs and characteristics of first-time parents with infants. They may be better able to anticipate certain needs of the parents. Creating a more positive environment for the parent can benefit the infant's social and psychological well-being.

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by

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I would like to dedicate this clinical paper to my family and friends for their support and encouragement over the last 4 years.

My beautiful little girl, Grace, you have been my inspiration to keep moving forward with my dream even when times were very hard. I love you!

A special thank you to my amazing husband, Rudi, who is the most understanding and thoughtful person in my life. Thank you for all the tough love and unconditional support you provided when I needed it most. Hopefully, it will all pay off one day and create a better life for our family.

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Chapter I

Introduction

In the United States, approximately 11,000 babies are born each day (Kelleman, 2010). Many of these babies are born to first-time parents. The transition to parenthood is significant, with many impacts on health and well-being of the parents and babies. There is a growing consensus among social scientists that these family transitions are unique developmental challenges requiring cognitive, emotional, and behavioral adaptations and change. The transition to parenthood is considered a major transition in adult development because of setting new tasks, changing roles, and additional demands on personal skills and resources (Wicki, 1999).

It has become the norm for women to leave hospitals after a short period of 1 to 3 days and return home with a new life and family to care for (Cronin, 2002). Qualitative research studies have identified several problems and perceptions of first-time mothers, including maternal depression or “baby blues,” loneliness, living in homes with limited space, and difficulty in “letting go” of baby care to return to work or school (Cronin, 2002, p. 260). More specifically identified are issues of first-time adolescent mothers, including difficulty in obtaining “normality” of everyday life, finding time to be social or for one’s self, lack of support, and coping with emotional demands of adolescence (Tarkka, Paunonen & Laippala, 1999). One ongoing prospective study by Veddovi, Kenny, Gibson, Bowen, and Starte (2001) concerned how maternal postpartum adjustment may be influenced by the potentially positive individual characteristics that mothers bring to parenthood, namely, coping style, knowledge of infant development, and how mothers acquire knowledge of infant development. The study concluded that educating mothers

about infant development at discharge may be protective against the development of depressive symptoms in postpartum (Veddovi et al., 2001).

Research into early fatherhood experience is minimal in comparison to early motherhood experience. The father's experience is frequently identified as of lesser importance than the mother's, and minimal emphasis has been placed on the nurturing role of fathers (Halle et al., 2008). There has been one recent retrospective multiple method study done by Halle et al., exploring Australian men's feeling and beliefs in the antenatal and postnatal period. Also, one recent study from 2009, by Hanson, Hunter, Bormann, and Sobo was conducted where the authors looked at paternal fears of childbirth. A grounded theory study done by Fagerskiold (2008) in Sweden, exploring first-time father's experiences during early infancy, evolved a core category consisting of "changing life." So, while we are beginning to become more aware of the active role that fathers are playing in parenthood, still most research studies on paternal childrearing experiences have been exploratory and conducted outside of the United States.

Transition to parenthood is considered to influence men and women in different ways. It is suggested that men view fatherhood in relation to work, while women are supposed to view motherhood in relation to home and family (Fagerskiold, 2008). Regardless, the effects of childbirth on primiparous couples' relationships has been the subject of controversy ever since LeMaster (1957) postulated that the transition to parenthood is a difficult one that causes severe stress (in McMillan, 1985). Mendes (2007) observed lived experiences of first-time couples of newborns in the first month postpartum. The author describes negative and positive aspects of this time period that the couples identified. However, a limitation to this study was the narrowly focused time period of exclusively exploring only the first month postpartum. Other authors that have

studied couples' experiences with infants have spotlighted more specific aspects, such as how parent groups affect stress, lack of leisure time together, effects on intimacy, lack of sleep, coping with colic, domestic work sharing, and the link between parenting stress and child development. Patterns of coping and things that affect how parents cope, such as finances, lack of support, or employment issues have been studied, but there are few studies on coping mechanisms or how parents deal with this new responsibility.

Significance for Nursing

Viewing the couple with child as a whole family unit is important for healthcare providers to give holistic care. Parenting is the most important public health issue facing many western societies (Hanna, Edgecombe, Jackson & Newman, 2002). First-time parents with infants are at risk for declines in their physical and mental health and marital satisfaction (Gjerdingen & Center, 2002). Adequate community support needs to be available for families' experiencing life transitions, such as the birth of a first child. Healthcare providers need to be aware of resources which they can refer parents to.

While many past studies have examined mainly the role of the mother in childrearing, with the now busier lives of women today, it is known that fathers have stepped up in this role, as well. According to Hanson et al. (2009) fathers believe their partner will do fine with childbearing and rearing, but they have doubts about their own responsibilities in these areas. If healthcare providers know and understand what doubts, fears, or stresses fathers have with an infant, then they can better anticipate the needs of fathers teaching them coping skills prior to the experience of parenthood.

Lastly and perhaps most importantly, it is now well recognized that parental mental health status has an impact on an infant's physical, social, and emotional

development (Halle et al., 2008). Mental health is as essential to children's overall well-being as their physical health. Difficulties in functioning, and stressful circumstances for the family can lead to distress in the parenting role that has pernicious short-term and long-term effects for parents and children (Deater-Deckard, 2004). Chronic stress can set the stage for harsh reactive parenting, and interfere with parent's abilities to respond in constructive ways to their children's ever-changing competencies and limitations. While little is known about factors that promote optimal parenting, healthcare professionals need to be able to recognize these stressors, and explain to parents that they are not alone in their feelings and assist with ways to cope with these feelings. Also, if parents are able to anticipate certain feelings that may occur during developmental milestones of the infant, they may be more prepared in dealing with stress. In order to establish guidelines for further nursing interventions, research has to move to a broader approach in data collection to examine factors related to psychological distress of parents throughout the first year of an infant's life.

Problem Statement

Research has indicated that the functioning of families is best understood from a family systems perspective, which takes into account not only functioning at the level of individual family members, including mothers and fathers, but also functioning at the level of family relationships (Loutzenhiser & Sevigny, 2008). For research to focus primarily on maternal psychological functioning in postpartum and in the first year of the child's birth, researchers are missing the psychological functioning and coping of fathers, but also its association with other aspects of family functioning as a unit.

Ahlborg and Strandmark (2001) have identified that with the baby being the new focus of a family unit, larger dissatisfaction within marital relationships occur. By focusing primarily on issues first-time parents deal with, such as sleep deprivation, we are not taking into account the whole experience of these parents. Healthcare providers need to look at the whole picture, as experienced by the parents in the first year of life of an infant. Most studies look at specific time periods, such as postpartum and the first month of the infants' life. As time progresses, issues and stresses change for the couple. Lastly, once these experiences are identified, whether they are positive or negative, healthcare providers need to recognize how couples are coping with them and what mechanisms are being used. This recognition is imperative because there is substantial evidence indicating the health of a child is inextricably linked to the parents' physical, emotional, and social health (Raphael, Zhang, Liu & Giardino, 2009).

Purpose

The purpose of this study is twofold; first, to find out the lived experiences of first-time parents of infants in the first year of birth, and secondly, to find out how parents of infants deal with their new responsibilities.

Research Questions

The research questions in this study are: What are the lived experiences of first-time parents of infants? How do parents cope with their new responsibilities?

Definitions of Terms

Conceptual Definitions.

Lived experiences: “A description of things as people experience them such as hearing, seeing, believing, feeling, remembering, deciding, evaluating, and acting” (Polit and Beck, p. 228).

First-time: A transition period to becoming a new parent (Hanna et al., 2002).

Parents: Maternal or Paternal rights to a child (Mendes, 2007).

Infants: “A brand new baby” (Dolgoft, 2005, p.150).

Cope: Lazarus and Folkman’s definition “learned, deliberate responses used to adapt to or change stressors” (in Polit & Beck, 2008, p. 150).

Stressful: Lazarus’ definition “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his/her resources and endangering his/her well-being” (in McEwen & Wills, 2007, p. 316).

Operational definitions.

Lived experiences: For the purpose of this study, lived experiences is defined as those experiences verbalized in statements by subjective recall, obtained by unstructured interviews, and audio-recorded, with permission, for accuracy. These experiences are verbalized by and based on the perceptions of first-time parents of infants.

First-time: In this study, first-time is defined as never having any other pregnancies or children other than birthing the one biological child.

Parents: In this study, parents are defined as a married couple, mother and father, ages 25 years to 35 years, with one biological child that they live with and care for.

Infants: In this study, an infant is a healthy baby 1 year old or less.

Cope: In this study, coping is defined as reported by couples during the interviews.

Responsibilities: In this study, a responsibility will be defined by the couples during the interviews.

Assumptions

1. The mother and father (study participants) are the natural parents and primary caregivers of the infant.
2. The parents both live in the same home as the infant.
3. The parents interviewed in this study were open and honest about their lived experiences.
4. Unstructured interview questions are a valid method to elicit the lived experiences of first-time parents of infants.

Summary

Most recent research studying experiences, stressors, and coping mechanisms of first-time parents have been quantitative, looking at mothers only, comparing specific stressors in couple relationships, or identifying coping patterns or influencing factors. Available qualitative studies did not include the father's experience, or have specifically looked at one time period, mainly, the first month of the infant's life. No research has

identified specific coping mechanisms couples use to deal with the everyday responsibilities of having a healthy infant. However, there have been many studies on how parents of children with illness or disease cope in these circumstances. Also, research has been done on coping of adoptive parents or grandparents raising grandchildren.

