

9-1-2010

# Transition to Fatherhood: A Puerto Rican Perspective

Suzanne Barenski

*University of Massachusetts - Amherst*, barenskis@elms.edu

Follow this and additional works at: [http://scholarworks.umass.edu/open\\_access\\_dissertations](http://scholarworks.umass.edu/open_access_dissertations)

---

## Recommended Citation

Barenski, Suzanne, "Transition to Fatherhood: A Puerto Rican Perspective" (2010). *Dissertations*. Paper 266.

This Open Access Dissertation is brought to you for free and open access by the Dissertations and Theses at ScholarWorks@UMass Amherst. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact [scholarworks@library.umass.edu](mailto:scholarworks@library.umass.edu).

TRANSITION TO FATHERHOOD: A PUERTO RICAN PERSPECTIVE

A Dissertation Presented

by

SUZANNE BARENSKI

Submitted to the Graduate School of the  
University of Massachusetts Amherst in partial fulfillment  
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

September 2010

Nursing

© Copyright by Suzanne Barenski 2010  
All Rights Reserved

# TRANSITION TO FATHERHOOD: A PUERTO RICAN PERSPECTIVE

A Dissertation Presented

By

SUZANNE BARENSKI

Approved as to style and content by:

---

M. Christine King, Chair

---

Genevieve Chandler, Member

---

Aline Gubrium, Member

---

Jean E. Swinney, Interim Dean  
School of Nursing

## DEDICATION

To my mother who always knew I could do more.

## ABSTRACT

### TRANSITION TO FATHERHOOD: A PUERTO RICAN PERSPECTIVE

SEPTEMBER 2010

SUZANNE BARENSKI, B.S., RUSSELL SAGE COLLEGE

M.S., RUSSELL SAGE COLLEGE

Ph.D., UNIVERSITY OF MASSACHUSETTS AMHERST

Directed by: Professor M. Christine King

The purpose of this study was to explore the events that have promoted or hindered a first-time Puerto Rican father's transition to fatherhood. Interviews were conducted with twelve fathers who reported one child one year of age or less. Within the United States the Hispanic population is the largest and the fastest growing minority population. Early father involvement for immigrant and ethnically diverse families has not been widely studied. Analysis of the interview data revealed two main themes; "Accepting of Fatherhood" and "Adjusting to Fatherhood." Specific to these themes, three categories became apparent; "Buying-In: Initial Step to Fatherhood," "The Journey: Going Through It," and "Moving Into Fatherhood: The Rest of the Story." Four sub-themes emerged and were relevant to the second stage: "emotions, connections, recognition, and responsibility." The journey and moving into fatherhood stages were conceptualized as a circular relationship allowing the father to interact with new experiences as the opportunity or challenge arises. Meleis' middle range theory of "Transitions" provided the theoretical framework for the study. Findings indicated most fathers in this study were highly present and involved throughout the childbearing period and the joy these fathers expressed for their child was clearly described. Fathers also identified feeling of

exclusion and wanting to be viewed as an equal status parent with the mother. Fathers expressed appreciation for the opportunity to tell their story. These findings are supportive of the contemporary view of machismo. Policy and practice implications are described for educational programs and future research.

## CONTENTS

	Page
ABSTRACT .....	v
LIST OF FIGURES .....	xiv
CHAPTER	
1. PROBLEM STATEMENT .....	1
Family as Context .....	1
The Problem .....	2
Significance of the Problem .....	5
Purpose of the Study .....	7
Theoretical Framework .....	8
Research Question .....	9
Summary .....	10
2. LITERATURE REVIEW .....	12
Culture of Euro-American Fatherhood .....	12
Role of the Euro-American .....	13
Gender .....	15
Euro-American Father Perspective of Pregnancy .....	15
Couvade Syndrome .....	16
Prenatal Attachment .....	17
Social Supports .....	18
Childbirth Education .....	18
Family Concerns .....	19



Euro-American Father Perception of Birth and the Immediate Post-birth Experience .....	21
Birth Experience .....	21
Post-partum .....	21
Discharge Teaching .....	22
Hospital Discharge .....	23
Euro-American Father Perception of the First Months Following Birth .....	23
Breastfeeding .....	23
Parent-parent Support .....	24
Stressors .....	25
Father-Infant Interaction .....	26
Euro-American Summation: Transition to Fatherhood .....	27
Cultural Diversity .....	28
Research .....	29
Puerto Ricans in the United States .....	30
Migration .....	31
Family .....	31
Race .....	32
Gender .....	33
Meaning of Children .....	34
Research: Hispanic Family .....	35
Research: Puerto Rican Family .....	38
Acculturation: Behavior and Transition .....	39

Patterns of Behavior .....	41
Theoretical Framework .....	43
Critical Points and Events of a Transition .....	45
Critical Incident Technique .....	47
Advantages and Disadvantages .....	47
Critical Incident Technique as a Culturally Neutral Method .....	48
Summary .....	49
3. METHODOLOGY .....	51
Design .....	51
Method .....	53
Steps to the Critical Incident Technique .....	55
Determine the aim of the activity .....	55
Establish the plans and specifications .....	55
Collection of the data .....	56
Analysis of data .....	56
Report of the findings .....	57
Application for Research .....	57
Non-nursing studies .....	57
Nursing studies .....	58
Sample .....	58
Inclusion Criteria .....	58
Recruitment Process .....	59
Employees .....	60

Clients and visitors .....	60
Scheduling .....	61
Interview site options .....	61
Informed Consent .....	62
Purpose .....	62
Procedure .....	62
Risks.....	63
Benefits .....	63
Time Commitment .....	63
Compensation .....	63
Contact Person .....	63
Participation .....	64
Rights .....	64
Interview .....	64
Format .....	66
Setting .....	67
Data Analysis .....	67
Data Processing .....	67
Open coding .....	68
Coding .....	68
Theme formation .....	69
Member Validation .....	69
Methodological Rigor .....	71

	Trustworthiness .....	71
	Social validity .....	72
	Subjectivity and reflexivity in qualitative research .....	73
	Adequacy of data .....	75
	Adequacy of interpretation .....	75
	Quality and Credibility .....	76
	Data Security .....	78
	Study Limitations .....	78
	Summary .....	79
4.	THE STORIES .....	81
	Emilio: I Feel Like WOW! .....	82
	Alonzo: I'm Always a Super Dad .....	85
	Javier: Dads Are Still Important .....	87
	Elias: He Is Carrying My Name .....	89
	Videl: It's All the Little Things .....	91
	Migel: He Saved My Life.....	92
	Alberto: Life Is No More a Joke .....	95
	Vincente: Like Bam! I'm a Dad Now .....	97
	Jorge: Don't Run Away .....	99
	Julio: Am I Ready?.....	102
	Chico: It's Not Me No More .....	104
	Joaquin: I Just Made This Baby .....	106
	Discussion of Fatherhood: The Father's Perspective .....	108

Summary .....	110
5. PRESENTATION AND ANALYSIS OF DATA .....	111
Process of Transition .....	111
Transitions Theory .....	112
Nature of Transitions .....	112
Critical events .....	113
Transition Conditions: Facilitators and Inhibitors .....	113
Emotions .....	114
Connections .....	114
Recognition .....	114
Responsibility .....	114
Patterns of Response .....	115
Father as Concept .....	117
Accepting of Fatherhood .....	118
Biological Acceptance .....	118
Adjusting to Fatherhood .....	120
Opportunities and Challenges .....	120
Summary of Data .....	135
Summary of Data Analysis .....	139
Process of Transition to Father for These Puerto Rican Men .....	140
Accepting of Fatherhood .....	140
Buying-In: Initial Step to Fatherhood .....	140
Adjusting to Fatherhood .....	141

	The Journey: Going Through It.....	141
	Moving Into Fatherhood: The Rest of the Story .....	146
	Discussion .....	152
	Summary .....	156
6.	IMPLICATIONS .....	158
	Practice .....	158
	Research .....	160
	Education .....	162
	Theory .....	163
	Policy .....	164
	Summary .....	165
APPENDICES		
A.	ADVERTISEMENT FLIER .....	166
B.	INFORMATION SHEET FOR STUDY PARTICIPANTS .....	167
C.	LETTER OF APPROVAL: SCHOOL OF NURSING HUMAN SUBJECTS REVIEW COMMITTEE .....	168
D.	PERMISSION LETTER: HOLYOKE HEALTH CENTER .....	169
E1.	INFORMED CONSENT FORM: ENGLISH LANGUAGE .....	170
E2.	INFORMED CONSENT FORM: SPANISH LANGUAGE .....	174
F.	DEMOGRAPHIC FORM .....	178
G.	SCRIPT FOR INTERVIEW QUESTIONS .....	179
	BIBLIOGRAPHY .....	181

## LIST OF FIGURES

Figure	Page
1. Transition to Fatherhood for Puerto Rican Men .....	140

## CHAPTER 1

### PROBLEM STATEMENT

The birth of an infant into a family unit permanently changes that unit (Friedman, 1986, 1998; Friedman, Bowden , & Jones, 2003; Roth & Simanello, 2004) and presents great challenges to the family to transition into the new status of parent (Easterbrooks, Barrett, Brady, Davis, 2007; Frewin, Tuffin, Rouch, 2007; Hickley, Ferreira & Maree, 2007; Palkovitz & Palm, 2009; Roth & Simanello, 2004; Watson, Watson, Wetzel, Bader, & Talbot, 1995). The arena of fatherhood has been an area of increasing interest for researchers over the past 25 years and fatherhood has been viewed as complex and evolving (Tiedje & Darling-Fisher, 1996). The ease with which men make the transition to father has potential impact for the functioning of the family as a whole.

#### Family as Context

Men and women become parents within the context of a family. How one defines a family is of critical importance. Families are becoming more complex and diverse. A definition of family needs to reflect this and be a descriptive representation of families today (Pender, Murdaugh, & Parsons, 2002b). From this context, family can be defined as two or more persons who are joined together by bonds of sharing, emotional closeness, financial support, and who self identify as being part of the family (Denham, 2003: Friedman, 1998; Friedman, Bowden, & Jones, 2003; Pender, Murdaugh, & Parsons, 2002b). The family has frequently been viewed as a social subsystem and continues to be recognized as a basic unit of society and one that has the most marked effect on its members. Family can be viewed as a closely knit interdependent group, within which issues affecting one member have the potential for affecting other family members, as



well as the family unit itself as a whole (Friedman, 1998; Friedman, Bowden, & Jones, 2003; Pender, Murdaugh, & Parsons, 2002b, Wright & Leahey, 2005).

Within research that relates to families, it is important to recognize that the family, as a social unit, is expected to meet various needs of the society that it is a part of, as well as to meet the needs of the individual family members within itself. Parenting extends to both of these domains. Parents have the responsibility to be productive citizens of the society and guide children to be constructive members of the society. In addition, parents are charged with meeting the bio-psychosocial needs of its family members. This recognition of family as environment supports the interdependence of the individual with the family as well as the individual and family interdependence with the greater environment (Amaya 2002; Feetham, 1991; Wright & Leahey, 2005).

#### The Problem

Early research related to parenting has had its roots in the study of the process of maternal-infant attachment (Ainsworth, 1969; Bowlby, 1977; Klaus & Kennell, 1970; Klaus, Kennell, Plumb, & Zuehlke, 1970; Klaus, Jerauld, et al., 1972). This early study supported the premise that the infant is initially dependent upon the mother and then upon others (Ainsworth, 1969). Observations of mothers and newborns suggested that affectional bonds are “fragile” in the immediate hours and days following birth (Klaus & Kennell, 1970). The importance of early and extended contact between mother and newborn was thought to have an impact on the quality of mother-infant interaction and the potential for impact on future infant development (Klaus, Kennell, Plumb, et al., 1970; Klaus, Jerauld, et al., 1972). Infant attachment had also been proposed as being

specific to the person mothering the child and encompassing the qualities of endurance and emotion (Bowlby, 1977).

Within the discipline of nursing, study into parenting has also focused on the mother-infant perspective and the development of the maternal role (Grace, 1993; Koniak-Griffin, 1993; Mercer & Ferketich, 1995; Rubin, 1967; Walker, Crain, & Thompson, 1986). The father as parent “has not traditionally been the focus of nursing care” (Gage, Everett, & Bullock, 2006, p. 60). Within the nursing literature, the term “parent” has often times referred only to the mother (Gage et al., 2006). This can prevent the nurse from viewing and caring for the family as a unit and thus limits the scope of family nursing practice. Early nursing study of fathers, however, has supported the complexity of the transition and the premise that the expectations and needs of fathers cannot be ignored (Cronenwett & Kunst-Wilson, 1981; Ferketich & Mercer, 1995a, 1995b; Hangsleben, 1980, 1983; Lemmer, 1987; May, 1982;).

One must be cautious not to transfer knowledge from studies of motherhood into the domain of fatherhood (Harrison & McGill-Evans, 1996) as the process of becoming a parent is not necessarily the same for both mothers and fathers (Watson et al., 1995) nor is it the same among all mothers or all fathers. Additionally, mothers and fathers have tended to be different in their activities and relationships with their children (Thompson & Walker, 1989). Fathers have viewed their time spent with children differently from mothers. Freysinger (1994) determined that mothers are “less likely” to view time alone with children as leisure time, while leisure time between fathers and children was viewed positively by the fathers.