The purpose of this study is twofold; first, to find out the lived experiences of first-time parents of infants in the first year of birth, and secondly, to find out how parents of infants deal with their new responsibilities. This study can be useful to the advanced practice nurse (APN) in identifying positive, as well as negative, experiences of parents with infants. Information gained will allow them to better prepare first-time parents what to expect and provide suggestions on how to deal with stressful situations. It will allow the APN to better view the couple as a family unit and identify any gender specific stressors that may occur. It will also make the APN aware of the fact that they need to know what outside resources are available in their area to which they can refer parents.

In this chapter, the background for this research study, the significance of the problem to nursing, conceptual and operational definitions, and assumptions were provided. In the following chapter, the theoretical framework for the study will be discussed followed by a review of literature.

Chapter II

Theoretical Framework and Literature Review

In order to contribute to a more coherent and comprehensive body of knowledge and to advance the science of nursing, it is recommended that studies should be based on conceptual and theoretical framework (Yeh, 2003). The Theory of Stress and Coping by Lazarus and Folkman (1984) (in Polit & Beck, 2008) will be used as the theoretical framework, which its application to this study will be discussed. The review of literature will include the gap in research of the lived experience of first-time parents of infants. Three main themes of study topics have been researched in this area: maternal experiences, paternal experiences, and couples' experiences. The purpose of this study is twofold; first, to find out the lived experiences of first-time parents of infants in the first year of birth, and secondly, to find out how parents of infants deal with their new responsibilities.

Theoretical Framework

The theoretical framework for this study is Lazarus and Folkman's Theory of Stress and Coping (1984), which explains people's methods of dealing with stress defined as "environmental and internal demands that tax or exceed a person's resources and endanger his or her well-being" (Polit & Beck, 2008, p. 150). Lazarus and Folkman state that coping strategies are learned and deliberate responses used to adapt to or change stressors (Figure 1) (Polit & Beck, 2008). Lazarus focused on the person's psychological responses versus Selye's General Adaptation Syndrome, which focused on the physiologic responses (in McEwen & Wills, 2007). He posited that stress is much

more complicated than just stimulus and response. Lazarus viewed these stress responses as a process with how a person's thoughts and actions change as a specific encounter unfolds (McEwen & Wills, 2007). Lazarus and Folkman describe this process with two major factors affecting the stress response. First, which are the person-environment relationship and appraisals. The person-environment relationship or moderating factors include such factors as personality, self-efficacy, values, beliefs, social support, and life events (McEwen & Wills, 2007). These factors are things that are uncontrolled but still influence the reaction to the stressful event. Appraisal is a person's evaluation of a stressor or how they perceive the threat. Primary, secondary, and reappraisal are the three types of cognitive appraisals which are also interconnected with coping. Primary appraisal refers to the judgment that an individual makes about a particular event or stressor (McEwen & Wills, 2007). Secondary appraisal is the evaluation of how an individual responds to the event (McEwen & Wills, 2007). Reappraisal is simply appraisal after new or additional information has been received.

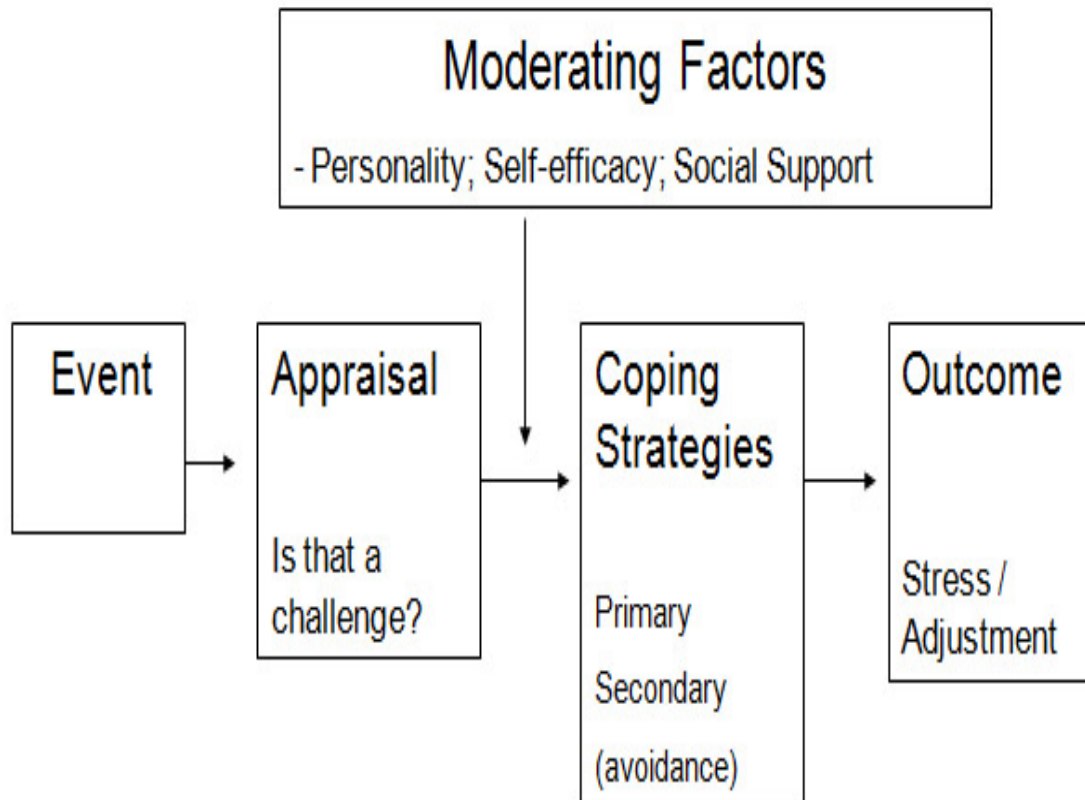


Figure 1. Lazarus & Folkman's (1984) Stress and Coping Model

In the model, coping is defined as “the process by which a person manages the appraisal” (McEwen & Wills, 2007, p. 316). The two types of coping are problem-focused coping and emotion-focused coping. Problem-focused actually changes the person-environment relationship, and emotion-focused coping changes the meaning of the situation (McEwen & Wills, 2007). Reappraisal occurs once a person has successfully coped with a situation. This allows for feedback about the outcome and allows for adjustment to new information.

Finally, successful coping results in adaptation or a positive outcome, which allows a person to “survive and flourish” (McEwen & Wills, 2007, p. 316). Adaptation

affects a person's health, psychological well-being, and social functioning. These three areas are interdependent and when one is affected, all three are affected.

The Stress and Coping Model has been used throughout much of the literature reviewed on this topic. It has been used in one study by Younger (1991) to examine the influence of personality strength, social support, and prior experience on the stresses of pregnancy and parenting. Another study by Veddovi et al. (2001) on parental adjustment following premature delivery of a child viewed coping as a mediator to emotion. The process model of stress and coping has also been of particular utility in studies of families with children with disabilities. This model gives central attention to the importance of psychosocial coping resources available as mediators of each person's coping and adaptation (Trute, Worthington & Hiebert-Murphy, 2008).

One specific case study which utilized the model was that of a mothers' stress response to having a new infant. The first few months are a difficult time for first-time mothers. Special abilities and energy are required in performing the new tasks involved in caring for a baby, and caretaking issues compel and sustain a parent's attention (Cronin, 2002). A mother's coping is affected by whether the child is restless, weepy, or easily irritated. A difficult child adds to a mother's workload and tiredness. If this increases, the mother can quite easily question her own abilities and competence. The mother's need for advice and support from family members, friends, and professionals depend on the particular individual. In this case, the moderating factors, personality, beliefs, and self-efficacy, as well as the mother's appraisal, create a major difference in coping and adaptation to infant stress. In the study by Cronin (2002), the mothers were all adolescents who used problem-focused appraisals to cope with the stressed involved with their new infant. They tended to need much more social support until they had

room to modify their person-environment relationship in order to mature and adapt to the situation.

Literature Review

A review of literature reveals that many studies have investigated qualitative and quantitative approaches viewing how the mother copes with the stress of having a new baby specifically leaving out the paternal role. Only recently, a quantitative study of fathers has been conducted. Also, most other studies conducted on postpartum focus quantitatively on specific stressors affecting couple's relationships. Lastly, there are many studies on stress and coping of parents of premature infants or infants with disabilities.

Maternal experiences.

Many research articles on experiences and coping of first-time parents with infants are comprised of perceived stressors mainly from the maternal viewpoint. Cronin (2002) conducted a qualitative study and discussed needs, perceptions, and experiences of first-time adolescent mothers. Most of the stressors of these mothers were related to their immaturity and included battles with maternal depression, loneliness, living in homes with limited space, and "letting go" to return to work or school (Cronin, 2002). The need for physical, emotional, and social support emerged throughout their birth experience and up to nine months postpartum.

In one prospective study, Veddovi et al. (2001) discussed the relationship between mother's coping style, depression, and premature infants. Thirty mothers, two-thirds of whom were first-time mothers, and their well premature infants were studied. In utilizing the Edinburgh Postnatal Depression scale as their instrument, researchers

found that those mothers who acquired knowledge on infants through social means reported less depressive symptoms postpartum than those who did not. More depressive symptoms were reported by those mothers who also reported an escape-avoidance coping style in response to the stress of their infant's premature birth and hospitalization (Veddovi et al., 2001).

In a longitudinal research project of first-time mothers coping with child care, Tarkka et al. (1999) followed first-time mothers for 8 months postpartum, collecting data via structured and open-ended questions. However, most of the reported information was collected when the infants were 3 months old. The authors concluded that infants who were ill or who cried all the time were difficult to care for as, "forty-three percent of mothers reported that, when they were tired, the care for the child was poor or, at best, satisfactory," and "eleven percent of mothers declared night-time child care to be difficult" (Tarkka et al., 1999, p. 116).

Younger (1991) examined the additive effects of a series of stresses, namely stressful pregnancy, stressful labor, and the stress of parenting in a causal model of parenting stress. Personality strength, prior experience, age, education, and social support were predicted to be negatively related to stress. Data from 101 mothers whose infants were 6 weeks old were analyzed using path analysis. The data fit the model and explained 41% of the variance in parenting stress. One limitation of this study was the lack of paternal viewpoint to use for comparison.

Paternal experiences.

Although most research is on mothers, fathers also may be vulnerable due to multiple social and psychological factors. Halle et al. (2008) completed a study using quantitative antenatal and postnatal questionnaires to find out the experience of

parenting from the paternal perspective during the first 12 weeks of infancy. The sample consisted of 22 educated men with an average age of 32 years, with over half experiencing fatherhood for the first time. In the past, it was thought that men were guarded to share their feelings about this life-changing event or express emotion about being a father. Proof that this reluctance is slowly changing is evident from the results of this study. Most fathers seemed overjoyed and pleased when they learned of their partner's pregnancy. Before the birth of their baby, most of the fathers had realistic expectations of infant sleeping and eating patterns. It was also clear that over half of the fathers reported loving their babies immediately, and the majority of them looked forward to getting home from work to see their baby. One-third of them reported lack of social support or having no one to share their feelings with. Stressful emotions, as noted per the fathers, included differences in parental responses about caring for the baby, turmoil with inability to form a secure attachment, and decreased feelings of importance to their partner since the arrival of the baby (Halle et al., 2008). Despite the undersized sample, this study has proven to be very valuable in regards to the fathers' postnatal experience.

A grounded theory and constant comparison study by Fagerskiold (2008) interviewed 20 Swedish fathers aged 20 years to 48 years, in 2002 to 2003. A common theme of "life changing" emerged as the core category. During early infancy, first-time fathers had experienced a changing life. Several of the participants did not appear to be fully prepared for this change, because of the fact that their providers mostly focused on delivery and the mother giving birth. Other categories noted were becoming a true father, alternating between work and home, and changing relationships with their child. Overall, becoming a father was much more fantastic than they could have imagined and

the fathers suggested that they performed childcare to the same extent as the mother when both parents were at home. Still, fathers viewed the main parent as the mother.

Couple experiences.

There is a lack of qualitative research that captures the stressors of having an infant as experienced by the couple and studying the experiences of these parents in the first month of the infant's life. Mendes (2007) has the only other qualitative study regarding first-time parents with infants, but only looked at responses from couples during the first month of the infant's life. It was a phenomenological research study of eight couples' lived experience during the first month postpartum. The author concluded the transition into parenthood was a major task, including positive feelings of getting to know and become attached to the baby, but also negative feelings about the couples' relationship. Despite the greater number of couples that share household tasks, mothers continue to take major responsibility for child care, and the fathers take major economic responsibility (Mendes, 2007). Another finding, similar to other studies, confirmed maternal grandmothers to be the main source of support for the mothers. Also, most couples agreed that while there was more angst toward one another in the beginning, greater couple union was the end result (Mendes, 2007).

There were two studies performed on how infant sleep affects couple's relationships. One quantitative study done by Meijer, Godfried, & Wittenboer (2007) in Netherlands used questionnaires administered at birth, 2 weeks, 7 weeks, and 1 year later. The results of this study substantiate previous findings that marital satisfaction decreased after childbirth for both fathers and mothers, but was most evident in the case of mothers. Crying was the main child variable that affected this. The second study on this topic by Loutzenhiser and Sevigny (2008) included Canadian couples enrolled in a

longitudinal study from third trimester pregnancy to the infant's first birthday. This study concluded infant sleep duration was significantly associated with the father's report of parenting stress, family functioning, and negativity towards the infant. The end result highlighted the importance of studying early infant and parental development beyond the focus of the mother-child dyad. Both of the above studies, however, focused on only one aspect of what may possibly contribute to relationship stressors after having an infant enter the home.

Gjerdingen and Center (2002) performed a randomized controlled trial on 151 randomly assigned couples to test the impact of domestic work responsibilities in the first year postpartum. The couples were given surveys at baseline and then 6 months postpartum to assess mental and physical health, partner satisfaction and caring, work time, and satisfaction with housework sharing. The authors discovered that along with the increased responsibilities of having a new infant, couples tended to move toward a more traditional division of household labor, with women assuming progressively more chores the first year postpartum. As a result, women often became less satisfied with their husbands' contribution to housework (Gjerdingen & Center, 2002), which correlates with a known general decline in marital satisfaction over the transition to parenthood.

Ahlborg and Strandmark (2001) conducted a descriptive phenomenological study used in Scandinavia interviewing five couples about factors influencing the quality of intimate relationships at 6 months and 18 months postpartum. With the baby being the focus of the attention for the couples, this was further broken down into two polar categories. The findings for this study were as follows:

For the first category, the essence was that the baby was the focus of mutual concern, which implied a fostered relationship. The strain of parenthood in this

category was mild. In the second category, the baby was focused on at the expense of the father, who felt rejected emotionally. This impaired the relationship and parenthood involved a severe strain (Ahlborg & Strandmark, p. 318).

Again, this study shows that mental health can be affected, especially with first-time fathers, but covered only one aspect of the intimate relationship couples with infants may go through.

Research by Hudson, Elek, and Fleck (2000) studied first-time parents' transition to parenthood related to parenting satisfaction and infant sex. The authors defined parenting satisfaction as perceptions of pleasure and gratification regarding the parenting role (2000). A convenience sample of 44 Midwestern couples with infants up to 16 weeks postpartum were recruited. Through an infant care survey, parent's reported parenting satisfaction increased over time, and fathers of male infants had higher satisfaction scores than fathers of female infants at 12 and 16 weeks following birth.

Summary

The discussion in this chapter focused on the use of Lazarus and Folkman's Theory of Stress and Coping and a review of literature. The 1984 model requires the person exposed to the stressful stimuli to complete a cognitive appraisal of the stress and how it is perceived, inherently use any moderating factors, and then reappraise the new information encountered. The end result should be coping or managing appraisals and adaptation to the stressor. Bringing a new child into this world and caring for it is a learning process all first-time parents go through. As with any new life event, and as

evidenced by research, stress and coping comes with new responsibility. The mother's and father's satisfaction with the parenting role may lead to more effective child rearing, resulting in optimal cognitive, physical, and emotional development of the child.

The purpose of this study is twofold; first, to find out the lived experiences of first-time parents of infants in the first year of birth, and secondly, to find out how parents of infants deal with their new responsibilities. The majority of research studies on this topic have focused solely on maternal stress and coping. There was one quantitative study centering on fathers' experiences and feelings during the postpartum period. Other quantitative studies have focused on specific stressors that couples encounter during different time periods of the developing infant. Lastly, numerous studies on parental coping with infant stressors have been done on parents of children with illnesses or disabilities. No studies have been found in the literature on first-time couples' experience with infants as lived during the first year of life.

Chapter III

Methodology

The purpose of this study was to explore the lived experience of first-time parents of infants during the first year and how they cope with new responsibilities. This chapter describes research methods, including the design, population, sample and setting, data collection procedures, protection of human participants, data analysis procedures, and study limitations.

Research Design

A qualitative design using a naturalistic inquiry approach was used to answer the questions: What are the lived experiences of first-time parents of infants? How do parents cope with the new responsibility? Naturalistic methods of inquiry attempt to deal with the issue of human complexity by exploring it directly (Polit & Beck, 2008). A qualitative approach places a heavy emphasis on understanding human experience as it is lived, usually through collection and analysis of materials that are narrative and subjective. Because naturalistic studies attempt to capture the dynamic, holistic, and individual aspects of human experiences, it is a suitable method for the investigation of phenomena important to nursing practice.

The persons to best describe an experience are those that are experiencing it firsthand. For this study, first-time parents, a heterosexual marital dyad, of infants one-year-old and less provided the richest source of data to answer this research question. A qualitative design was an appropriate choice because most of the research done to date has been quantitative pertaining to specific stressors or comprising only a short,

specific time period of inquiry. The parent's experience had positive and negative components encompassing anything they have gone through postpartum up until the first year of infant's age. Coping mechanisms were identified and ascertained as directly stated by study participants.