LaRossa (1988) has suggested that the norms, values, and beliefs of fathering (culture of fatherhood) and the behaviors that fathers actually do (conduct of fatherhood) are not synchronous. This has contributed to the role of the American father being viewed as confusing, stressful, and challenging to the new father. Health professionals, especially nurses, have been recognized as “gatekeepers as to whether fathers will be full participants” in their children’s care (May, 1996, p. 245) and it has been recognized that much of what is called “family nursing” remains mainly directed to the women of the family ( Gage et al., 2006; Kristjanson & Chalmers, 1991). Nursing has a mandate from society to use its specialized body of knowledge and skills for the betterment of humans. The mandate implies that “knowledge and skills must grow in such a way as to keep up with the changing health goals of society” (Hardy, 1978/1997, p. 93). Nursing must move forward and not rely on the false sense of security centered on history and tradition as a basis for meeting the needs of the “family.” Nursing can benefit from a better understanding of the fathering experience as viewed from a father’s perspective (Hinckley et al. 2007; Julion, Gross, Barclay-McLaughlin, & Fogg, 2007; St. John, Cameron, & McVeigh, 2005). Subsequently nurses could therapeutically intervene in multiple ways to assess and assist men in becoming more supportive and active fathers.

The confirmation of a pregnancy, the experiencing of a partner’s pregnancy and birth event, and the subsequent months following the birth of one’s child is an intense period for families. It is also a time when nurses have an increased opportunity to assess and interact with new parents, and in particular, the new fathers. Within nursing literature the term parent has frequently been used interchangeably with the term mother (Gage, et al., 2006). Nurses need to reflect on stereotypic gender assumptions of

parenting (Gage, et al., 2006; Jordan, 1990b). It is vital that nurses have an understanding of the father's perspective of this very significant period of time.

Nursing is a healthcare profession that has much exposure to a diverse client base, including immigrants who are recognized as a marginalized population. The goal of nursing is to promote mechanisms through which differences are valued, diversity is respected, and an understanding of behaviors within the cultural heritage is promoted (Meleis & Im, 1999; Pender, Murdaugh, & Parsons, 2002a). In spite of the fact that the United States is increasingly more diverse, research into understanding the transition to fatherhood has primarily been focused on the white middle-class population of Euro-American heritage (Anderson, A.M., 1996; Clinton, 1987; Cox, Tresch Owen, Henderson, & Margand, 1992; Denham, 2003; Gage & Kirk, 2002; McHale, Kazali, Rotman, Talbot, Carleton, & Lieberman, 2004). This presents the risk of influencing what characterizes desirable and standard behaviors of fathers from the perspective of only this homogenous viewpoint (Campos, 2008; Denham, 2003).

The role of parent cannot be viewed from only the maternal perspective. The transitional process of becoming a father cannot be viewed from only the Euro-American white, middle-class perspective. Nursing and other health disciplines have the responsibility to develop an approach to care that is relevant and appropriate to the client.

### Significance of the Problem

Childbearing and childrearing are meaningful within all cultures and there is no culture that treats these processes with indifference (Callister, 1995b; Griffith, 1982). All cultures have complexity. There is every indication that as the world becomes "smaller" and individuals become more "global," cultural exposure will become more extensive

and intensive than ever before (Behnke, & Sillen, 2007; Campos, 2008; Julion et al., 2007; Leininger, 1997, 2000; Parra-Cardona, Wampler, & Sharp, 2006; Roer-Strier, Strier, Este, Shimoni, & Clark, 2005). This makes it vital that nursing is able to provide culturally appropriate care to individuals and families (Giger & Davidhizar, 2008; Pender, Murdaugh, & Parsons, 2002a).

Culture and ethnicity are two terms that are often used interchangeably. Culture can be defined as a “system of shared ideas, rules, and meanings that inform us how to view the world, and tell us how to act” (Watt & Norton, 2004, p. 38). Culture is a major influence in how one undertakes roles and responsibilities related to family, friends, and work. Ethnicity involves a “system of shared meanings developed in a social and economic context with a particular historical and political background” (Watt & Norton, 2004, p. 38). These beliefs and behaviors can distinguish one group of people from another and provide them with distinct identities. This acknowledgement of a distinct identity can bring the risk of treating groups of individuals differently based on stereotypical assumptions focused on their background.

Hispanic is a term used by the United States government to classify people of Spanish speaking ancestry and is the fastest growing ethnic group in the United States. Currently the three largest Hispanic subgroups are Mexican-Americans, Puerto Ricans, and Cuban Americans (US Census Bureau, 2000). Within the state of Massachusetts Hispanics were the fastest growing ethnic group during the decade of 1990-2000 and 46.5% of this growing Massachusetts Hispanic group is identified as Puerto Rican (Vasquez, 2003). Hampden County is a western Massachusetts community within which

the majority of the Hispanic population resides in two urban communities; Holyoke (41.4%) and Springfield (27.2%) (Donta, 2001).

Transition to fatherhood is both a developmental and normative transition and all transitions have inherent challenges. Assisting individuals to cope with and adapt to changes as a result of these transitional challenges is a health promotional intervention for nursing. There is a lack of foundational information about health promotional behaviors within diverse populations and less information is known about subgroups within these populations (Behnke & Allen, 2007; Julion et al., 2007; Parra-Cardona, et al., 2006; Pender, Murdaugh, & Parsons, 2002a).

This lack of foundational information about health promotional behaviors within the Hispanic populations, and specifically the Puerto Rican population, limits the development of culturally appropriate care. This has distinct implications for nurses and health professionals who have both the responsibility and obligation to improve care to diverse populations.

### Purpose of Study

The present study of transition to fatherhood from a Puerto Rican perspective has served to broaden the literature base for transition into fatherhood and also to add to the cultural literature by focusing on Puerto Rican men who are becoming fathers for the first time. The specific purpose of this study is to discover the critical events that have promoted or hindered a first-time Puerto Rican father's transition to fatherhood. This will afford nursing a window into understanding the experience of transition into fatherhood for Puerto Rican fathers and will stimulate thought for nursing interventions that will meet the needs of this population.

## Theoretical Framework

Study of the family and issues that relate to family members are of central concern to nursing. The family has a vested interest in the processes of attaining family well-being, including the adjustment to normal life events (Roth & Simanello, 2004; Whall & Fawcett, 1991). Times of transition are often optimal times for studying family development to discover individual and family effects of the phenomena and insight into appropriate anticipatory interventions. Life is ever changing and not stagnant; therefore transitions are a constant aspect of life (Anderson, E., 1996; Roth & Simanello, 2004). This can be seen from a growth and development perspective as one progresses through life stages (i.e. school-age child to adolescent to young adult) and also as one encounters a change in status (single to married to parent).

Transition has been presented as a central concept in nursing (Schumacher & Meleis, 1994) and as a focus that reflects the practice of nursing. More recently, transition has been proposed as an emerging middle-range theory (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Transition refers to “both the process and outcome of complex person-environment interactions” (Meleis & Trangenstein, 1994, p. 256); thus how persons adapt to a transition is of importance to nursing. Nursing’s philosophy of holism and humanism enables the nurse to view the person’s needs and strengths from a bio-psychosocial-spiritual perspective. A man’s ability to cope and adapt to the transition to fatherhood is influenced by the clarity of the meaning and his understanding of the transition, the degree of conflict and strain it evokes, how he values the transition, and the influence the transition has on his attainment of a goal (Burr, 1972; Deave & Johnson, 2008; Draper, 2003a; Halle et al., 2008; Easterbrook, Barrett, Brady, & Davis, 2007;

Hinckley, Ferreira, & Maree, 2007; Leite, 2007). A common outcome to the process of transition is the emergent change in identity, relations, abilities, or behavior (Easterbrooks et al., 2007; Frewin, Tuffin, & Rouch, 2007; Meleis, 1997).

Transition is a concept that is currently of interest to nursing and has been studied from a variety of perspectives. These perspectives include individuals and families experiencing diagnostic transitions (Lowes, Gregory, & Lyne, 2005; Soderberg & Lundman, 2001), the facilitation of a patient's transition as the "art of nursing" (LeVasseur, 2002), and health promotional transitions (Watson & Pulliam, 2000). Culture has also been a predominate theme (Clingerman, 2007; Zeserson, 2001). Meleis' theory of "Transitions" has been utilized as the theoretical framework for nursing study and its scope was supported in the study findings (Davies, 2005; Skarsater & Willman, 2006).

The recognition of the significance of the meaning one assigns to the transition to fatherhood affirms the need to understand the transition from the perspective of the man experiencing it (Hinckley et al., 2007; Schumacher & Meleis, 1994). A process oriented framework supports the belief that a phenomenon of concern (transition to fatherhood) is best viewed naturalistically during its development (Lackey & Walker, 1998). The transition to fatherhood is a developmental transition for both the father and the family; it is a process that occurs over time and results in a new identity for the father. The proposed theory of "Transitions" (Meleis et al., 2000) provides the framework for this study.

#### Research Question

The specific question that guided this study was "What are the critical events that promote or hinder a first-time Puerto Rican father's transition to fatherhood?" Participant



fathers were asked to respond to the following request: “Think about the various experiences you have had in becoming a father. Begin from the time you first learned you would be a father until the present age of your child (limit of one year). Becoming a father for the first time involves many events; some of which make you feel like a father and other events make it difficult for you to feel like a father.” Two specific statements were presented to lend focus to the interview; first “Describe for me experiences that you have had that helped you to feel like a father” and second, “Describe for me experiences that you have had that did not help you to feel like a father.” Participant fathers related critical incidents that they regarded as relevant and important in helping or not helping them feel like a father to their child.

### Summary

This chapter identified the importance of the birth of a child into a family and the context of the family as relevant for developing parenthood. Early study of parenting focused on the mother-infant bond with the addition of the study of fathers appearing later. It has been recognized that the values and beliefs of fathering do not always align with the behaviors preformed by fathers. While nurses have always interacted with families, they have not always focused their health promotional activities towards the father as he transitions into his role of first-time father.

Within the United States the Hispanic population is currently the fastest growing group. This growth statistic equally applies to the state of Massachusetts and its western communities of Holyoke and Springfield where the Puerto Rican population is the fastest growing ethnic group. This chapter acknowledged a lack of foundational information regarding health promotional behaviors within diverse populations and this is a

recognized limitation for the delivery of culturally appropriate care. This acknowledgement has particular significance for the Puerto Rican men who are transitioning to first-time fatherhood and reside within these communities. The increasing diversity of client populations commands that nurses become culturally aware and strive to provide care that is culturally appropriate.

Knowledge of the Puerto Rican father's perspective of the transition into fatherhood will provide additional evidence needed for nurses to evolve in their practice to nurture, guide, and support these men in their transition to fatherhood. The knowledge of what events these fathers perceive as helpful or not helpful in their transition to first-time fatherhood can assist nursing to better provide holistic and culturally appropriate care for Puerto Rican fathers, both as individuals and as participating family members.

Nursing theory guides nursing practice and provides a conceptual framework for research. The middle-range nursing theory of "Transitions" (Melsis, et al., 2000) has been identified as a relevant framework for this study of transition into fatherhood and for identifying events that may have been critical to this process.

## CHAPTER 2

### LITERATURE REVIEW

The transition to fatherhood is an important developmental milestone for a man as an individual, as an emerging father, and as a new parent in an evolving family. Fatherhood can be narrowly viewed from a biological perspective (procreation) and globally viewed from a social perspective (social integration, social networks, and social support) (Bartlett, 2004). It is equally important to understand this complex process of “transition to father” as it is to understand the process of “transition to mother.” Father study has markedly lagged behind mother study. In spite of the recognition of the complexity to the process of “transition to father” (Tiedje & Darling-Fisher, 1996) there has been a tendency to minimize the adjustments that men make throughout the transitional process (Chalmers, & Meyer, 1996; Eggebeen & Knoester, 2001). Nursing research into understanding the developmental transition to fatherhood has primarily been focused on the white middle-class population of Euro-American heritage. Therefore the following background literature is presented on this subset of fathers.

#### Culture of Euro-American Fatherhood

Historically, fathers within a Euro-American perspective have worked outside the family and have been viewed as the breadwinner or provider for the family. Within this framework fathers were expected to love their children but not expected to show affection or nurturing (Hanson & Bozett, 1986). This view has evolved into a new era for fathers where the social expectation is that they are actively involved in the parenting of their children (LaRossa, 1988). This conceptualization of fatherhood actually has two distinguishable aspects which LaRossa (1988) identified as the “culture” of fatherhood

(norms, values, beliefs of male parenting) and the “conduct” of fatherhood (what the fathers actually do). The conduct of fathers has not supported the new culture of fathers and over time fathers become less involved in childcare and more traditional in the parent role (LaRossa, 1988). This can contribute to feelings of ambivalence that many men have experienced as fathers. The transition into fatherhood needs to be considered within the context of the family interaction (Draper, 2003a). This includes the cultural norms, values, and beliefs for both the family unit and the society at large (Marsiglio, Amato, Day, & Lamb, 2000; Tiedje & Darling-Fisher, 1996).

#### Role of the Euro-American Father

Burr has proposed that several aspects of role transition theory are particularly important for family processes (1972), including anticipatory socialization, role clarity, conflict, incompatibility, and the amount of normative change that occurs with the role transition. Anticipatory socialization can be defined as learning and having a sense of what the norms of the role are before one actually assumes that role (Burr, 1972). Within the new culture of fatherhood (LaRossa, 1988) the expected norm is to be actively involved in the care and raising of one’s child. Anticipatory socialization and role clarity were issues for many men who felt that there were no clear guidelines for them to follow and some men could not see a role for themselves at all (Barclay & Lupton, 1999). Many men perceived they had no specific role models and their own fathers were either viewed negatively (uncaring, distant) or neutral (too busy, always working) (Daly, 1993; Hinckley et al., 2007). By today’s standards of involved fathering, this previous generation of fathers is viewed as deficient (Daly, 1993). These views have resulted in men overwhelmingly wanting to be different from their own fathers by being active and

positive about family life (Wild, 2005). Men have also identified a lack of contemporary role models for fathering and several of these men utilized their mothers or wives as parent models (Daly, 1993; Fletcher, Silberberg, & Galloway, 2004; Grossman, Pollack, Golding, 1988; Hall, 1994).