Population, Sample, and Setting

The target population is first-time biological parents of infants aged 1 month to 1 ½ years. The parents are all married couples, who live in the United States, and are between the ages of 20 years and 40 years. The aim of most qualitative studies is to discover meaning and to uncover multiple realities, and so generalizability is not a guiding consideration (Polit & Beck, 2008).

Specific criteria were selected to define who was included in the population. The following criteria were chosen based on the amount of research studies on parental experiences of infants and children with health problems or illnesses, such as autism, down syndrome, cancer, epilepsy, and attention deficit disorder that have already been done. These inclusion and exclusion criteria attempted to ensure a selection of couples that were related in age, health status, pregnancy, infant delivery, and marital status.

Inclusion criteria are as follows: (a) absence of maternal and newborn pathology, (b) maternal and paternal age between 20 years and 40 years, and (c) the couple is married and lives with the infant. Exclusion criteria are as follows: (a) pregnancy at risk, (b) multiple pregnancies, and (c) situations of mental health disturbance or diagnosed mental illness of either parent.

The sample was selected based on the above criteria and was obtained through snowball sampling methods. Through word of mouth, the researcher obtained three

volunteer participant couples, initially, and used snowball sampling to get referrals for more. There were 18 participants, or nine couples, obtained with data saturation occurring after seven. The setting was both rural and urban areas of Wisconsin, and the interviewing process took place in the couple's homes at a time that was convenient for them.

Data Collection Instruments

Researcher as the instrument is another characteristic of qualitative research. The use of the researcher as the instrument to collect data requires an acceptance that the researcher is part of the study. Because the researcher is the observer, interviewer, and interpreter of various aspects of the inquiry, objectivity serves no purpose (Speziale & Carpenter, 2007). Researcher participation in the inquiry has the potential to add to the richness of data collection and analysis. Rigor is most often determined by the study participants and consumers of the study (Speziale & Carpenter, 2007).

A short demographic questionnaire (Appendix A) was completed by each participant at the beginning of the interview. Informational categories included the study participant's age, child's age, length of time married, religion, race, gender, place of residence, education level, employment status, and household income. One major research question was used to interview participants: What is the lived experience of being a first-time parent of an infant? The researcher also used a short list of focused questions (Appendix B) to guide the interview when necessary.

Trustworthiness of the study's data encompassed several dimensions outlined by Lincoln and Guba (1985) (in Speziale & Carpenter, 2007), as follows: (a) credibility, (b) dependability, (c) confirmability, and (d) transferability. Credibility was achieved by

prolonged engagement with the couples to ensure an in-depth understanding of the group and to develop a rapport and trusting relationship with the participants. Member checking was given to each study participant as an option to provide them with an opportunity for feedback on the interpretation. Dependability refers to evidence that is consistent and stable. The researcher has retained raw data, notes, and documented member check information for review by experienced qualitative research faculty members. Confirmability is the degree to which study results are derived from characteristics of participants and not from researcher bias. This was achieved through researcher bracketing. Lastly, transferability refers to the generalizability of the data, which can be accomplished through providing a thick description necessary to enable the reviewer to reach a conclusion or judgment about the applicability of the research report to other contexts (Polit & Beck, 2008).

Data Collection Procedures

Prior to any data collection, approval was obtained from the University of Wisconsin-Oshkosh Institutional Review Board (IRB) (Appendix E). Also, prior to the interview process, the researcher completed a pilot study of one interview to assist in the development of interviewing skills, as well as determine the level of understanding of the questions asked. Study participants were approached via telephone, email, or in person and asked to participate in this study. Contact information was exchanged, and an interview time was set up in accordance with their schedule. The interviews were then conducted in participants' homes or at another place with which both the researcher and participant agreed. Participants were responsible to arrange their own transportation to and from this site. Prior to beginning the interview, each participant was required to

review and sign an informed consent to participate and to be audio-taped (Appendix C). In case of any emotional disturbances that may have arisen during the interviewing process, participants were both informed that this may be a risk of participating in the study, and a 24-hour phone number to a crisis center was available in advance. In an effort to provide confidentiality to each participant, they were known only to the researcher and identified by assigned code names. Couples were all given the option to decline audio-tape recording at any time during the interview or omit any shared information without penalty. Interviews ran between 10 and 45 minutes.

Protection of human rights was obtained as described above, as well as treating the participants with respect and dignity throughout the study. Complete disclosure of the nature and purpose of this study, research question, the process and goals, and the findings were shared with the participants. All identifying information will be locked in a secure, locked location of the researcher's home. The study participants were allowed to renegotiate consent at any time during this process.

Data Analysis Procedures

From the demographic questionnaire, information related to the study participants was used in analysis data to determine the sample characteristics. Audio recordings of the interviews were typed verbatim by a transcriptionist, coded, read and reread, and identified themes were drawn out and synthesized. Giorgi's method (1985) of data analysis was used: (a) read the entire set of protocols to get a sense of the whole, (b) discriminate units from participant's description of phenomenon being studied, (c) articulate the psychological insight in each of the meaning units, and (d) synthesize

all of the transformed meaning units into a consistent statement regarding participants' experiences (in Polit & Beck, 2008).

Limitations

The identified potential limitations of the methodology and study include the following:

1. Selection bias may occur as the participants may self-select for inclusion in the study (self-selection bias).
2. Subjective researcher bias may occur due to researcher presuppositions, experiences, and personal biases. To account for this, the researcher will identify her thoughts, ideas, suppositions, presuppositions, and personal bias on the topic of interest. In doing so, the researcher attempts to bracket or put aside thoughts, feelings, judgments, and perceptions about the phenomenon.
3. Participants' lack of candor could be a potential limitation, as sometimes people distort their behavior consciously or subconsciously in an effort to present themselves in the best possible light (Polit & Beck, 2008). To encourage honesty and confidentiality, the researcher will offer to delete any information from the record at any time per the participants' request.
4. Generalizability may be limited since the study uses a convenience sample restricted by demographics as well as geographic location and characteristics.
5. Inadequate monetary resources or lack of sponsorship and tight time constraints for data collection and research completion may be limitations (See Appendix D for Timeline).

Summary

A qualitative design using a naturalistic inquiry approach was used to study a sample of first-time parents of infants under 1 year of age. These couples were solicited through snowball sampling according to specific inclusion and exclusion criteria and interviewed until data saturation was obtained. The data collection instruments included the researcher; a demographical questionnaire; and one broad, as well as several probe, interview questions. Trustworthiness of data was evaluated through the use of Lincoln and Guba's (1985) (in Polit & Beck, 2008) criteria: credibility, dependability, confirmability, and transferability.

Data were collected through audio-taped interviews after completion of IRB approval and signed informed consent by all study participants. Participant benefit/risk ratios were discussed, as well as the protection of human subjects. All interviews were transcribed and analyzed using Giorgi's (1985) (in Polit & Beck, 2008) method to validate the results. Potential limitations of the study, as well as researcher constraints, were acknowledged as those inherent to the qualitative research methodology.

Chapter IV

Results and Discussion

Introduction

The purpose of this study is twofold: To explore the lived experiences of first-time parents of infants in the first year of birth and secondly, and to explore how parents of infants deal with their new responsibilities. A qualitative nursing research method using a naturalistic inquiry approach was used to answer these questions. Lazarus and Folkman's Theory of Stress and Coping was used as the theoretical framework for this study.

Description of Demographic Data

The target population of this study consisted of nine married, heterosexual couples, between the ages of 22 years and 31 years, with a mean age of 27. The couples were all in their first marriage and have been married 1 year to 9 years. Eight of the couples were White and one couple was Hmong. Religions varied from Catholicism, Lutheran, Presbyterian, Nondenominational, and Shamanism. Two of the couples lived in rural areas and the rest in urban communities. All 18 participants (nine couples) were employed, with education ranging from a high school diploma to graduate degree. All couples made greater than \$35,000.00/annually per household.

All couples were first-time parents of infants 1 year to 14 months of age at the time of interview. All of the babies were healthy, without illness or known diseases, but two of the nine infants were premature. All infants lived with both parents.

Consents were signed by both parents and questions answered. Each interview took anywhere from 10 to 45 minutes. Interviews were conducted in a face-to-face matter and tape-recorded. All participants were asked where they wished to be interviewed. Four of the interviews took place in the homes of the participants, one was in my home, three couples were interviewed at restaurants, and one was interviewed in the family waiting room at a local hospital. I was able to meet all except one of the infants, who was napping at the time of interview. All of the couples seemed very willing to answer all of the questions and openly shared their lived experience as they remembered it.

Research Findings

The research results reflect answers by both parents to two questions: (a) What were the lived experiences of first-time parents of infants in the first year of birth (b) How did the parents deal with their new responsibilities. Data saturation was achieved after seven marital dyads were interviewed. Three common themes emerged to answer the first question: (a) life altering and selflessness, (b) stressful and scary, and (c) learn as you go. Two more interviews were conducted after this, which solidified these findings.

Question 1.

The first theme, *life altering and selflessness*, emerged, as all 18 participants commented on how amazing, enriching, and life-changing the experience of being a first-time parent truly is. A few of the lifestyle alterations commented on were things like growing up, becoming more responsible, and constant planning. One dad described his experience as this: "... it makes you grow up mighty quick, no doubt about that...it's not shutting it down, it's settle down and get your priorities right, which I needed."