Positive father-son interactions were also noted in the literature with these men hoping to have similar favorable father-child role experiences with their children (Riesch, Kuester, Brost, & McCarthy, 1996). Both mothers and fathers have identified the need for more education and role models for the father (Hall, 1991; Hanson & Bozett, 1986; Rustia & Abbot, 1990; Rustia & Abbott, 1993; Vehvilainen-Jelkunnen, 1995). Parents have also indicated that there is a need for father support groups that could serve as both a support and modeling network (Watson, et al. 1995). The need for maternal support and education is frequently assumed and is addressed through many community programs and family or friend networks but this need often goes unrecognized for the father (Deave & Johnson, 2008; Gamble & Morse, 1993; Hinckley et al., 2007).

More recent work related to the role of the Euro-American father has focused on aspects of balance between fatherhood, work, and family (Barnett & Hyde, 2001; Russell & Hwang, 2004). It has been recognized that the workplace makes a unique contribution to the nature of fatherhood by providing the means for financial support for the family (Russell & Hwang, 2004). The workplace can be supportive to fathering through policy that offers paternal leave or flexible hours for fathers. Barriers within the workplace can add stress to the father through the inadequacy of wages, number of work hours expected by the employer, and the non-payment of the paternal leave. The enactment of multiple

roles (addition of father and family role) can be beneficial for men and the key here lies in the balance to avoid overload and distress (Barnett & Hyde, 2001).

## Gender

Embedded in the dichotomy of culture and conduct is the notion of the social construction of gender. Gender is constructed rather than merely a biological and unchanging property and thus allows parents to create and negotiate roles within families that would address the needs of all family members (Barnett & Hyde, 2001; Tiedje & Darling-Fisher, 1996). This ultimately supports a more equitable investment in the multiple roles that parents assume. This approach is supported by Thompson and Walker (1989) who propose that gender is not an individual property but rather one that is created and sustained through interaction on a daily basis (LaRossa, 1988). The distinction that LaRossa (1988) makes between the culture and conduct of fatherhood can be viewed within this feminist perspective (Thompson & Walker, 1995). LaRossa recognizes that parenting is not a gender-neutral undertaking and refers to the various avenues (employment, recreation, etc.) available to men to account for their unavailability for home or child responsibilities (Thompson & Walker, 1995).

## Euro-American Father Perspective of Pregnancy

For some fathers the ante-natal period of time can be very stressful. He may experience physical and psychological symptoms of pregnancy that are usually associated with the pregnant woman. He may witness various modes of surveillance that function to monitor the status of the fetus, and for some fathers this will impact attachment to the fetus. Attendance at childbirth education classes has become an expectation for parents-

to-be and may not be viewed as a positive experience by all fathers. All of these events have the potential to add to the stress of the pregnancy months.

### Couvade Syndrome

Couvade syndrome has been identified in the literature since the 17<sup>th</sup> century and can be described as somatic symptoms experienced during pregnancy by some fathers that simulate those of the pregnant mother (Draper, 2003a; Pillitteri, 2007). It has been presented as an attempt to “bridge the gender gap” of pregnancy by some men (Pacey, 2004, p. 228). The developmental or transitional period of pregnancy can be as dramatic and stressful for fathers as it is for mothers but changes that occur are not necessarily the same for both parents (Draper 2003b, Fawcett, 1989).

Clinton (1987) compared the physical health of expectant fathers to non-expectant fathers and identified an increased prevalence of colds, backaches, stomach-aches, and unintended weight gain within the expectant father population under study. Anxiety was identified as a significant predictor of symptoms, especially psychological symptoms indicating the significance of the emotional state of the expectant father (Strickland, 1987). Insomnia is a common occurrence associated with anxiety as the men worry about their symptoms and the pregnancy itself (Brennan, Marshall-Lucette, Ayers, & Ahmed, 2007). Association has also been made between couvade symptoms and a high degree of paternal-role preparation for first-time fathers (Longobucco & Freston, 1989). A greater comprehension of this phenomenon is indicated to ensure the physical and psychological health needs of fathers-to-be are understood and addressed (Brennan, et al., 2007).

## Prenatal Attachment

The diagnosis of a confirmed pregnancy begins the transition from non-father to father. It is thought to be a transition between the biological pregnancy and social fatherhood (Draper, 2002b). Many fathers have sought to become actively involved in the processes of attachment during the prenatal period. Fathers have reported a sense of attachment through talking to the fetus in utero, feeling the fetal movements, and visualizing the fetus on ultrasound while continuing to recognize the fetus as still currently part of the mother (Draper, 2002a, 2003b; Stainton, 1990).

The use of ultrasound to produce a visual image of the fetus has strengthened the bond or stimulated the bond for many fathers. Many mothers and fathers express the desire to know the gender of the fetus when a second trimester ultrasound is performed. The most common reason for gender identification (97% accurate) is to promote bonding with the fetus (Freeman, 2000). Second trimester ultrasound exam also promotes attachment by providing the visualization of the developmental stage of the fetus and the physical activity that can be observed at this time period. This can be especially relevant to the father as he is not experiencing the physical pregnancy (Ekelin, Crang-Svalenius, Dykes, 2004; Freeman, 2000). Mothers and fathers are often overwhelmed to see the actual life of the fetus and both mothers and fathers expressed a “sense of joy” and a “sense of relief” that the fetus was apparently healthy (Ekelin, et al., 2004).

Other fathers have indicated a “sense of distance” and an “inability to engage” with the reality of the pregnancy (Draper, 2003b). Many fathers feel that the natural biology of pregnancy is empowering to the woman and serves as an “anchor” to firmly ground the reality of the fetus’ presence for the woman (Draper, 2003b). During



pregnancy the mother has control over the extent the father interacts with the fetus and some mothers enacted “gate-keeping” behaviors to discourage or diminish active involvement between father and fetus or child (DeLuccie, 1995; Jordon, 1990a).

### Social Supports

In spite of an increasing number of men embracing the concept of “involved fatherhood” (Henwood & Proctor, 2003) many fathers have continued to grapple with a lack of recognition and support from society (spouse or partner, healthcare system, friends or family) (Deave & Johnson, 2008; Jordon, 1990a; Jordan, 1990b). They worry if they can live up to the new expectations of involvement (Gage & Kirk, 2002).

An important source of support for the fathers is support from family (Durkin, Morse, & Buist, 2001; Easterbrooks et al., 2007). This support is important from the practical aspect as well as the emotional aspect.

### Childbirth Education

A long promoted aspect of involvement has been the attendance of fathers-to-be at childbirth education classes. However, it should not be assumed that attendance at these educational classes sets the stage for a positive birthing experience for all fathers (Greenhalgh, Slade, & Spiry, 2000). Attendance at these classes may contribute to a less than positive birthing experience for fathers whose coping style is to avoid threat-relevant information and exposure (Draper, 2003b, Greenhalgh, et al., 2000).

Some fathers have also reported being dissatisfied with antenatal classes because they felt a patronizing approach during the class and they viewed this stereotypical attitude as demeaning to them as fathers (Bradley, MacKenzie, & Boath, 2004). This

could be a risk potential for the fathers should they choose to ignore their own personal support needs because of its lack of recognition.

Childbirth education classes that provide separate sessions for the fathers have been positively acknowledged by fathers-to-be (Lee & Schmied, 2001). Fathers participating in these separate sessions reported more satisfaction with the antenatal education classes, felt recognized as fathers and their own right to be present at the birth as the father and not only to support the mother, and felt supported in their concerns of not wanting to be present or active in the birth process (Lee & Schmied, 2001; Wockel, Schafer, Beggel, & Abou-Dakn, 2007).

#### Family Concerns

Findings from a longitudinal Australian study of first-time fathers suggested that pregnancy is the most stressful time period for men who are in transition to first-time father (Condon, Boyce, & Corkindale, 2004). This study also indicated that men are not adequately prepared for the impact that parenthood will have on their lives (Condon et al., 2004).

Relationship changes, as a result of the pregnancy and impending birth, have been concerns for both the mother and father, as is their concern for potential boredom for the mother at home (Matthey et al., 2002). Role competency concerns for expectant fathers include whether either parent will struggle with being a parent, and whether he will be a good enough parent. These issues provide emotional work for the fathers as they develop their identity as father and determine the quality of parenting to which they aspire. These findings are possibilities for discussion topics that would be helpful for those attending parenting educational classes.

The importance of working with both parents was identified as fundamental and relational to family adaptation (Knauth, 2000; Buist, Morse, & Durkin, 2003; McHale et al., 2004). A sense of “loss of control” and a fear of emotions during pregnancy (Buist et al., 2003) has led some fathers to feelings of distress. This distress may be missed antenatally because the focus of attention has remained on the pregnant woman. A sense of support from spouse or partner, health care system, and friends and family has been identified as a factor in an increased sense of competence for the father (Knauth, 2000). The most important element for couples to understand has been identified as fostering their own couple relationship, supporting and communicating with each other, and working together as co-parents (McHale et al., 2004).

Providing couples with pre-birth educational information which focuses on positive aspects of fathering and mothering, infant inter-action abilities and physiological differences between a newborn and older infant can positively affect parent-child interaction during the first year post-birth (Bryan, 2000). This couples’ approach was thought to promote a mutual enjoyment in parenting and a building on the more focused “childbirth education” classes which typically only focuses on birthing education and basic care skill for the newborn in the immediate post-birth period. Fathers have indicated that they feel less prepared for the relational and lifestyle changes that occur with the birth of a baby (Fletcher et al., 2004) and information and discussion added to “birthing” classes would be helpful.

## Euro-American Father Perception of Birth and the Immediate Post-birth Experience

### Birth Experience

During the birthing process, many fathers reported being satisfied with their care (ie. care of partner), describing it as excellent and doing what was needed (Bradley et al., 2004). While satisfied with physical care, others felt they needed more direction to assist their partner through labor because they had not been adequately prepared (Kunjappy-Clifton, 2007) and reported that, at times, they felt like an outsider (Olin & Faxelid, 2003). It has been recognized that fathers need to be allowed to participate in the birth process to the extent they desire, have their needs assessed and addressed, and their participation valued (Callister, 1995a; Draper, 2003b). Some fathers reported that it was difficult to obtain information from healthcare providers concerning their partner or baby (de Montigny & Lacharite, 2004).

### Post-partum

Many studies broadly referred to the time post-birth (hospital time through the first few months following birth) as “post-partum” (Gjerdingen & Center, 2003; Pollock, Amankwaa, & Amankwaa, 2005). One study looked specifically at fathers during the immediate post-partum period of time (time from birth to hospital discharge). These fathers reviewed “critical events” of their immediate post-partum experience (de Montigny & Lacharite, 2004). Critical events were defined as behaviors which make a “significant contribution” to an activity being recalled and reported factually (de Montigny & Lacharite, 2004; Woolsey, 1986). These events can either facilitate or impede the particular activity being recalled. Interactions with their infant and interactions with nurses were recognized within these “critical events” as meaningful

events by all father groups. Within this study there was no “critical event” identified that included a spouse or partner. This was concerning as it may indicate that some couples become isolated from each other during this post-birth hospitalization period. Men frequently related that they relied on their partners as role models because they had no male role models they wished to follow (Fletcher, Silberberg, & Galloway, 2004; Hall, 1994). Possible isolation between partners has potential for further impeding the father’s role development.

#### Discharge Teaching

Discharge teaching is a fundamental responsibility for the nurse caring for the new family. Some parents have perceived a gap in the content of discharge information, with major areas of teaching that relate to the care of both mom and baby being omitted (DeNatale & Kroeber, 1998). This short period of post-partum recovery is extremely busy for new parents and many may feel overwhelmed. One approach that was well received was to teach the content over time (Doherty, Erickson, & LaRossa, 2006), beginning during the pregnancy and extending over the first five months post-birth. This pre-natal to post-natal approach was believed to be a positive approach to teaching and reinforcement. The quality of father-infant interaction was greatly enhanced by this teaching approach as well as having a moderate effect on the time spent between the father and infant (Doherty et al., 2006). The role of the nurse as parent educator has been supported and presented widely and is believed to hold great potential for assistance to fathers throughout this transitional period (Beardshaw, 2001; Buist et al., 2003; Matthey, et al., 2002; Tiller, 1995).

## Hospital Discharge

When hospitals began offering an early discharge option for healthy mothers and infants, researchers began to look at potential outcomes. In one study it was noted that fathers spent an increased amount of time with their newborn in the first few days after an early discharge (Walderstrom, 1988). However, no difference was noted in father-child contact during the second and sixth week post-partum when compared to the father-infant control group of “routine” timed discharge (Waldenstrom, 1988).

## Euro-American Father Perception of the First Months Following Birth Breastfeeding

Involvement of the father with his infant has been recognized by fathers as a great reward (Goodman, 2005). One of the activities that fathers have found most rewarding is the feeding of an infant. In spite of the fact that most men recognize the benefits and support the decision of mothers to breast-feed their newborn, this decision to breast-feed has been identified by many fathers as a barrier leading to feelings of exclusion (Anderson, A., 1996). It has been recognized that fathers need reassurance that their relationship with their infant will continue to develop. Fathers who have had difficulty with this issue need guidance in discovering other meaningful interactions with their infants (Gamble & Morse, 1993). These findings were supported in a later study in Australia, where breastfeeding is the dominant infant-feeding method (Barclay & Lupton, 1999). These men underestimated the amount of disruption a newborn could generate and the time necessary for the care and feeding of a baby (Barclay & Lupton, 1999; LaRossa, 1988; Rustia & Abbott, 1993; Tomlinson, 1987).

The ultimate decision to breast or bottle feed can be based on many factors and fathers may play a pivotal role in the final decision. Some mothers who choose to bottle-feed their infant may do so because the desire to more fully involve the father in this satisfying and nurturing role is paramount as well as other mothers may seek respite from the constancy of the “feeder” role (Earle, 2000).