However, anyway they all looked at it, comments always ended positively. Such as this one: "It's an unbelievable experience. Best thing that has ever happened to me...you look down and he's sleeping in his crib, and it's just awesome... or the first time he says mama or dada, yeah." One mom simply stated: "Yeah, and it enriches your life, adds more meaning to what you're doing in life, I guess."

One dad explains: "For me, it's almost a positive boost to self-esteem because I feel like I have a purpose...protect her, nurture her...it gives me a lot of self-worth. So, that's kind of the biggest thing I draw from now...purpose and self-worth."

The biggest change commented on by the couples was how their priorities have changed immensely, making the new infant number one on the list above everyone else, including themselves. Some of the female participants seemed to struggle with this new "selflessness" a little more than the rest. One mom describes her experience with this as follows:

I think the hardest part was probably the first six months, because...we were together for so long, probably, 7 or 8 years that we dated, and could do whatever we wanted. So then to go and have a child that it's not about you anymore. If you want to finish watching your show, it doesn't matter. You have to go and change his diaper. If you, you know, want just ten more minutes of sleep, you can't. You have to get up and make his bottle.

Another dad stated his thought on this as well: "...now it's more, like, we can't be selfish. We've got to worry about Millie."

For another couple, both agreed that everything revolved around the infant, as evidenced by dad's statement: "Yeah, like before having our son, you really didn't worry

about needing sitter, what time you're working til, going out with friends, family, going out for a few drinks...now that we have our son, it's like, everything revolves around him."

Another mom also expressed her concern with this: "Well, you just can't pick up and go anymore like you used to. You actually plan and get her ready. And it's somebody that's so dependent on you, that I don't know, it's changed everything. Another mom admits to how she is still struggling with this concept: "I think, definitely, we're still trying to conquer, we can't be selfish anymore. It's not about us, it's about her, and we can't just go anywhere and things have to be adjusted to her."

The second theme, *stressful and scary*, was also brought up by all couples who openly discussed the fact that being a parent in the beginning, usually labeled as the first 6 months, was difficult and scary. One mom describes her experience during the first couple of months:

Scary, nerve-racking, um, we didn't have anyone to really turn to at that moment, like, right away. There was no one to turn to and say, why is he doing this or what is this rash...in the beginning, you're so tired, and you're on 2 hours of sleep and you can't remember – did I feed him, then, how many ounces...it's a hard balance I think, in the beginning.

Each participant was asked what type of stressors, if any, were involved with being a first-time parent of an infant. Interestingly, the males responses all fell into three categories: (a) when the child gets ill, (b) sleep deprivation, and (c) colicky temperament. All of these things are physical stress factors which directly relate to the child and are difficult to modify or change. This will be discussed further in Research Question Two.

When the females were asked to describe their stressors, the responses pertained to money and expenses, breastfeeding, going back to work, keeping the

house clean, difficulty in coordinating schedules, and incongruencies in parenting styles. Two of the moms explain about expenses: "Between diapers and food and formula for a little while, and clothes, it's all very expensive." "Our pocketbook is different, which can make us a little stressed." Other moms discussed the stress involved in breastfeeding: "...the big thing was you have to breastfeed, especially being in the nursing profession. And that was very stressful to me. I thought I was letting him down as a mom because I wasn't making enough."

Yeah, I mean actually, that was one of those things that happened to us, was that, my breastfeeding. And he got sick shortly after that, and I just had all of this guilt, that if I would have breastfed, you know, he wouldn't have gotten sick...

Two moms both describe their stress involving a new job while caring for their new infant: "And more so for me because I just got a new job, and being a first-year teacher and first-year mom in the same year has been stressful to me..." "But then I actually got a new job in my 12 weeks I was off with him. So, I started a new job then, which was another kind of stressful situation."

Another mom comments on the stressful task of keeping up the house and baby: "But, I mean, I do most of his laundry, I do the majority of stuff with him, so I thought, on top of cooking and cleaning and laundry...I have him too."

When asked about stressors, one mom commented, "I think probably scheduling, like, I have to go here, you have to go here, like bring her here and do this..." Another mom explained how parenting incongruencies could be stressful as well: "Like, some of our philosophies on what should be done when he's crying. Like, say I will go and give him a bottle and help sooth him, and Bryan's like, let him cry it out... That's a big issue sometimes."

Both parents were asked about changes in their relationship, and most of the comments were on how their relationship changed to become more stressful, seeing each other less; as on mom: "Time away from each other and our attention from each other. Like, we used to travel a lot. We don't travel hardly at all anymore...sex life's not like it used to be..." Another couple seemed to really struggle with this part, as they made reference to problems several times throughout the interview. Dad states:

Yeah. I think it's harder for us to adapt to having a new relationship as opposed to taking care of her. Like, she's almost the easy part. It's the her and I part that's become harder now, because the focus is different, you know. Because of the shifts we work, we don't see each other as much, so...

Another dad seemed to make light of the fact that even though there is not as much "us" time, per se, there is more "family" time. One mom admitted that she was resentful that her husband had gone back to work so soon. She stated, "I felt like I needed a little more help. I wished he would have been home a little more."

The last theme, *learn as you go*, was evident when most of the couples remarked what a learning process being a first-time parent was, and while very enjoyable, could be stressful, as well. Those that had children greater than 6 months had noticed that the stressors and worries changed as the infant got older and grew. Mainly, the knowledge gained in the first year included principles, such as each stage of infant growth brings about a new learning experience, and it is continual; learn from others and listen to what they have to say, but make sure to make decisions that are right for your own family; don't compare the infant to others because every baby develops differently; learn to ask for help when needed; and use the first child as a learning tool for subsequent children. One mom discusses an example of how there seems to be a new learning process with

each change of stage: “Just little things. You think that you have your house baby-proofed and then he pulls something down and it lands on his face, or you know, pushes something over.

One dad makes the point of taking advice from others, but doing what is best for your own family:

It’s just weird how now everyone’s trying to tell you this that, this that, this that, and you know, you just learn on your own as you go...I say, take all the advice in from everyone else, but at the end of the day make your own decisions...You raise your kid the way you feel comfortable and you’ve got to do what works best for you.

Another mom exemplifies two different learning processes of focusing solely on your child and not comparing, as well as learning to ask for help when needed:

So, it’s hard to not compare. Like, his cousin started walking, like, really really early and like Tatum didn’t start walking until he was 11 months. So, just like comparing and we’ve learned you just can’t do that. I used to be kind of hesitant to call like Nurse Direct or his doctor because I didn’t want the doctor to think I’m just like this neurotic parent. So, I’d say to just ask them any questions and don’t be afraid to call and ask...every kid is different you know.

Another dad describes his experience of having their first child as “trial and error” and the mom uses this experience a little differently:

Well, people always said that your first kid is going to be trial and error, and I hate that saying, but it really is...you learn as you go. Well, like for me, there’s things, you know, that when we have the second kid...there’s things I’ve learned,

like activities to do or things I want to do with the next child that I would read about now. Like you know, I should have tried this first...

The most important aspect was that the learning never stops and this is such a large part of being a good first-time parent.

Question 2.

It is important that the second theme, *stressful and scary*, emerged, as it coincided nicely with the theoretical framework from Lazarus and Folkman's Theory of Stress and Coping. This served as a method to illustrate the second part of the research question to find out how first-time parents of infants dealt with their new responsibilities (see Figure 2). The "event" of being a first-time parent with an infant has been proven to be stressful and scary at times for the parents. The parents suggested different coping mechanisms they used to get through some of the stressful times; however, there were also "moderating factors" that affected whether a situation became stressful or not. According to McEwen & Wills (2007), moderating factors are things that are uncontrolled but still influence the reaction to a stressful event. In this case, the moderating factors for these couples were: (a) social support and partner support, (b) personality or temperament for the child, (c) their values and beliefs, and (d) physical health of the child. These moderating factors were then used to identify coping strategies the dyad used, such as: (a) divide and conquer, (b) get a routine, (c) evaluate recommendations, (d) unify parenting methods, (e) communicate, and (f) read the literature.