The extent and accuracy of father awareness of the benefits of breast feeding for the mother and infant is a key feature in a mother’s decision to breast feed her infant (Pollock, Bustamante-Forest, & Giarratano, 2002). Findings from this study (Pollock et al., 2002) indicate the importance of educating the father regarding breast feeding, recognizing his role as supporter of breast feeding, and encouraging the couple to participate in joint decision making regarding feeding options.

#### Parent-Parent Support

Studies have supported the mutual aspect of parenting in decision-making, and sharing of information (Anderson, A., 1996; Jordan, 1990b; Stainton, 1990). The support of the parents towards each other and the strength of their relationship were noted as vital in the smooth and effective transition to fatherhood (Cox, Owen, Henderson, & Margand, 1992; Easterbrooks et al., 2007; Feldman, Nash, & Aschenbrenner, 1983; Grossman, Pollack, & Golding, 1988; Halle et al., 2008; Wandersman, 1980). Fathers identified the value they placed on themselves and the mothers as parents, in addition to support for the partner, as important facilitators in this transitional event (Anderson, A., 1996; Hall, 1991).

Adjustment to a new family member impacts all relationships within a family. Two aspects identified as critical influences to this adjustment during the first few weeks

are how the “experienced reality” measures up to the “expected reality” and how easily fathers can cope with ambiguity (Condon et al., 2004; Henderson & Brouse, 1991).

Needs that have been identified for the fathers include the need to care for the mother and baby, need to care for self, and need to meet work responsibilities (Beardshaw, 2001; Stainton, et al., 1999).

#### Stressors

The three most significant everyday stressors identified for fathers in the early weeks following birth include finances, not enough time, and too many responsibilities (Pollock, Amankwaa, & Amankwaa, 2005). These stressors have potential to hinder a father’s functional status following birth. The division of household labor is often one of dispute following the birth of a child. As the roles of both parents are changing in new directions fathers may be under-estimated in the supportive role they assume in the post-birth period (Stainton, et al., 1999) and that the maintenance (as opposed to an increase) of a father’s current level of household responsibilities should be viewed as a positive finding (McVeigh, Baafi, & Williamson, 2002).

Some mothers have felt they are more competent as the infant caretaker and have opted to remain at home and not return to the workforce (Barclay & Lupton, 1999; Hall, 1994). Many fathers indicated that the return to employment for the mothers was an important factor in their increasing level of involvement with their children (Bailey, 1994) and provided them the opportunity for increased interaction and responsibility. This return to work for the mothers presented some difficulties, particularly around time management and scheduling (Lewis & Cooper, 1988).



## Father-Infant Interactions

Early study looked at the initial response of the father to the infant (Greenberg & Morris, 1974). Engrossment is a term describing involvement of the father with his newborn and characteristics include absorption and pre-occupation with the infant and interest in the infant. Greenberg and Morris (1974) studied the infant's impact on the father and found that fathers enjoyed looking at their infants, and holding or touching the baby was viewed as a pleasurable experience. Fathers also became aware of the unique characteristics of their infant that tied the infant to the family ("looks like me"). Fathers further expressed feeling elated with infant interaction as well as being surprised at their own reactions to the newborn.

Pleasure in infant interaction has been associated with father-infant play (Gamble & Morse, 1993; Greenberg & Morris, 1974; Hanson & Bozett, 1986). The positive feedback from the infant has been viewed as an indicator to the father that he is doing a good job in meeting a need of the infant (Anderson, A., 1996) and serves as a positive influence on how the father views his fathering skills.

Touch is a frequent interaction between parent and child but the style of the tactile interaction may vary between parents. Mothers have demonstrated more stroking of the child, particularly of the head, than fathers who have preferred to pat their child (Eidelman, Hovars, & Kaitz, 1994). This stroking by the mother was interpreted as a more intimate and soothing interaction (Eidelman, Hovar, & Kaitz, 1994). Other fathers have recognized the importance of cuddling the infant but have chosen to hold their infant in a different manner than the mother to provide a different experience for their child (Anderson, A., 1996).

While many fathers participated in care giving interactions for their infant, most of their activities have been play activities (Gamble & Morse, 1993; Yogman, Kindlon, & Earls, 1995). The value of a father's attachment and emotional connection paired with the provision of daily necessities (food, clothing, shelter) are positively associated with the well-being, and social and cognitive development of the child (Cabrera, Tamis-LeMonda, Bradley, Hofferth, & Lamb, 2000; Steele, Steele, & Fonagy, 1996).

#### Euro-American Summation: Transition to Fatherhood

The body of current knowledge focused on the normative developmental transition of men to fathers has been largely centered on the white middle-class Euro-American male experience. Major themes that have emerged in the literature include; the Euro-American's father's perspective of the pregnancy, the childbirth experience, the developing relationship of the father-child, and the impact of the child on the family unit.

This emphasis on the Euro-American male is quite restrictive as it presents a singular "western" view of a white middle-class perspective. It is recognized that the human response of clients transverses both the health and illness states of all persons regardless of ethnic or socio-economic status. Nursing must continue to acknowledge and support the critical nature of health promotional nursing activities for all clients. Researchers need to identify client values, norms, and expectations of transitional life events for increasingly diverse groups of fathers (Behnke & Allen, 2007; Porter & Villaruel, 1993; Robbers, 2009).

It has been noted within the arena of parenting research that problems can occur when adapting western research to non-western cultures (Stewart & Bond, 2002). Researchers have established much useful information regarding styles of parenting and

outcomes in middle-class, North American Caucasian families. However, parental practices may have different meanings within different cultural groups (Stewart & Bond, 2002). Cultural beliefs and values can be an integral aspect and vitally important to parenting styles and practices.

The people of the world live in a diverse society. Within a diverse society, nursing is at the forefront for interacting with multiple peoples. It is imperative that nurses develop knowledge that is not marginalizing, and that nurses are proactive in “uncovering marginalized populations’ responses and experiences” (Meleis & Im, 1999, p. 95). Nursing has the unique opportunity to share the ordinary and the extraordinary events that are embedded within the context of daily living for these people of the world. To practice nursing in a meaningful and beneficial manner requires knowledge of the people served and culturally competent service and practice.

### Cultural Diversity

Nations around the world are experiencing wide population movements as individuals and families move out of their country of origin and seek entry into another country of desired occupancy. The United States is not exempt from this population influx of people from diverse cultures. As a result, nursing is exposed to multiple cultures on a level far above that previously experienced (Leininger, 1997, 2000). The mission statement of nursing identifies the need to address the “human responses” to health and illness (American Nurse’s Association, 2004). To accomplish this, nurse researchers must understand both the unique needs and unique strengths of the people served. The future of nursing is dependent on the discipline’s ability to “reach out to diverse communities and to meet the health needs of those most vulnerable” (Hall,

Stevens, & Meleis, 1994, p. 23) and at the same time to recognize and support their strengths.

## Research

Previous research has been inclined to overlook or “pathologize” vulnerable groups, resulting in most health-related knowledge being “representative of the needs of Euro-American, middle-class males” (Hall, Stevens, & Meleis, 1994, p. 24). This Euro-American viewpoint presents the singular frame of reference of Euro-American males as the norm.

In general population surveys, findings from ethnic and racial groups other than Euro-Americans have been “grouped under an ‘other’ category ...or deleted from the analysis... because their numbers failed to meet statistical requirements” (Hall, Stevens, & Meleis, 1994, p.24). There are dangers in this “color-blind” phenomenon (Sue, 2004); suppressing racial and ethnic statistics will “blind people to real, meaningful differences that exist between groups in educational opportunities, civil rights protection, (and) race-specific medical conditions” (Sue, 2004, p. 762). A core belief within the United States is that all people are created equal. In a review of six studies authors concluded that to be “American is implicitly synonymous with being White” (Devos & Banaji, 2005, p. 447).

Research for minority ethnic groups has generally focused on Hispanic Americans, African-Americans, and Asian Americans. The tendency towards “pathology” is apparent throughout the literature. Common topics researched within these groups have been alcohol abuse (Guilamo-Ramos, Jaccard, Johansson, & Turrissi, 2004), discrimination experiences (Greene, Way, & Pahl, 2006; Moradi & Risco, 2006), risk factors for smoking (Unger et al., 2000), predicting antisocial behavior (Eamon, &

Mulder, 2005), and risky sexual behavior (Locke, Newcomb, & Goodyear, 2005). Ethnic parenting research has had a focus on predictors for parental dysfunction (Florsheim et al., 2003) and adolescent parenting (Coley & Chase-Lansdale, 1998; Erkut, Szalacha, & Garcia Coll, 2005; Hendricks, 1988). There is clearly a negative direction for much of the research that concerns these ethnic groups. This negativity results in a lack of information pertinent to these groups and indicates the necessity for inquiry into the strengths and functional styles of minority families (Ochieng, 2003).

#### Puerto Ricans in the United States

Puerto Ricans are the second largest Hispanic cultural subgroup in the continental United States. Cultural identity is very important to this group as is their family and children. The Puerto Rican population is unique in that unlike others who immigrate to the United States, they arrive here with American citizenship in hand. They are considered neither “immigrants” nor “aliens” (Spector, 1996). Puerto Ricans evolved from interracial marriages among Indians indigenous to the Island of Puerto Rico (Taino Indians), Spaniards, and African slaves (Juarbe, 2003). The Island of Puerto Rico was ceded to the United States from Spain as an outcome of the Spanish-American War in 1898, shortly after Spain had granted the Island self rule (Gann & Duigan, 1986).

In 1900 the United States Congress passed the Foraker Act which provided for civil administration in Puerto Rico (Gann & Duigan, 1986). Citizenship was extended to Puerto Ricans in 1917 by the Jones Act (Schaefer, 1990) and Puerto Rico became a Commonwealth in 1952. Although the citizens on the Island of Puerto Rico can elect their own governor, they may not vote in presidential elections and have no voting representation in Congress (Schaefer, 1990). This political circumstance has generated

much concern about the most optimal political approach for the Island of Puerto Rico: continued dependent commonwealth status, statehood, or independence (Gann & Duigan, 1986). In addition to political concerns, it is also feared that Americans and their culture are a “potential threat to the Puerto Rican culture, language, and political future” (Juarbe, 2003, p. 307).

### Migration

Puerto Ricans are the second largest Hispanic cultural subgroup with a population of 3 million living in the continental United States and 3.8 million residing in Puerto Rico (U.S. Bureau of the Census, 2000). Puerto Ricans have migrated to the mainland United States for a variety of reasons. These reasons have included economics (hope of better job opportunities, surplus of workers to jobs on the island, recruitment by American businesses as unskilled workers), education, accessible air travel, desire to be reconnected with family, and the “all-American” reason of striving for something better and exercising an adventurous spirit (Juarbe, 2003; Rodriguez, 1991; Schaefer, 1990).

### Family

Historically the Puerto Rican family structure has been patriarchal. The value of family has always been very important to the Puerto Rican people. *Familismo* is a term that refers to the cultural value of family and stresses attachment to family members, family values, and loyalty to extended family members and close friends (Andres-Hyman, Ortiz, Anez, Paris, & Davidson, 2006; Ghali, 1982). Family roles and priorities among Puerto Ricans are centered on the unity of the family, family obligation, and the recognition of family as the center of the community and society (Juarbe, 2003). Children have been expected to remain close with their families, and grandparents or

other extended family members often assist in raising children (Fitzpatrick, 1971; Ghali, 1982; Juarbe, 2003). A long term fear among Puerto Rican families is that as these children are currently exposed to traditions of their host society, their ethnic traditions and family values will weaken (Schaefer, 1990).

This extended family (compadrazco system) is a social system that is vital for the support and maintenance of the family and may consist of relatives or others within the same ethnic group (Ochieng, 2003). This source of support has been identified as a “key dimension” to the well-being of the Puerto Rican individual and family in determining level of stress and avoidance of negative behaviors (De La Rosa, 1988).

## Race

For Puerto Ricans, migration from one culture to another has produced a “condition of marginality” which is stressful (Ghali, 1977, p. 459). Those migrating to the mainland United States must adapt to a very different concept of race from that on the Island of Puerto Rico. Puerto Ricans recognize a color gradient, which serves to place people on a continuum from light to dark skin, rather than in distinct racial groupings by skin color (Schaefer, 1990). Segregation on the basis of color, as witnessed in the United States, has not existed on the Island where there has been a “common cultural practice of social intermingling and intermarriage” (Fitzpatrick, 1971, p. 103).

Cultural identification has been more important than racial identification. One is viewed first a Puerto Rican and secondly a shade of color. However, people on the Island of Puerto Rico have made a distinction between social status and class which serves to include or exclude a person. In spite of this, any ordinary gathering on the Island has demonstrated an acceptance of social mingling of citizens with different color and racial

characteristic (Fitzpatrick, 1971). Puerto Ricans are more sensitive to degrees of difference and make less effort to narrowly identify persons, whereas the American mainland has been focused on the categories of “white” and “non-white.” This biracial order has affected all aspects of society.

## Gender

The Puerto Rican concept of maleness (*machismo*) is presented as very strong and is related to “courage, aggressiveness, and sexual prowess” and is related to the fulfilling of one’s role (Ghali, 1977, p. 466). The showing of weakness or emotion indicates that a male is less of a man. It is a point of notice that the attributes of masculinity as described in terms of assertiveness, achievement of status and power, toughness, risk taking, and stoicism when applied to the American and European male perspective are viewed as positive. However, when applied to the Hispanic male, these same characteristics are viewed as negative (Torres, Solberg, & Carlstrom, 2002). Some Hispanic men find it very stressful to live up to the traditional cultural demands of the “*machismo mystique*” and this can result in gender role stress (Torres et al., 2002).

Latino scholars have expanded their research to more accurately describe the Latino gender perspective (Torres, 1998). Some Latino men have experienced stress and conflict within the family as a result of the struggle with societal pressures to modify gender role characteristics. Contemporary *machismo* is the term used to describe the modern Latino male who values family relationships, expresses emotion effectively, and has a balance of work, family, and relaxation (Parra-Cardona, 2006; Torres et al., 2002). Research findings indicate there is evidence to support “multi-dimensions” of the concept



machismo and it is important to remember that Latino men can reflect a variety of different masculinities (Torres et al., 2002).

### Meaning of Children

A recurrent theme in the literature is the vast importance of children to Latino men (Foster, 2003, 2004; Torres, S., 2008). Mexican fathers have related that they think about their children often and consider how their daily decisions will affect the children's well-being in the immediate and future time (Fitzpatrick, Caldera, Pursley, & Wampler, 1999). Concern and respect for children was a factor identified by African-American and Hispanic males as a very important influence in their decisions to make positive behavior changes (Hughes, 1997). These men wanted to change their risky lifestyles to improve their chances of being alive and thus be able to build a relationship with their biological or non-biological children.

This reason to live was repeated in the literature by Coley (2001) who presented minority fathers' beliefs that becoming a parent was a "life-changing" experience that lead them to "drastically cut down on illegal and dangerous behaviors" and gave them a "reason to live" (Coley, 2001, p. 746). This feeling of parental responsibility was also captured by Foster (2004). This responsibility was defined as "being there" for them and this responsible behavior was recognized as contributing "positively to their identity as men" (Foster, 2004, p. 122). Children made these Puerto Rican fathers aware of their own mortality. This was a realization that other significant persons in their lives had not been able to accomplish.

## Research: Hispanic Family

Study into the health promotional aspects of Hispanic families has not been as prevalent as study into the health needs areas of this cultural group and specifically there is little known about what Hispanic men, much less Puerto Rican men, do as fathers (Cabrera & Garcia-Coll, 2004; Landale & Oropesa, 2001). A majority of the studies that have looked at Hispanic families have looked at the Mexican-American family (Rogler, Cortes, Malgady, 1991). Acculturation was identified as a major source of socio-cultural change and diversity within families when comparing the childrearing practices of three generations of Mexican-American families who had adolescent children (Buriel, 1993). Third generation Mexican-American parents (and their children) are those who were born in the United States (Buriel, 1993). Findings from this study of third generation parents indicated third generation parents and their children speak less Spanish among themselves, mothers provide much emotional support to children and expect them to have proper behavior at school and home, and fathers expect earlier autonomy for their daughters and value less strictness for their sons (Buriel, 1993).

An integrative perspective of fathering was the finding for other Mexican-American families. Mothers and fathers both viewed the role of father as partly traditional (provider, disciplinarian, role model, teacher) and partly contemporary (active participant in family life, playmate for children, emotional supporter and demonstrator of affection) (Fitzpatrick, Caldera, Pursley, & Wampler, 1999).

A combination of traditional and contemporary roles was also seen in a study of first-generation Mexican fathers (born in Mexico and immigrated to the United States). The experiences of these fathers revealed the five father roles of moral overseer,

breadwinner, protector, sexual role model, and new age father (Woods, 1994). The new age father role consisted of communicator with children, sensitive, family oriented, and the ability to show love and be friendly with children (Woods, 1994).

The role of fathering within Mexican and Mexican-American families was specifically investigated by Taylor and Behnke (2005). The nineteen Mexican families living in the United States were described as eighteen first-generation immigrant families and one second-generation family. No definition of these generations was provided. Mexican-American fathers were found to have greater gender progressive ideas than fathers in Mexico in that they had equal expectations for male and female children and recognized the equality of males and females in general (Taylor & Behnke, 2005). A support of a gender progressive attitude was also noted in many educated Mexican (Mexico) fathers (Taylor & Behnke, 2005).

Intergenerational influences also have impacted fathering practices. The majority of Mexican-American fathers expressed some degree of “transformation” in their fathering style as compared to the style of their own fathers (Taylor & Behnke, 2005).

The fathers were very conscious to improve upon negative experiences they had encountered with their fathers; they were very positive about their own role as fathers and actively sought ways to be increasingly involved with their children (Taylor & Behnke, 2005).

These findings support the Mexican-American father as a loving involved father and family man. This new age contemporary image is in contrast to the stereotypical media portrayal of the Hispanic man (Torres et al., 2002) and supports the complex and individual nature of each father and family.

Teenage parenting occurs within all cultures. These young parents are at risk related to the multiple challenges they encounter. The benefits of a teen parenting program, specific for Mexican American young men, was investigated by Parra-Cardona, Wampler, and Sharp (2006). These young men were all involved in the juvenile justice system and were required to attend the program as part of their probation. The curriculum for the program was comprehensive and ranged from family of origin issues (predominately father-son issues), personal responsibility, meaning of being a father, prevention of abuse and neglect, child development and child care skills and discipline skills (Parra-Cardona et al., 2006). The lack of a positive father (or male) role model was consistent for each of these teen fathers.

These teen fathers evolved from regarding the program as “dumb” to wanting to continue to meet after the program had completed. They recognized the group as specifically for them as young fathers. An acknowledged “critical” moment was the fathers’ disclosure of their desire to be a good father to their children (Parra-Cardona et al., 2006). The concepts of gender and culture began to evolve for these fathers as they began to recognize that a man could be compassionate and caring and a good father (Parra-Cardona et al., 2006).

The Mexican-American family within the United States is a large group within the Hispanic culture. Acculturation has been identified as a main factor contributing to social and family changes for these families. While Mexican and Puerto Rican people belong to the same broad cultural group of Hispanics, they need to be viewed as separate groups.

## Research: Puerto Rican Family

The dearth of available data focused on the Puerto Rican family has been acknowledged in the literature (Landale & Oropesa, 2001; Roopnarine & Ahneduzzamen, 1993). One study focused on Puerto Rican fathers living in the United States mainland and the time spent in interactions with their preschool children. The findings of this study supported a strong investment in the family by these fathers, which was thought to be an outcome of their living on the mainland and the cultural changes that some parents may try to achieve on the mainland (Roopnarine & Ahmeduzzaman, 1993). Unfortunately there was no information to identify the length of time these fathers or their preceding family generations had lived on the mainland.

Research into Puerto Rican father involvement has also been achieved by information obtained from the secondary perspective of the mother (Landale & Oropesa, 2001). Within this secondary perspective, Landale and Oropesa (2001) sought to identify key predictors for father involvement and examined the relationship of financial support and participation in child care activities among fathers who were nonresident, cohabiting, or married to the mother. A key predictor found in this study was the employment status of the father. Employment was positively related to involvement and support of the child across groups, with the highest findings of father involvement within the married group followed by a decreasing trend for cohabitating fathers and an increasing trend of father involvement for the nonresident fathers (Landale & Oropesa, 2001).

An anthropological study conducted by Foster (2003) investigated masculinity and fatherhood. Within this study the Puerto Rican partners of adolescent mothers were interviewed about their experiences as fathers. Several important findings were

acknowledged with these men. These Puerto Rican fathers viewed the nuclear family as a “superior” form of family structure (marriage was not a requirement) and the data “overwhelmingly” supported the importance of children to these men (Foster, 2003). Even though these fathers were all aware of the disadvantages of teenage pregnancy about one-third of this study sample related the pregnancy and child had been a planned event with the mother; some for up to a year.

Within the day-to-day lives of these men there was a wide degree of difference in their interactions with their children. Regardless of how present, absent but involved, or not involved these fathers were with their children, it was important to all of them how “they are seen by” their children (Foster, 2003, p. 201). The desire to maintain dual ideals of “bad boy” (male dominance) and “being there” for their children presented a value conflict for these men. The data from this study suggests that for men, children may be the “most positive and affirming expression of identity” that they have (Foster, 2003, p. 203). Fathers revealed that they have had few opportunities to talk about their experiences as fathers (Foster, 2003). This finding has important implications for health promotional interventions for all professionals who have exposure to Puerto Rican families in the childbearing and child-rearing stages.

#### Acculturation: Behavior and Transition

There are many shared characteristics within a culture. As the peoples of the world come to live among each other these cultural characteristics may be adapted, shared, or new behaviors learned. The phenomenon of acculturation can be defined as “a complex, multidimensional process of learning that occurs when individuals and groups come into continuous contact with different societies” (Stephenson, 2000, p.77). This

definition aligns with the bi-dimensional perspective of acculturation in which the culture of heritage and the mainstream culture are viewed as independent of one another (Ryder, Alden, & Paulhus, 2000). Within this context individuals can assume behaviors and values of the mainstream culture while concurrently retaining meaningful behaviors and values from their culture of origin (Friedman, et al., 2003; Ryder, Alden, & Paulhus, 2000). This has also been referred to as bicultural identity and is viewed as an outcome of the globalization that has existed for many centuries and continues to influence every part of the world (Arnett, 2002). While bicultural identity is common today (Arnett, 2002) it is imperative to recognize that others can become marginalized by rejecting their own culture and the culture of the mainstream or by being rejected by the mainstream culture (Berry, 1992, 1997).

In spite of the rapidly growing immigrant population in the United States, knowledge focused on the acculturative processes and how these processes influence immigrant families continues to be sparse (Hwang, 2006). It will be important to understand the effects of acculturation as members of immigrant families transition through the developmental life cycles. Equally important, will be the ability to identify elements that serve as risk or protective factors (Hwang, 2006). Knowledge of these acculturative effects throughout the lifespan and identification of factors that can promote or hinder developmental progress through life milestones can be incorporated into health promotional teachings and interactions between health professionals and individuals or families.

## Patterns of Behavior

In the late nineteenth and early twentieth century the French anthropologist, Arnold van Gennep, made significant contributions to ethnography through the study of the life of the individual in society (Belmont, 1974/1979; Hockey, 2002; van Gennep 1909/1960). Van Gennep viewed the life of the individual within a society as a “series of passages” that bridge one point to another point (one age to another, one occupation to another, one status to another) (van Gennep, 1909/1960, p. 3). Each of these passages is marked by unique ceremonies of which the purpose is to ensure successful passage (van Gennep, 1909/1960). Van Gennep viewed this similar goal for passages as important and proposed that the “ways of attaining it should be at least analogous, if not identical in detail” (van Gennep, 1909/1960, p. 3). His focus was on the understanding of the ceremony (ritual) itself (Belmont, 1974/1979) with a goal of identifying “a common pattern to the rituals associated with life-course transitions” (Hockey, 2002, p. 213).

Van Gennep referred to an individual’s life crises as “rites de passage” distinguishing them with three major phases: separation (preliminal), transition (liminal), and incorporation (postliminal), and viewed these as a whole (schema of rites of passage) (van Gennep, 1909/1960, p. vii). These rites of passage are presented as a means of understanding the meaning to the many patterns that are observed in societies and their “relationship to the dynamics of both individual and group life” (Froggatt, 1997, p. 124).

The first birth into a family can be given significant social importance that will vary among different peoples. The compelling issues within a rite of passage are directly related to the “devices which the society offers the individual to help him achieve the new adjustment” (van Gennep, 1909/1960, p. xvii). A transitional period is a critical



stage that is described as a “threshold” (Belmont, 1976/1979). For the father this threshold can be conceptualized as a point of departure (from the previous state of non-father) and as a starting point (towards the new state of father). It is thus critical that a society has the means to competently assist its members to safely navigate these thresholds of life transitions.

Transition can also be viewed as a process of personal development (Bridges, 2004). Bridge’s process of transition is similar to van Gennep’s as it is a process through three phases: the first being “the ending”, the middle phase being the “neutral zone”, and the last phase being the “beginning”. Bridge’s recognized the ending of what is no longer “a fit” or inadequate to be an important foundational premise to a transition (Bridges, 2004). This “ending” must be recognized before one can move forward. The “neutral zone” (middle phase) is where the actual work of a transition occurs. It involves a transformation from the old life to the new life. Opportunities and challenges present to the person during this middle phase which is similar in context to van Gennep’s middle phase of transition. There is an internal reorientation that occurs that begins during this middle phase and sets the stage for the final phase, the “beginning”. The beginning phase envisions a reintegration of the new identity with select elements of the old identity and results in the realization that something is different and there is a need “to act” (Bridges, 2004, p. 169).

Transitions are a constant aspect to life events. Assisting individuals to competently process to the next phase is crucial for continued growth and development of individuals and thus the society.

## Theoretical Framework

It has been proposed that facilitating transitions is a focus for the discipline of nursing and reflects the current practice of nursing (Chick & Meleis, 1986; Draper, 2003a; Meleis & Trangenstein, 1994). Nursing seeks to “maximize clients’ strengths, assets, and potentials or to contribute to restoration of the client to optimal levels of health, function, comfort, and self-fulfillment” (Meleis, 1997, p. 109). The transition to fatherhood is a developmental transition with health and well-being of the father and the family as its goal and desired outcome.

The Transitions Theory (Meleis et al., 2000) serves as a sound framework from which to study men’s transition into fatherhood. This theory (as applied to fatherhood) looks at the types of transition (developmental), the patterns of the transition (complex and multiple events of pregnancy, birth, growing family unit), and the properties of the experience (awareness of the changes that are occurring, the level of engagement the father experiences, and the presence of critical events or turning points) (Meleis et al., 2000).

This theory also incorporates the importance of considering the conditions that either facilitate or inhibit the transition (can be personal meanings of the event, or beliefs and attitudes from a personal, community or societal perspective [ie. culture vs. context of fatherhood]). Healthy transition is characterized by “both process and outcome indicators” (Meleis et al., 2000, p. 24). Examples of process indicators include feeling connected to mom and baby or the health professional; interactions with the infant; and developing confidence and coping with care skills for mom and infant. Outcome

indicators include mastery of new skills and the development of a fluid yet integrative identity (Meleis et al., 2000).