Lazarus & Folkman's (1984) Stress and Coping Model

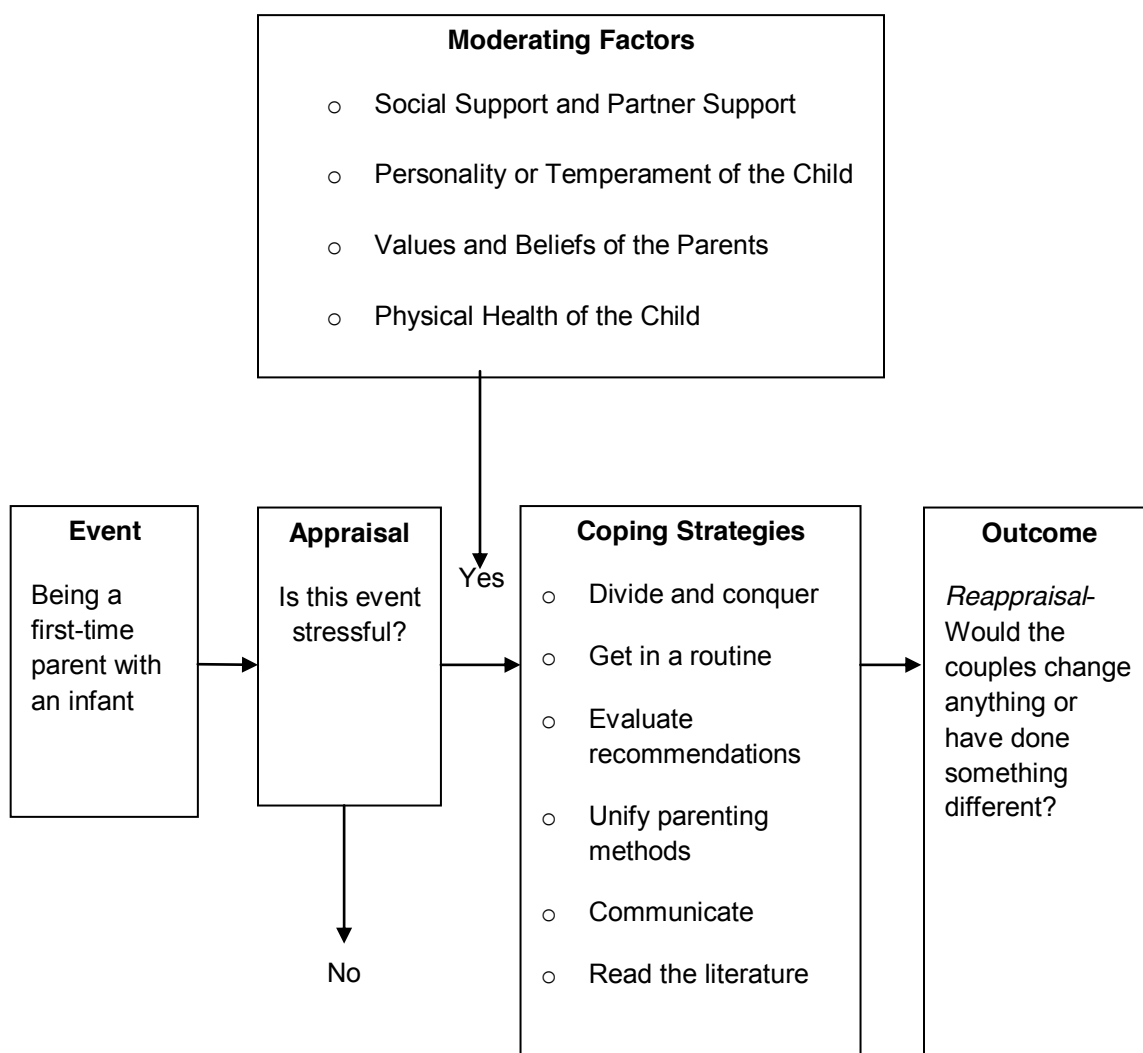


Figure 2. How first-time parents with infants deal with their new responsibilities as related to Lazarus & Folkman's (1984) Stress and Coping Model.

The moderating factor of social support made a difference for the couples, as far as having their parents or other family members there to help out when they needed a break or wanted some time together. They also discussed outside support from friends, physicians, and religious leaders. One mom describes support from grandma: “My mom has helped me cope, I think, because I go by her and Millie’s with her a few days of the week.” Another mom also describes help from family: “My sister, she’s been living with us since August, so she helps out, too. But we spend a lot of time with his family, so I think, they’re a great support for us when we need it.”

One couple describes religion as being a support system: “(W)e just need to start going to church or something. We need to have something that’s an outlet for this, just because, I think it’s a lot of pressure you put on yourself.”

Most of the couples also discussed having each other both contribute equally and be supportive during the process. This was evidenced by couple one’s comment:

I’ve got to go do grocery shopping, do you want to take him or stay here with him. It was more like, you kind of realize that when you do work it out that way, there’s usually a benefit for both of us at the end of the day.

Another important moderating factor that affected the stress level of the parents was the temperament or personality of the child. Most of the couples had commented on how lucky they were to have such a happy baby, as stated two couples, for example: “...other than that, she’s been, we’ve gotten lucky, I think, she’s been very good.” “She is a very good baby.” However, another mom commented on how having a more “colicky baby” created a more stressful environment:

So like, he was kind of colicky. So, with that being our first baby, it was kind of hard. I mean, there were times when I’d be like, oh come home because I need a

break, because he would just cry for hours and hours and hours on end.

The third moderating factor which affects the stress appraisal is the couples' values and beliefs. While none of them commented on this directly, it was very evident how much they cared for each other and their child through direct observation during the interview process. The participant's places of residence very clearly centered around the child, with toys, books, clothes, and baby gear filling all corners of the rooms. All of the infants appeared content, happy, and comfortable during the interviews, as well.

The last moderating factor was the physical health of the child. This was commented on as the biggest cause of stress for the fathers more than anything else. It seemed to be the "unknowing" of how to handle the infant when they were ill. Also, two of the couples had premature infants who had to stay in the hospital for 3 and 4 weeks prior to coming home. This was discussed as the principal cause of stress for them in the beginning. One dad commented on this:

Stress is if she gets sick, and you think...what's wrong with her, do you have to take her to the doctor? I think just the worrying about her is more stressful than actually.....it's more of a physical thing than mental.

Another dad also had a similar take on what has been stressful during the parenting process: "I guess the only thing that as a first-time parent...that is stressful is when he gets sick...because you don't know what to do."

Finally, coping strategies were discussed by both genders during the interviews. The most repetitive coping strategy discussed was good communication within the dyad, whether it was getting frustrations out by yelling or just talking about how to parallel different parenting skills. This was evidenced by couple 3 mom's response: "My recommendation would be to talk from the beginning, you know, be open. When things

are stressing you out, just talk about it...because it only gets harder.” Another couple felt the same way: “So, we communicate pretty well, so I think that helps, whether we’re texting each other during the day or talking to each other on the phone, just to let each other know what’s going on.”

One dad discussed the fact that just having congruent parenting skills can help ease stress and save on arguments about how to raise the child: “We started to realize that we were on the same page with everything that we were doing...we kept a journal for the first 8 weeks...as long as you know that is what you’re doing, it makes it easier. Another fatherly take on coping strategies was acknowledged: “I yell at her, she yells more, then I yell more (laughs).”

One important method that came up several times was kind of a *divide and conquer* approach: to caring for the infant: “Being able to take turns when one is discouraged or tired and attending to each other’s needs.” Another mom had a similar view, as well: “...but, I think we learned to work together as a team, and you know, we learned to balance each other out.

Other coping mechanisms mentioned were getting in a routine, reading the latest literature to educate oneself on their child and what to expect, asking for help from others, and taking their recommendations into consideration. One dad discussed that just watching his daughter was a stress reliever to him: “I think just having our baby with us and playing with her...she seems like she gets stronger and does something different everyday...she’s happy...hanging out with her, I guess that relieves a lot of stress.” Another father describes how knowledge empowers your ability to care confidently for your child instead of worrying so much: “Yeah, she’s always reading up on, like, what they suggest what you do, what symptoms, you know. It goes as simple as the color of

their poop. She does research, and she tells me, I do the rest (laughs).”

Lastly, the outcome or reappraisal of the stressful event was if the parents would have changed anything or have done something different. The unanimous answer was that none of them would have changed anything about the experience, however, maybe done some things differently, as stated by one dad: “Probably wouldn’t have put the car seat on the table or locking the stroller so it didn’t fall down the steps...” All of the couples felt prepared for their infant financially and mentally, which they attributed to their experience going so well. All of them also agreed that things would be much easier for the next child

Discussion of Results

The transition period to parenthood is considered a major transition in adult development because of setting new tasks, changing roles, and additional demands on personal skills and resources (Wicki, 1999). The lived experience of first-time parents with infants included life-altering changes, a newfound selflessness, scary and stressful transformations, and increased learning opportunities. This study took it one step further and attempted to identify specific coping mechanisms for each gender-specific stressor.

Previous studies were focused more on the maternal aspect of first-time parenting and with narrow time periods, such as the first month of infancy. During the literature review, studies were found on experiences of first-time adolescent mothers; mothers of premature infants as related to depression; coping styles of mothers during the first 3 months; and maternal stress in relation to age, experience, and social support. No studies were found to examine what experiences adult first-time, married mothers had or what types of stressors were involved in dealing with a healthy infant. Also, a gap

in the literature was paternal experiences and stressors. Halle et al (2008) found most fathers reported loving their baby immediately and looked forward to getting home from work to see them. This study could be comparable to the current one, as these fathers had similar feelings. However, Halle et al (2008) also found stressful emotions of the fathers were related to inability to form a secure attachment and decreased feelings of importance to their partner since the arrival of the baby. This was not the case with fathers of the current study, as none of them gave any type of response that could support these feelings. Fragerskoild (2008) also did a study interviewing Swedish fathers of a similar age category that revealed a common theme of “life changing” as a core category. This is congruent with the results of the current study, as well. Lastly, there was a lack of qualitative research capturing stressors of first-time couples with infants. Mendes (2007) completed a study focusing on stressors of couples during the first month of infancy, which highlighted many similarities of the current study. For example, both concluded the transition into parenthood was a major task, including positive feelings of attachment and also negative feelings about the couples’ relationship.