Transitions are both the result of change and result in change but, unlike change, transitions are processes that occur over time and have a “sense of flow and movement” (Meleis et al., 2000, p. 257). Identity reformulation is not fixed and solid but rather dynamic or “fluid”, as new perspectives are assimilated into the emerging identity. Each of these components is influenced by and has the potential to influence each other. Nursing therapeutics (interventions) have the capability to influence each of the aspects of the theory. A clearer understanding of the aspects imbedded in the transition process (fatherhood) will lead to more defined and appropriate nursing interventions that will promote a healthy response to the transition.

Research findings support the statement that fathering is not a passive process (Eggebeen & Knoester, 2001; Russell & Hwang, 2004). Fathers live within the context of their families, friends, employment, and community, each of which is never stagnant. How men begin to identify themselves as fathers, adjust their self-image to father, and address the challenges and opportunities that they encounter within their day-to-day living, will all influence the fathers they become.

These theoretical approaches to the discussion of transition have both commonalities and differences. The first two approaches to transition are described as a progression through three specific stages (Bridges, 2004; van Gennep, 1960) with each author assigning his particular terms to the first, second, and third stage. Van Gennep and Bridges are more abstract in their presentations of the stages of transitions. These two theoretical approaches can be applied to many varied circumstances such as a

transition of a person or group, or the transition of an entity as it realizes a new “status” or “identity”. While Meleis et al.(2000) is also broad in her stages, she has provided specific elements in the defining of the stages (i.e. the nature of transitions can be viewed through its “type”, “patterns”, and “properties”).

The major difference that influences the direction of each of these perspectives of transition is the philosophical foundation of the author. Van Gennep (1960) was a French anthropologist whose focus was the study of an individual within a society and the unique aspects (rites de passage) that characterized the passages of life’s transitions. Bridges (2004) is an educator whose focus was the psychological reorientation and self-redefinition processes that occur during a transition and influence a reconfiguration of one’s identity. Meleis (2000) is rooted in sociology and the development of one’s role and role identity within the context of a society. The detail within her middle-range theory considers the societal and personal factors that impact role identity and influence fluidity to one’s identity that is integrative of the influences of the transition process.

#### Critical Points and Events of a Transition

The theory of Transitions indicates the presence of “critical points or events” for most transitional experiences (Meleis et al., 2000). These critical points are associated with an increased awareness of change, a difference, or a change in degree of involvement or engagement with an event. Transitions Theory also poses “conditions” that can either facilitate or inhibit a transition. These conditions can be personal or environmental (Meleis et al., 2000). Examples of personal conditions include the meaning one attaches to an event within the transition or the transition itself; one’s personal cultural beliefs and attitudes, and one’s socioeconomic status; and one’s

personal preparation and knowledge of an event or the transition itself. Examples of community conditions include available support systems and role models, societal conditions that could encompass gender inequity, stereotypic views, and marginalization of groups of people (Meleis et al., 2000).

The aspects of critical points and conditions that facilitate or inhibit a transition correlate very closely with the methodological approach of the critical incident technique developed by John Flanagan (1954). The critical incident technique is viewed as a flexible set of principles which can be adapted to fit individual study situations (Flanagan, 1954). This can be demonstrated in the possible range of research studies; looking at helping and hindering factors, looking at effective and ineffective ways of doing something, or examining successes and failures (Butterfield, Borgen, Amundson, Maglio, 2005; Flanagan, 1954; Kain, 2004; Karlsson, Bergbom, von Post, & Berg-Nordenberg, 2004; Kemppainen, 2000; Norman, Redfern, Tomalin, & Oliver, 1992).

This critical incident technique has evolved and changed since its initial development. The critical incident technique originated from industrial and organizational psychology and was focused on direct observation of events and task analysis. Currently this technique has evolved away from direct observation to retrospective self-reports which are full, rich, detailed narratives and away from task analysis to the examination of psychological concepts (Butterfield, Borgen, Amundson, & Maglio, 2005). This exploratory nature of the critical incident technique can lead to findings of new knowledge and understanding. The critical incident technique has expanded to focus on eliciting beliefs, thoughts, and meaning about a critical incident and to evoke the thoughts and feelings regarding why the informants responded as they did

within the critical incident account(s) (Cheek, O'Brien, Ballantyne, & Pincombe, 1997; Kanyangale & MacLachlan, 1995).

The entire premise of research is to increase knowledge and expand understanding. Studies that utilize the critical incident technique are often used to explore areas of a little known phenomenon (Gremier, 2004; Kain, 2004) and can take a phenomenological approach (Chell, 1998). This technique has also been found to be appropriate when investigating "shared patterns" among a specific group (Kain, 2004). The objective of the critical incident technique is to gain an individual's personal perspective of an incident(s) that the individual has self identified as being critical to a specific personal event (Chell, 1998). This personal selection and report of an incident is considered to be an advantage of the critical incident technique (Chell, 1998) and because there is no one "truth", individuals can reflect and narrate multiple incidents which they regard as critically important.

### Critical Incident Technique

#### Advantages and Disadvantages

Each research methodology comes with its own unique combination of both advantages and disadvantages. These are weighed and compared by the researcher to determine what method will best execute the research purpose. A recognized advantage of the critical incident technique is its usefulness during the early inquiry into a phenomenon when little investigation has previously been done and its ability to explore turning points and differences (Butterfield et al., 2005; Kain, 2004). A second advantage is that data is collected from the informant's perspective and in his own words (Gremier, 2004; Kain, 2004). This provides a full, rich, detailed report with a context developed

entirely from the informant's perspective (Chell, 1998). The informant is allowed to freely choose the incident(s) that is viewed as critical and to narrate one's own thoughts and feelings about the incident and its impact. These focused verbatim stories can generate new insight and expand the knowledge base of a phenomenon.

A significant barrier to use of the critical incident technique is its anonymity within the research world outside of industrial and organizational psychology. It is, however, currently recognized as an appropriate method for use in service research (Gremier, 2004) and it is increasingly being seen in other disciplines such as communications (Patrick, James, Ahmed, & Halliday, 2006; Silber et al., 2006), nursing (Karlsson, Bergbom, von Post, & Berg-Nordenberg, 2004; Kemppainen, 2000; Luker, Austin, & Caress, 2000), counseling (Butterfield, & Borgen, 2005; Amundson, Borgen, Jordan, & Eriebach, 2004), education (Alastuey, Justice, Weeks, & Hardy, 2005; Blackmore, & Wilson, 2005; Goodell, 2006), business (O'Roark, 2007), and medicine (D'Alessandro, Kreiter, & Peterson, 2004; Lockyer, Gondocz, & Thivierge, 2004). The critical incident technique is a retrospective research method and this can also be viewed as a disadvantage (Gremier, 2004; Keatinge, 2002). It is thought that narratives may not be complete in detail or over time may be viewed from a different perspective, however appropriate probing by the researcher can facilitate additional detail.

#### Critical Incident Technique as a Culturally Neutral Method

Within the fatherhood literature there is little known about what Puerto Rican men, living in the United States, perceive as helpful or not helpful to his transition to first-time father. The critical incident technique can be regarded as a culturally neutral method which allows individuals of all cultures to self identify what is a critical

incident(s) (critical event) to them personally and to self-determine whether that incident(s) is viewed as helpful or not helpful to their transitional process (Gremier, 2004).

### Summary

This chapter examined literature focused on the transition of men to first-time father. It is evident that current knowledge of this developmental transition predominately addresses the white, middle-class, Euro-American male perspective. Major themes presented include the experience of pregnancy which has been identified as very stressful for the father-to-be, the birthing experience of which many fathers have indicated they were not adequately prepared for and many felt they were expected to participate beyond their comfort level, and the father-child-family relationship which many identified as rewarding but stressful as they continued to determine their role.

The United States has been viewed by many immigrants as a desired destination to start a new life. Developmental transitions are universal to the world's people but within individual cultures and environments these transitions can unfold very differently. Adapting western research to non-western cultures is problematic and ethnocentric; thus it is imperative that nursing understand the unique needs and strengths of the people it serves.

The United States has seen a large population increase within the Hispanic group and Puerto Ricans who have migrated from the Island of Puerto Rico are the largest growing population within this Hispanic group. Cultural constructs that have been identified in the Hispanic literature include dignity and respect which are viewed as the intrinsic worth of humanity; family values and the value of family which are viewed as



loyalty and connection to family members and extend beyond the nuclear family boundary; and machismo which is acknowledged to have both negative and positive aspects and linkage back to responsibility to family, honor, and hard work (Andres-Hyman, Ortiz, Anez, Paris, & Davidson, 2006).

Facilitating transitions is a focus for nursing with the health and well-being of the person as the goal and desired outcome. Transitions Theory (Meleis et al., 2000) is presented as a sound framework for the study of transition into fatherhood. This theory considers the type and pattern of the transition as well as unique properties of the transition which can be identified as the presence of critical events or turning points. Unique to this theory is also the attention warranted to considering the conditions that either facilitate or inhibit the transition. These aspects of Transitions Theory are in synchrony with the research methodology of Critical Incident Technique. This technique allows the respondent to freely choose an incident(s) that is viewed as critical and to narrate one's own thoughts and feelings about the incident and its impact. This technique is recognized as especially useful during early inquiry of a phenomenon and through its ability to explore turning points.

The transitional process into fatherhood has not been addressed for the Puerto Rican father. This transitional time period is a unique opportunity for nurses to assess and assist the new Puerto Rican father. Nursing needs to be more fully aware of what Puerto Rican fathers perceive as helpful or necessary during this very pivotal time period. This study will serve to increase awareness and sensitivity to the needs of the Puerto Rican father during this period of transition and an understanding of his behaviors within his cultural heritage.

## CHAPTER 3

### METHODOLOGY

This study was seeking to discover and describe the experiences of Puerto Rican men who have become fathers for the first time. The purpose of this study was to discover the experiences that have promoted or hindered the Puerto Rican father's transitional process from the point of learning he was to be a father to the time of his child's current age (one year of age or less). The body of current knowledge focused on the normative developmental transition of men to fathers has been widely centered on the white Euro-American male experience. In order to provide a high level of quality care, it is critical that nursing knowledge encompasses those populations who are outside the mainstream of this historical focus.

#### Design

An exploratory descriptive design was utilized for this study. This qualitative approach facilitated an in-depth description of the transitional events to fatherhood as experienced by these Puerto Rican father participants. A descriptive design allowed a picture of what is occurring in a natural manner (Burns & Grove, 1997). These fathers were asked to recall and narrate the critical situational events they have experienced beginning from the point of awareness that they were to become a father through to their child's current age (first birthday or less).

A basic understanding of a client's perspective is imperative for the health care professions. This is especially important if there is a risk for misunderstanding of interventions, teachings, expectations, or behaviors that can occur when there are

differences in cultural belief and value systems between the client and health professionals (Mattingly & Lawlor, 2000).

The narrative account has been recognized as an effective medium to discover a person's lived experience (Mattingly & Lawlor, 2000; Polkinghorne, 2005) as it considers the "uniqueness of individual life and experience" (Hoshmand, 2005, p. 183). This sensitivity to the event uniqueness and the context of the story assisted in the understanding of the meaning imbedded within the stories (Mattingly & Lawlor, 2000). The telling of a story has been shown to help people make sense of an identified experience; especially transitional life experiences (Hoshmand, 2005; Riessman, 1993).

The narrative construction of a father's transition to fatherhood does not unfold in an insulated fashion; rather the account is socially interactive. The narrative story produced has been referred to as a "co-creation" because the presence and interaction with the researcher can influence recall (Holstein & Gubrium, 1995; Polkinghorne, 2005). All interviews are social creations with interactive exchange between the participant and the researcher for the purpose of constructing a story and interpreting its meaning (Holstein & Gubrium, 1995). The participant fathers took into account "what is happening to them in relation to past events, future expectations, and in relation to other actors" (Miller, 2000, p. 311). The power of a narrative account comes in its origin as an individual story from a personal experience while at the same time it has its roots as a collective story of a distinct group within the wider society (Miller, 2000).

Qualitative research studies the "spoken and written records of human experience, including transcribed thoughts" (Denzin & Lincoln, 2000, p. 639) and allows for the discovery of meaning. A narrative story has a beginning, middle, and ending. It is the

plot and how it is created within the dialogue of the text that is critical to the interpretation of the meaning of the story (Wiklund, Lindholm, & Lindstrom, 2002). From a philosophical perspective, the study of human phenomena is “deeply rooted in descriptive modes of research” (Streubert & Carpenter, 1995, p. 1). Nursing practice involves interaction with humans and thus nurses are exposed to human phenomena. The ontological position of “constructed reality” is based in the belief that reality is constructed by individuals in society and thus there are multiple realities which support multiple ways of knowing (Lincoln & Guba, 1985). A qualitative design allowed the researcher to have insight into the experiences of participating fathers as they understood the events that either promoted or impeded their transition into fatherhood. The perspective of the fathers provided a view of this transitional experience “as it is, not as they wish it were” (Streubert & Carpenter, 1995, p. 92).

Narrative stories relate a lived experience as it is perceived by the person experiencing the related events. A qualitative design will allow for the interpretation of meaning from the context of the story (Bailey, 1997) as a perspective of the “ways that people understand and account for their day-to-day situations” (Maggs-Rapport, 2000, p. 220).

### Method

The critical incident technique is a method that can accommodate various qualitative approaches: written narratives (Arvidsson & Fridlund, 2005), grounded theory perspective (Jackson & Stevenson, 2000), field work observations paired with interview (Kemppainen, 2000), and the exclusive use of interviews, which serves as the most utilized approach to data gathering (Bjorklund & Fridlund, 1999; Redford & Norman,

1999; von Post, 1998). Data is analyzed through an inductive approach to determine groupings and themes. This method is viewed as flexible enough to meet individual research situations (Woolsey, 1986).