The author of this project reviewed the lived experience of married couples during the first year of infancy to determine if the specific stressors from prior studies truly were the most highlighted among the couples. A few similarities emerged, such as lack of leisure time together, effects on intimacy, lack of sleep, coping with colic, and domestic work sharing. Another reason a qualitative approach was chosen for this study was to better understand both the positive and stressful experiences of first-time parents. Every couple mentioned the fact that despite an increased amount of stress and tension at times, the end result of having an infant and watching them grow, “far

surpassed any negative changes.” Also, it was crucial after determining what constituted a “stressor” during this time period to identify how the parents dealt or coped with their new responsibilities. One major difference with the current study from other literature was the recognition of coping strategies. There were numerous coping mechanisms listed, as above, by the participants. Each individual seemed to have their own way of dealing with stress, but there were several common mechanisms identified. The importance of knowing how parents cope with their new infants could be imperative for advanced practice nurses (APNs) to educate their patients.

Summary

In this chapter the results of the study were presented. Nine married, heterosexual couples between the ages of 22 years and 31 years were interviewed and tape-recorded to answer the following research questions: What are the lived experiences of first-time parents of infants? How do parents cope with their new responsibilities? Three main themes emerged while answering Question 1: (a) life altering and selflessness, (b) stressful and scary, and (c) learn as you go. Each topic was supported by testimonies of both male and female participants. Data saturation was achieved after only seven couples; however, nine total interviews were conducted. During the second research question, it is important that the second theme, *stressful and scary*, emerged, as it coincided nicely with the theoretical framework from Lazarus and Folkman’s Theory of Stress and Coping. A model coinciding with Lazarus and Folkman’s Theory was created, illustrating how the event of being a first-time parent of an infant was appraised as being stressful by all participants. This model also showed how moderating or uncontrollable factors affected the coping strategies and what coping

strategies were used by the parents. Finally, a reappraisal of the event was conducted and proven that no tremendous changes by the parents would have been made.

A discussion of the findings was presented and compared with other research findings. The main points were lack of previous paternal viewpoints and lack of lengthened studied postpartum time period. Lastly, this study highlighted coping mechanisms of the parents, which was not found in any prior studies.

Chapter V

Summary, Conclusions, and Recommendations

Introduction

The purpose of this study is twofold. To explore the lived experiences of first-time parents of infants in the first year of birth, and secondly, to explore how parents of infants deal with their new responsibilities. In this chapter, the summary of study findings, conclusions, implications for nursing, and recommendations for future studies are provided.

Summary of Study Findings

For this qualitative, naturalistic inquiry study, nine marital dyads between the ages of 22 years and 31 years, who were first-time parents of infants aged one month to 14 months, were interviewed. After obtaining Institutional Review Board approval from the University of Wisconsin Oshkosh, data were collected by the researcher via face-to-face interviews with participants in January and February of 2011. Participants were obtained by snowball sampling, consents were signed by all, and then questions answered. All of these interviews were audio-taped and transcribed verbatim. Data were then examined for themes and categories, which described the experiences of the participants to answer the research question: What are the lived experiences of first-time parents of infants? How do parents cope with their new responsibilities? Other focused questions were asked to help provide some consistency between interviews and redirect, clarify, and encourage the participants to engage in reflection. Each interview was conducted over a 10 to 45 minute time period. Data analysis was done using

Giorgi's (1985) process to methodological interpretation. From the data analysis, three main themes emerged to answer the first question: (a) life altering and selflessness, (b) stressful and scary, and (c) learn as you go. To answer question two, several coping strategies were identified by both parents of the dyad: (a) divide and conquer, (b) get a routine, (c) evaluate recommendations, (d) unify parenting methods, (e) communicate, (f) read the literature.

The first question, theme one, *life altering and selflessness*, emerged as all 18 participants commented on how amazing, enriching, and life changing the experience of being a first-time parent truly was. A few of the lifestyle alterations described were things like growing up, becoming more responsible, constantly planning, and changing priorities. Theme two, *stressful and scary*, emerged as the parents described a time, usually labeled as the first 6 months, as being difficult and scary. All of the participants identified some type of stressors during the parenting process, such as relationship changes, illness, added expenses, difficulty in coordinating schedules, sleep deprivation, incongruencies in parenting style, keeping the house clean, balancing employment with family, difficulties in breastfeeding, and difficult child temperaments. The third theme, *learn as you go*, emerged as the parents all discussed the learning process involved in being a first-time parent. This included things such as, each stage of infant growth brings about a new learning experience and it is continual, learn from others and listen to what they have to say but make sure to make decisions that are right for your own family, don't compare the infant to others because every baby develops differently, learn to ask for help when needed, and use the first child as a learning tool for subsequent children.

The “event” of being a first-time parent with an infant has been proven to be stressful and scary at times for the parents. The answer to the second question, how parents cope with their new responsibility, emerged after the parents suggested different coping mechanisms they used to get through some of the stressful times. However, there were also moderating factors that affected whether a situation became stressful or not. In this case the moderating factors for these couples were: (a) social support and partner support, (b) personality or temperament for the child, (c) their values and beliefs, and (d) physical health of the child. The moderating factor of social support made a difference for the couples, as far as having their family members, friends, physicians, and religious leaders there to help out. The personality or child temperament moderating factor made a difference in stress if the child was “colicky” or just happy and calm. The third moderating factor, which affects the stress appraisal, is the couples’ values and beliefs. While none of them commented on this directly, it was very evident how much they cared for each other and their child through direct observation during the interview process. The last moderating factor was the physical health of the child. This was commented on as the biggest cause of stress for the fathers more than anything else. It seemed to be the “unknowing” of how to handle the infant when ill.

These moderating factors were then used to identify coping strategies the dyad used, such as: (a) divide and conquer, (b) get a routine, (c) evaluate recommendations, (d) unify parenting methods, (e) communicate, and (f) read the literature. The most repetitive coping strategy discussed was good communication within the dyad, whether it was getting frustrations out by yelling or just talking about how to parallel different parenting skills. This can help ease stress and save on arguments about how to raise the child. Another important method that came up several times was kind of a “divide

and conquer” approach to caring for the infant. Being able to take turns when one was discouraged or tired and attending to each other’s needs. Other coping mechanisms mentioned were getting in a routine, reading the latest literature to educate oneself on their child, asking for help from others and taking their recommendations into consideration, and just watching your child grow.

Conclusions

When evaluating this study, the results may not be broadly generalized, as the research was qualitative and utilized a sample restricted by demographic, as well as, geographic characteristics. However, several common topics and themes seemed to be prevalent in the interviews. Although, generalizability is limited, the following conclusions may be drawn from this study:

1. Becoming a first-time parent of an infant is an amazing, enriching, and life changing experience.
2. Becoming a first-time parent will cause lifestyle alterations, such as increasing responsibilities and growing up faster.
3. A change in priorities and complete selflessness occurs after having the first child.
4. Becoming a first-time parent is scary and stressful, especially the first 6 months.
5. Having an infant may negatively affect one’s economic lifestyle, relationship with their spouses, sleep patterns, or time constraints.
6. There is a huge learning curve associated with being a first-time parent.
7. Social support appears to be an important factor for first-time parents.

8. The child's temperament and physical health is directly related to the parents' stress level.
9. Congruent parenting styles, good communication, and sharing of responsibilities decreases parent stress levels.
10. Getting into a routine early and becoming prepared by reading literature on what to expect decreases stress levels.

Relevance of Lazarus and Folkman's Theory of Stress and Coping

Lazarus and Folkman's Theory of Stress and Coping was used as the theoretical framework for this study. Lazarus and Folkman's Theory of Stress and Coping (1984) viewed the stress response as a process with how a person's thoughts and actions change as a specific encounter unfolds (in McEwen & Wills, 2007). This theory explains people's methods of dealing with stress defined as "environmental and internal demands that tax or exceed a person's resources and endanger his or her well-being" (Polit & Beck, 2008, p. 150). Lazarus and Folkman describe this process with two major factors affecting the stress response, which are moderating factors and appraisals. The moderating factors are things that are uncontrolled but still influence the reaction to the stressful event. Appraisal is a person's evaluation of a stressor or how they perceive the threat. In this model, coping is defined as "the process by which a person manages the appraisal" (McEwen & Wills, 2007, p. 316). Reappraisal occurs once a person has successfully coped with a situation. This allows for feedback about the outcome and allows for adjustment to new information.

In this study, the "stressful" event was being a first-time parent with an infant. The moderating factors were: (a) social support and partner support, (b) personality or

temperament for the child, (c) values and beliefs, and (d) physical health of the child.

The parents then suggested different coping mechanisms they used to get through some of the stressful times of this event, such as: (a) divide and conquer, (b) get a routine, (c) evaluate recommendations, (d) unify parenting methods, (e) communicate, and (f) read the literature. Lastly, the outcome or reappraisal of the stressful event was if the parents would have changed anything or have done something different. Most of the parents had stated that they would not have.