The critical incident technique developed by John Flanagan (1954) was originally tested in the United States Army Air Force (Aviation Psychology Program) during World War II to determine selection and classification of aircrews (Flanagan, 1954). It was subsequently used throughout other military branches, commercial pilots, air traffic controllers, organizational psychology, and industry / manufacturing businesses (Chell, 1998; Gremier, 2004). Recently it has been utilized as an efficient methodology within the discipline of nursing (Arvidsson & Fridlund, 2005; Bjorklund & Fridlund, 1999; Lucker, Austin, Caress, & Hallett, 2000; Keatinge, 2002; Kemppainen, 2000; Minghella & Benson, 1995; Redfern & Norman, 1999).

Qualitative research can be defined as the exploration of “a social or human problem”; within this exploration the researcher “builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting” (Creswell, 1998, p. 15). The critical incident technique meets these criteria of qualitative study.

There are two basic principles for the effective use of the critical incident method. The first is that factual reports (reporter perspective) of events are obtained and secondly, only events which the participant reporter has self-determined to be important should be included (Woosley, 1986). This technique assists the participant to systematically identify elements that are effective or ineffective for an identified experience (Eller et al., 2005). An essential quality of this method is that only a basic level of judgment, the self

determination of something being effective or ineffective in a specific situation, is required of the participant reporter (Woosley, 1986). There are five basic steps to this technique (Flanagan, 1954).

#### Steps to the Critical Incident Technique

Determine the aim of the activity. The aim of this study was to describe actual events (the critical incident[s]) that the father had experienced and had identified as having an important impact on his transition to first-time fatherhood.

Establish the plans and specifications. The plans needed to be specific as to who was to do the observing or reporting; what activity or person would be observed or reported; and which behaviors would be observed or reported. The father had experienced the incidents and thus did the reporting. The number of fathers needed would be dependent upon the point of saturation for the incidents reported (Flanagan, 1954). Saturation refers to the “completeness...when no new conceptual information is available to indicate the need for new codes...” (Hutchinson & Wilson, 2001, p. 233). Saturation for this study was reached with the stories of twelve fathers. Aspects of the events to be reported included description of time, location, the person(s) involved, the event itself, behavior(s) involved in the event, and the outcome of the event.

The activity to be addressed was an event(s) experienced by the father that he had determined to have an effect or influence on his transition to fatherhood. There were no restrictions to who might be included in these events (family member, friend, professional, etc.) or the location of the events (hospital, community, home, work, etc.), or the number of events determined by the father to be critical to his transition. The

timing of the events was restricted to the period of time between the awareness of his becoming a father through his child's current age (one year or less).

Collection of the data. The fathers recruited for this study constituted a purposive and convenient sample. The criteria for study participants focused on the recruitment of Puerto Rican men living in the United States who had the personal experience with becoming a first-time father. The fathers participating in this study were recruited by the researcher through a large health center located in a city in western Massachusetts. Interviews took place at either the health center or a private meeting room in the library of the college where the researcher was employed. Data collection was done through a single personal interview. This interview was tape recorded to provide for accuracy in transcription and context. Verbal prompts were utilized during the interview to encourage conversation and additional clarification of detail. Informed consent was obtained prior to data collection and anonymity and confidentiality were maintained.

Analysis of data. The purpose of the data analysis stage was to summarize, describe, and interpret the data in an efficient manner so that it could be meaningful to the purpose of the study. The data can be expected to be "comprehensive, detailed, and valid..." (Flanagan, 1954, p. 343). There were three steps in the analysis process. The first step was classification of the data. Immersion in the data was essential and repeated readings were necessary to identify each incident, its meaning to the father, and what made the event "critical." The second step was to formulate sub-categories from this classification. This process was done inductively through a thematic content analysis and

required “insight, experience, and judgment...” and is “more subjective than objective” (Flanagan, 1954, p. 344).

It was important to verify the categories through peer review. Although different researchers will produce different interpretations of data, peer review can assist the researcher in determining if the categories meaningfully represent the data (Jackson & Stevenson, 2000). For the present study a nurse peer of the investigator reviewed the methodological approach as well as the findings and analysis of the data. This nurse has a doctorate in nursing science, is regarded as an expert in qualitative methodology and is familiar with the Critical Incident Technique. Additionally, two reviewers familiar with the Puerto Rican culture reviewed the stories, findings, and analysis of the data

Determining the level of generality was the final step and the sub-categories were allocated to categories and main theme areas. The headings and subheadings that separated the data established the level of generality. The data was not necessarily equally distributed amongst the headings.

Report of the findings. The subcategories, categories, and themes needed to be identified by title. The titles needed to be simple, descriptive, and brief. Limitations of the study findings and the method were identified and the value of the results clearly presented.

#### Application for Research

Non-nursing studies. The critical incident method is highly flexible and has been used to study various phenomena, relationships, career choices, group process, service disciplines, education, social science disciplines, performance measurement, evaluation of teaching effectiveness, development of ethical standards, and in equipment



design (Flanagan, 1954; Goodell, 2006; Gremier, 2004; Kain, 2004; Patrick, James, Ahmed, & Halliday, 2006; Silber et al., 2006; Woosley, 1986).

Nursing studies. The critical incident technique has been effectively used within countless nursing studies. It has been used in studies investigating caring behaviors of the nurse (Karlsson, Bergbom, von Post, & Berg-Nordenberg, 2004), self-care strategies for depressive symptoms (Eller et al., 2005), nurses' constructions of quality care in palliative care (Luker et al., 2000), patient perception of quality of care (Redfern & Norman, 1998; Redfern & Norman, 1999), development of reflective practice (Minghella & Benson, 1995), nurses' behaviors and health promotion activities (Bjorklund & Fridlund, 1999) and nurse encounter with value conflicts (von Post, 1998). Nurses have been the focus of study, as well as the researcher directing a study. Data has been gathered through personal interviews, written narratives, focus groups, telephone interviews, and via the internet.

## Sample

### Inclusion Criteria

The fathers recruited for this study constituted a purposive and convenient sample. It was originally proposed that fifteen participants would be needed. Original criteria for the father included: (a) self identifies as a Puerto Rican male living in the United States, (b) 18 years of age or older, (c) ability to speak and understand English, (d) has a child who is currently regarded by the father as healthy and is six months of age or less, (e) currently lives with or is married to the mother of his child, and (e) self identifies as a first-time biological father. Six months of recruitment did not yield any participants for the study.

A request was submitted to the human subjects review board to amend the criteria for participant inclusion. The requirement of “living with or married to” the mother of the child was deleted with no specific father connection to the mother identified, and the age restriction of the child was extended to one year of age or less. Both of these changes were approved by the board.

Criteria for a participating father then included: (a) self identifies as a Puerto Rican male living in the United States, (b) 18 years of age or older, (c) ability to speak and understand English, (d) has a child who is currently regarded by the father as healthy and is one year of age or less, and (e) self identifies as a first – time biological father. Over the next nine months twelve men were interviewed, at which point no further categories were emerging and saturation of the data had occurred.

These criteria for participant inclusion focused on the recruitment of Puerto Rican men who have had the personal experience of becoming a first-time father within the previous year. The voluntary nature of selection allowed those interested in participation to self-select for the interview process.

#### Recruitment Process

The fathers who participated in this study were recruited by the researcher through a large health center in the western Massachusetts region. This health center had a large number of Puerto Rican employees and clients who would meet the participant criteria for this study. The clinical services director and the executive director at this facility were contacted and were agreeable to the researcher recruiting male employees, the male partners of their employees, and male clients and visitors of the health center who met the study criteria. The study was introduced to the staff during a regularly

scheduled staff meeting. The recruitment took place at the health center. Information was available to employees, partners of employees (via the partner), and to the clients and visitors of the health center.

Employees. The researcher was an invited guest to a regular staff meeting and explained study information which included the study, its purpose, and the processes involved (informed consent, interview, tape-recording, time frame, and a fifty dollar stipend). A written description of the study and contact information for the researcher was made available to all employees. A flier (see Appendix A) advertising the study and the contact information for the researcher was evident in employee areas with additional copies available as needed. Informational sheets (see Appendix B) containing more precise information of the study were also available in employee areas for those who were interested in further information to review or to take home. The researcher was available by phone to answer any questions or to provide additional information.

Clients and visitors. The researcher provided information to the staff of various practice services within the health center (example: pediatrics). This information included discussion of the study, its purpose, and the processes involved. Copies of the flier and the detailed written information sheet containing contact information were made available in the reception and waiting areas.

The researcher was present in the main lobby on a variable weekly schedule with a poster advertising the study and advertisement fliers were available to those interested. This presence allowed the researcher to answer any questions, to provide additional information as requested, and to arrange for a convenient time and location of the interview for those interested in study participation.

Scheduling. The researcher was available on a variable schedule of days and times to accommodate appointment scheduling, recruitment, and to answer any questions presented to the researcher. This variable schedule allowed for exposure to clients and visitors who came to the health center on varying days and times of the week.

Interview site options. A private room was available at the health center during regular business hours for the researcher to meet with interested fathers and to conduct the interviews. If the regular business hours of the health center were not convenient for the participant father, the option of meeting in a private room in the library of a local college was an alternative. The college library option was able to accommodate late afternoon, early evening, and Saturday scheduling during the regular college library hours. The college library is approximately five miles from the health center and is serviced by public transportation. Six of the interviews occurred at the health center and six of the interviews occurred at the library. The late afternoon scheduling was convenient for these fathers.

The researcher met with the father at the designated site, explained the purpose of the study and what was expected of him, read and explained the consent form, and answered any questions posed by the father. Each father received a copy of the consent form. After written consent was obtained, the father was asked demographic information and contact phone information.

At the start of the interview the researcher verbally confirmed the father's desire to participate and that he continued to be agreeable to the audio recording of the conversation. A thank you card with the monetary compensation of \$50.00 was given to the father at the conclusion of the interview session.

## Informed Consent

Institutional review approval for human subjects' protection was obtained from the School of Nursing at the University of Massachusetts, Amherst, MA (see Appendix C). The governing board of the health center gave permission to be the location of recruitment for study participants (see Appendix D).

Informed consent was explained to each father. The informed consent was available in written form both in Spanish and in English. Each father had the opportunity to choose his preference of language for the consent form. All twelve fathers selected the English version of the informed consent. The informed consent was explained to each father. There was a Spanish interpreter available if the father had any questions regarding the informed consent. None of the fathers asked for further clarification through the Spanish language. A written consent form was signed by each father willing to participate (see Appendix E1 & E2). Sufficient information to assist the father in understanding the request to participate and his rights to freely participate or not participate was included in the consent form.

## Purpose

The purpose of this study was to explore the transition to fatherhood and describe critical points and events that have helped or have made it difficult for a first-time Puerto Rican father to transition into fatherhood.

## Procedure

The procedures involved in this study included providing a description of the study purpose and procedure to the fathers and a request for participation from the fathers. The consenting father completed a demographic information form (see Appendix

F) and participated in one interview session. A standard introduction to the interview was utilized (see Appendix G). This introduction was viewed as an active, purposeful component of the interview process and served to provide a direction for thinking and the linking of experiences as well as it provided a range of possible perspectives for story telling (Holstein & Gubrium, 1995). The father was aware that the interview would be tape recorded.

#### Risks

These were no foreseeable physical risks. An emotional risk could have been the recounting of a negative interaction. A father would have been referred to his care provider, walk-in clinic, or emergency services had the need for consultation arisen. There was no instance that required a referral to be made.

#### Benefits

A change in nursing practice and an increase in patient quality of care to diverse populations would be the larger societal benefits of this study.

#### Time Commitment

The father was asked to commit to completing a demographic form (about 10 minutes) and participating in one interview (about 60 minutes).

#### Compensation

A \$50.00 cash gift was provided to each participating father in recognition of his willingness to participate in this study by sharing his story and completing the interview.

#### Contact Person

Dr. Eileen Hayes (413- 545- 5089) and Suzanne Barenski (413- 265- 2385) were the contact persons for any questions regarding this study prior to January 26, 2010. Due

to a serious illness Dr. Hayes was no longer able to continue with study supervision. After January 26, 2010 Dr Hayes was replaced by Dr M. Christine King (413- 545-5095). Dr King can be reached at the School of Nursing, Skinner Hall, 651 North Pleasant Street, University of Massachusetts, Amherst, MA 01003. Ms Barenski can be reached at Elms College, Division of Nursing, 291 Springfield Street, Chicopee, MA 01013.

### Participation

Each father was aware that participation in this study was voluntary and declining participation in no way would affect employment or health care.

### Rights

The father was aware of his right to privacy (confidentiality and anonymity) and his right to withdraw from the study at any time.

### Interview

The fathers each participated in a single in-person interview. Data collection continued until saturation of incidents was reached. Interviewing is considered to be “one of the most common and powerful ways in which we try to understand others” (Fontana & Frey, 2000, p. 645). With interview research, the primary means for data collection is the voice of the person experiencing an event. It is this “lived experience” perspective that gives essential meaning to a person’s perception of that particular event (Streubert & Carpenter, 1995). Through the voice of the person this experience became a meaningful description of the event.

The most common form of interviewing involves individual, face-to-face verbal interchange (Fontana & Frey, 2000). It is important to remember that interviews are a

social interaction and this context can be a critical area to consider. The participant needs to be comfortable within this environment and interviewers need to be sensitive to how interaction can influence responses (Fontana & Frey, 2000). Feminist and other social science researchers have proposed the idea of active participation of the interviewer in the dialogue of the exchange as a means of empowerment and assistance to the participant. This includes how conscientiously the researcher listens (occasionally repeating, rephrasing, or summarizing what the participant has said), verbal and non-verbal acts of attending, and the ability to provide feedback and redirection to the conversation (Birks, Chapman, & Francis, 2007; Delbridge, 1997). It is important not to be so involved and directive that the process more closely resembles an interrogation (Crandall, 1998). This active involvement offers significant potential for achieving a greater depth to the story.