Implications for Practice

This study helped to identify the unique needs of first-time parents of infants from the perspective of both genders involved. This study concluded that this can be a very enjoyable, as well as stressful and scary, time for parents with many lifestyle changes. It was identified that the amount of learning with a new infant is endless and continues throughout the lifespan.

As far as stressors identified, the males' responses all fell into three categories: (a) when the child gets ill, (b) sleep deprivation, and (c) colicky temperament. All of these things are physical stress factors which directly relate to the child and are difficult to modify or change. The APN can utilize the concepts from this study to improve their skills and comfort level when working with first-time parents of infants. One of father's biggest stressors was "the unknowing" of what to do when their infant became ill. If the APN can prepare and educate the parents what to expect and do when this occurs ahead of time, the parents may feel more secure and confident in their decisions. It may also prevent unnecessary trips to the emergency department or office. In knowing this information, another thing that could be done by the APN is making themselves more

readily available for questions or covering how to handle common illnesses in infants at each office visit. Even courtesy or random phone calls to the homes of these families by either the APN or nurse to answer any questions or concerns the parents had, may be positive for customer service, as well as, aid in empowerment of the parents.

When the females were asked to describe their stressors, the responses pertained to money and expenses, breastfeeding, going back to work, keeping the house clean, difficulty in coordinating schedules, and incongruencies in parenting styles. Basically, none of the participants denied the fact that there was not at least one thing stressful about being a first-time parent. This means that perhaps the APN could better anticipate the issues these new parents may be struggling with in order to know how to handle them. One suggestion could be for the APN to lead support groups for first-time parents of infants that would allow them to discuss stressors or issues they were having with their new role with others in a similar situation.

This is a vulnerable population with a huge learning curve, which gives the APN many opportunities for education. If the parents are able to anticipate certain feelings or issues that may come with being a first-time parent, they may be more prepared in dealing with stress. We already know that parental mental health status has an impact on an infant's physical, social, and emotional development, so this is why it is that much more important to treat the family as one unit with a holistic approach to care.

Recommendations for Future Research

Nine parental dyads were interviewed simultaneously to get an understanding about the lived experience of first-time parents with infants. In past studies, the focus of first-time parental experiences resided solely with maternal perspectives and mainly

during the first month of the infants' life. It is the author's recommendations to complete additional qualitative studies focusing exclusively on the paternal role of first-time fathers. While all of the fathers did actively participate during the interviews, the majority of the conversation was directed by the females. Perhaps another alternative may be to repeat this study and interview the participants separately instead of simultaneously to determine if some of the stressors then change.

Another recommendation would be to use this study but include participants with different socioeconomic/cultural backgrounds. There was only one Hmong couple used in this study and the rest were White, middle-class citizens. Different stressors and coping mechanisms may be used as ethnic backgrounds change. This may determine the influence that varying cultures and demographics have on the experiences and perceptions of first-time parents with infants.

Lastly, all of the participants were prepared for their infant mentally and financially. It would be interesting, as well, to get the lived experience of first-time parents with infants from adolescent or teen mothers not expecting a pregnancy. This is another very vulnerable population the APN could be bettered prepared for.

Summary

In this chapter, the summary of research findings included three main themes that emerged from the research question: What are the lived experiences of first-time parents of infants in the first year of birth? They included *life altering and selflessness*, *stressful and scary*, and *learn as you go*. For the second question: How do the parents deal with their new responsibilities, the following coping mechanisms were discovered: (a) divide and conquer, (b) get a routine, (c) evaluate recommendations, (d) unify

parenting methods, (e) communicate, and (f) read the literature. There were then 10 strong conclusions made based off these findings also included in this chapter, as well as, the implications and importance of these study findings to nursing practice, the relevance of Lazarus and Folkman's Theory of Stress and Coping, and several recommendations for future studies.

APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Thank you for participating in this research study. In order to assist me in reviewing and analyzing the data, it is helpful for me to know some basic information about you. All information is confidential and optional. If you prefer not to provide the requested demographic information, please leave the question(s) blank.

1. Age (years): _____
2. Age of child (months): _____
3. Length of time married: _____
4. Religion: _____

Please circle one answer for each of the following:

5. Race: Caucasian Other
6. Gender: Male Female
7. Place of Residence: Urban Rural
8. Education Level: Middle School High School College Graduate or
Professional
9. Currently Employed: Yes No
10. Household Income:
Less than 15,000
15,001-24,999
25,000-34,999
More than 35,000

Thank you, again, for your participation

APPENDIX B
INTERVIEW QUESTIONS

Main Interview Question

1. What is your lived experience of being a first-time parent of an infant?

Focused Interview Questions If Needed

2. How has the experience affected you emotionally, physically, mentally, spiritually?
3. Has this experience caused you any stress?
4. How have your responsibilities and roles changed?
5. What coping mechanisms did you use to get through these experiences or what/how did you adjust?
6. What support did you have during this experience?
7. Do you have any recommendations for other first-time parents to be?
8. Would you have changed anything about the experience?
9. Is there anything more that you would like to share?
10. Do you believe this information would be helpful to an advanced practice nurse caring for your family?

APPENDIX C
PARTICIPANT INFORMED CONSENT

The Lived Experience of First-time Parents of Infants

I, Tanya Jensen, RN, BSN, a graduate student of the University of Wisconsin-Oshkosh College of Nursing, am conducting a study about first-time parents with infants' experiences. Your participation in this study may assist Advanced Practice Nurses (APNs) in educating health professionals and the information they provide to you. The knowledge of first-time parents' experiences may also lead to better outcomes and educational programs for first-time parents and their children.

As part of this study, I would like to conduct an interview with you and your spouse that may take up to one hour. The interview will be tape recorded. Each person will be asked to share his/her experiences as openly and honestly as possible. There may be several other focused questions pertaining to this topic. Each person will also be asked to fill out a short demographic questionnaire prior to the interview. The study will not interfere with your childcare at any time and the interview may take place at your home or a public area agreed upon by this researcher and yourself. If the interview takes place in a public area, you will need to provide your own transportation to and from the interview setting.

Although this study could be done by using a mailed questionnaire or other written means, speaking with the two of you is the best way to find out your lived experiences of being a first-time parent.

By sharing your stories and thoughts, you may experience feelings of concern, frustration, sadness, or helplessness; however, you may also experience feelings of relief, happiness, or joy. I do not anticipate that the study will present any other medical risk to you, other than the inconvenience of extra time required for you and your spouse to answer the questionnaire and complete the interview. By signing this, it also gives permission for the researcher to contact the nearest crisis center to address any urgent or emergent feelings you may have. Participation in this study may not benefit you directly but may benefit advanced practice health care providers.

The information gathered during the interview will be typed verbatim by a transcriptionist for review by the researcher. I will not release information about you to your doctor or to anyone else in a way that could identify you.

If you want to withdraw from the study at any time, you may do so without penalty. You may refuse to be audio recorded during the interview at any time. The information collected from you up to that point would be destroyed if you so desire.

Once the study is completed, I will be glad to give the results to you. In the meantime, if you have any questions, please contact:

Tanya Jensen RN, BSN
College of Graduate Nursing
UW Oshkosh
1221 5th Ave, Crivitz, WI 54114
(715) 927-1631

If you have any concerns about your treatment as a participant in this study, please call or write:

Chair, Institutional Review Board For Protection of Human Participants
c/o Grants Office
UW Oshkosh
Oshkosh, WI 54901
920/424-1415

Although the chairperson may ask for your name, all complaints are kept in confidence.

I have received an explanation of the study and agree to participate. I understand that my participation in this study is strictly voluntary.

PRINTED NAME SIGNATURE DATE

I agree to be interviewed and audio (tape) recorded.

SIGNATURE

DATE

This research project has been approved by the University of Wisconsin Oshkosh IRB for Protection of Human Participants for a 1-year period, valid until (one year from the IRB approval date)

APPENDIX D
TIMELINE

Timeline

July 30th

Submit Research Proposal

September (1st or 2nd week)

Email Chairs & Complete Candidacy Interview

Complete Changes and Submit Full Proposal to Chair

October 15th

Have Revised Proposal Completed

October (last week)

Submit IRB Application

November

Have IRB Approval Completed

November-January

Data Collection

February (2nd week)

Complete Chapters IV Results and Discussion & V Summary & Implications

Continue updating Chapters I- III

March (2nd week)

Submit Abstract of Completed Study to Grant's Office

Continue updating Chapters I-III

April 22nd

Formatting Deadline & Complete Poster

April (3rd week)

University Scholarship Day

APPENDIX E
UNIVERSITY OF WISCONSIN OSHKOSH IRB LETTER



November 15, 2010

Ms. Tanya Jensen
1221 5th Ave.
Crivitz, WI 54114

Dear Ms. Jensen

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: The Lived Experience of First-time Parents of Infants.

Your research has been categorized as NON-EXEMPT, which means it is subject to compliance with federal regulations and University policy regarding the use of human participants as described in the IRB application material. Your protocol is approved for a period of 12 months from the date of this letter. A new application must be submitted to continue this research beyond the period of approval. In addition, you must retain all records relating to this research for at least three years after the project's completion.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-7172 or e-mail:rauscher@uwosh.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Frances Rauscher".

Dr. Frances Rauscher
IRB Chair

cc: Dr. Suzanne Marnocha
1901

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