An in-person interview allows the interviewer to observe facial expressions, observe non-verbal posturing, and to observe other non-verbal behaviors that can indicate the participant is becoming distracted or stressed. The personal connection of the “real” person may more easily draw the person back into the conversation. Actual distracters can be observed by the researcher and acknowledged or possibly removed.

Excellent communications skills are critical for all interviewers, but especially when the language of the researcher is not the primary language of the participant. The researcher must not make assumptions about the proficiency of the participant’s language abilities or oversimplify questions and statements which would be offensive to the participant (Birks, Chapman, & Francis, 2007). A common cause of anxiety for



participants is the concern that they will not express themselves correctly and thus be misunderstood.

#### Format

The goal of the critical incident technique is to help participants to be “as specific as possible in describing specific incidents from memory and to include all relevant detail” (Kemppainen, 2000, p. 1265). A listing of semi-structured questions was available to provide a directional guide to the interviews (see Appendix G). A consistent broad request began each interview; “Think about the various experiences you have had in becoming a father. Begin from the time you first learned you would be a father up to the present time. Becoming a father for the first time involves many experiences; some of which make you feel like a father and other experiences make it difficult for you to feel like a father.” Two specific requests gave focus to the interview: first, “Describe for me experiences that you have had that helped you to feel like a father” and second, “Describe for me experiences that you have had that did not help you feel like a father.” All interviews were tape recorded. Conversational prompts were used only when necessary for clarification, explanation, or encouragement to continue. Examples of prompts included “Tell me more about...”, “Help me to understand...”. These prompts were utilized to clarify, and add detail to the following focus areas of an incident that had been identified by the participant: (a) a description of the event; (b) the actions or behaviors of the person(s) in the incident; (c) the results or outcomes (feelings, beliefs) of the experience.

The researcher maintained personal notes throughout the study to document progress of the investigation.

## Setting

A contact telephone number for the researcher was provided during the informational session, on the flier, and on the informational sheet. Interviews scheduled during the usual hours of business at the health center took place in a private room at the health center. Interviews scheduled outside of the usual business hours of the health center or by request took place in a private conference room in the library of a local college. Each interview session was approximately 60 minutes.

The participants were assured that the tapes would be destroyed at the end of the study following careful review and analysis (approximately 2 years from time of interview). Confidentiality of data and anonymity for all participants was maintained. Signed permission forms were stored in a locked file separate from the written transcripts and tape recordings in the office of Suzanne Barenski at Elms College, Chicopee, MA. Participant fathers were identified only by a code name and the tape recordings will be destroyed at the end of the study.

## Data Analysis

### Data Processing

All interviews were tape recorded and the information was transcribed verbatim by a qualified medical transcriber. This transcriber was knowledgeable regarding privacy and confidentiality issues. The transcriber was employed by a medical facility located outside the community of the health center. The transcription was done verbatim and included the contextual aspects (pauses, repeated information, etc.) of the conversation. Confidentiality and anonymity for the participants were maintained at all times. Each transcript was verified for accuracy against the taped account. Each transcript was re-

read until the researcher was very familiar with the content and had a sense of the whole. The field notes taken by the researcher were considered during this data immersion.

**Open coding.** Initial categories were formulated through a detailed microanalysis of the data. This intricate analysis of the data is necessary to “generate initial categories” and to “discover the relationships among concepts” (Strauss & Corbin, 1998, p. 57). The data examined within this step can be single words, phrases, or sentences. The properties and dimensions of these concepts were also extracted from the data. It is vital during this microanalysis that the researcher is aware of any personal inclination of bias or censoring of ideas that would prematurely limit the scope of data potential (Hutchinson & Wilson, 2001; Strauss & Corbin, 1998). Additionally, bias and censorship breach the principles of this inductive approach (Germain, 2001).

**Coding.** Coding consisted of relating these previously identified categories with sub-categories which shared similar characteristics, concepts, or meaning and give the category greater explanatory power (Strauss & Corbin, 1998). This linking of the sub-categories to a category was not a casual working of the data. The emergence of these conceptual sub-categories and their connection to the broader categories was the result of “careful mental process and of logical analysis of content from all data sources” (Germain, 2001, p. 296). The meticulous process of comparison to determine patterns and associations within the data also added to the credibility of the data. The data were not rigid and fixed. It was “fluid” in the respect that it was not evident early in the analysis if a concept was a sub-category or a category; the designation of a concept can change as the analysis proceeds (Strauss & Corbin, 1998). The ability to link concepts

revealed a theoretical interpretation of the data. This coding provided a “depth to the description” of a category (concept) (Kendell, 1999, p. 753).

Theme formation. Major themes were formulated and the categories were clustered within a theme that held relevance and meaning to the categories and sub-categories included within it. This inductive process of determining categories, subcategories, and major themes enables the data to be described at various emerging degrees of detail (Norman et al., 1992). Major themes and categories were identified. Subcategories were evident in the examples that constructed the categories.

#### Member Validation

Member validation is a technique to ensure credibility of research findings (Hoffart, 1991). This generally entails the return of the transcript to the participant for review and confirmation of the accuracy of the data. While it fosters feedback and involvement of the participant, it can also cause stress and discomfort to the person. Evidence in the literature indicates that it may not always be the best approach for collaboration, participation, and validation. Participants have stated that the transcript made them “look foolish” and they were “embarrassed and worried” about what the researcher would think of them (Dearnley, 2005, p. 25). Others have remarked on their inadequate grammar and expression, others have been upset when they realized they had not addressed the question asked (Dearnley, 2005). There is the risk, if the participants are utilizing a second language, the transcript may portray them as “having a lower level of intellectual functioning” (Dearnley, 2005, p. 25).

Member validation can also be informal as researchers have confirmed with participants throughout the research process (Sandelowski, 1993). Examples of this

include seeking clarification or intention of meaning, sharing interpretations as they evolve, and as a summary of major aspects that have been addressed. Summaries of main points may also be shared as a “lay” version of the findings written in “everyday language” (Sandelowski, 1993).

For this study informal validation was utilized during the interview process. The researcher requested clarification as necessary and summarized the major aspects of the dialogue. At the conclusion of each interview the participant was asked if the researcher could initiate telephone contact with him for the purposes of requesting additional clarification if needed and for sharing the findings and interpretation of the interview for purposes of validation. This was a difficult aspect as the researcher discovered that phone numbers did not remain current and active over time.

Validation of methodology and findings and analysis of data was sought from a nursing peer with a doctorate in nursing science and experienced in qualitative methodology and the Critical Incident Technique. This nurse was in agreement with the methodological approach to data gathering and the subsequent findings and analysis of data.

Data validation was also sought from two reviewers who were familiar with the Puerto Rican culture and professionally work with members of this population. One reviewer was a Puerto Rican clergyman and the second reviewer was a Puerto Rican woman who works as a behavioral health specialist. These reviewers reviewed the stories and the findings and analysis for a “fit” to the Puerto Rican culture and if the data and analysis “ring true” and are “typical” experiences for Puerto Rican men becoming fathers for the first time. These reviewers were also in agreement that the stories were

typical and that the findings and analysis did “ring true” for Puerto Rican fathers currently becoming fathers for the first time.

A presentation of the findings will be presented to the staff of the health center. All fathers who participated in the interview process and have a current phone number will be invited to attend.

### Methodological Rigor

Interpretive researchers assume that reality is “construed intra-subjectively and inter-subjectively through the meanings and understandings garnered from our social world” (Angen, 2000, p.385). Understanding cannot be separated from context and there can be no understanding without interpretation. Based on these understandings, validation within interpretive research becomes a moral issue that depends on qualities inherent to the researcher. The researcher is advised to choose topics that have practical value, that are beneficial and relevant to those concerned, that generate more understanding of an event, and have the ability to “transform our actions” (Angen, 2000, p. 389). The written account of this study provided documentation of the thoroughness and grasp of the understandings used to form the resulting interpretations.

### Trustworthiness

There is much discussion in the literature regarding the concept of rigor and there is general consensus that the transference of criteria across the quantitative to qualitative paradigm is not appropriate (Bailey, 1996; Cutcliffe & McKenna, 1999; Morrow, 2005; Rolfe, 2006; Sandelowski, 1993; Tobin & Begley, 2004). While the features of rigor transverse all research approaches, it is the “construction, application, and operationalization of these attributes that require innovation, creativity and transparency

in qualitative study” (Tobin & Begley, 2004, p. 390). The credibility of qualitative research depends on its adherence to trustworthiness.

Trustworthiness can be described as the ability to persuade an audience that “the findings of an inquiry are worth paying attention to, worth taking account of” (Lincoln & Guba, 1985, p. 290). This persuasion is also evident in Sandelowski’s perspective of trustworthiness: “Trustworthiness becomes a matter of persuasion whereby the scientist is viewed as having made those practices visible and, therefore auditable; it is less a matter of claiming to be right about a phenomenon than of having practiced good science” (1993, p. 2). The quality of a research study is not only revealed in the written report of that research, but “that it somehow resides in the research report... and is subject to the wise judgment and keen insight of the reader” (Rolfe, 2006, p. 309). Quality and credibility are connected “in that judgments of quality constitute the foundation for perceptions of credibility” (Patton, 2002, P. 542). Standards of demonstration for the trustworthiness of this study include social validity, subjectivity and reflexivity in qualitative research, adequacy of data, and adequacy of interpretation (Morrow, 2005).

Social validity. Within the global world of today, diversity is a daily concept for nursing. In order to provide a competent level of care to the populations served it is important for nurses to acquire appropriate knowledge and to value diversity (Davis et al., 1992; Mattingly & Lawlor, 2000; Meleis, 1996). Developmental transitions are a life-long process for each person and can create positive opportunities for growth and change but can also promote “marginalization and vulnerability” (Meleis, 1996, p. 8). The concept of social justice mandates that nurses are prepared to give competent knowledgeable care to diverse populations and clients have a right to expect this. The

production of “culturally unbiased nursing knowledge...” is a most “significant nursing issue” and knowledge development exclusive to the dominant culture “constrains progress towards quality health care” (Sawyer, et al., 1995, p.557). This study will provide the perspective of transition into fatherhood for these Puerto Rican fathers with the purpose of expanding the nursing knowledge base of fatherhood and providing direction for quality of care.

Subjectivity and reflexivity in qualitative research. Qualitative data is subjective data and is subject to researcher bias. The inter-actional nature of the interview places the researcher as a co-constructor of meaning and as integral to the interpretation of the data (Holstein & Gubrium, 1995). It is imperative for the researcher to engage in introspection to be aware of bias and personal assumptions. Self-reflective field notes were maintained throughout data collection and analysis of data. This journal chronicled the researcher’s experiences, reactions, and awareness of any assumptions or biases. It also served as a data source for decisions, thoughts, and observations throughout the research processes.

The ability to be reflexive can be viewed as a means of adding credibility to a study in addition to the credibility of the journal as an audit and decision trail mechanism (Dowling, 2006; Rolfe, 2006). The audit aspect of a field journal can also address the confirmability of findings (Tuckett, 2005). Confirmability can be described as showing “the way in which interpretations have been arrived at via the inquiry” (Koch, 2006, p. 92).

The consistency and dependability of the interpretation can be addressed through peer consultation for the purpose of “challenging the robustness” of the emerging themes



and the thinking that lead to the interpretation (Cutcliffe & McKenna, 1999, p. 377), as opposed to independently arriving at the same outcome. Two resource persons familiar with the Puerto Rican culture have reviewed the stories, the findings, and the data analysis. These reviewers concurred that the stories were typical and the findings and analysis did “ring true” for Puerto Rican fathers becoming fathers for the first time. The ontological position of constructed reality is based on the belief of multiple realities and multiple ways of knowing (Lincoln & Guba, 1985). Thus it is “unlikely that two people will interpret the data in the same way, form the same categories, themes, or concepts ...” (Cutcliffe & McKenna, 1999, p. 376). Sandelowski presented qualitative research as a “bridge” connecting meaning between art and science (1993). She used an analogy between recognized artists and the difference in their artistic presentations of the same phenomena and the recognition that one product is no less valid than the other by nature of it being expressed differently.

Qualitative studies are interpreted for the unique populations studied and the findings cannot be generalized to other populations. The goal of interpretive inquiry is to “understand meaning not ‘truth’ ” (Bailey, 1997, p. 21). Subjectivity can be addressed by participant checking. The applicability of the findings is established when participants can acknowledge the meaning of their experience within the interpretation of their story. The confirmation that the researcher’s interpretations reflect the participant’s meanings also contributes to the credibility of the findings (Jackson & Stevenson, 2000).

For this study informal validation was utilized during the interview process. The researcher requested permission from each participant father allowing the researcher to

contact him for additional clarification if needed and for sharing the findings and interpretation of the interview for validation purposes.

**Adequacy of data.** A particular number of interviews does not give an assurance of the quality of the data. There are no “computations” that can be done to “determine a priori the minimum number and kinds of sampling units required” (Sandelowski, 1995, p. 179). An adequate sample size permits “the deep, case-oriented analysis... that results in... a new and richly textured understanding of experience” (Sandelowski, 1995, p.183). Data was obtained until the point of redundancy and saturation occurred. Saturation refers to the “completeness of all levels of codes when no new conceptual information is available to indicate the need for new codes...” (Hutchinson & Wilson, 2001, p. 233).

Qualitative sampling is purposeful in that the participants are chosen for their association with the phenomenon of interest. These are the participants who can best provide the most information rich data. The personal connection to the issue being studied awards the status of “expert” to the participants and this adds to the credibility of the data.

The use of a tape recorder to preserve the narration and allow for verbatim transcription provided for adequacy of a data record and credibility of the data. The use of the reflective journal and the journal for field notes provided additional sources of data for analysis and allowed for a context for the data collection (Morrow, 2005; Rolfe, 2006). The meticulous process of constant comparison to determine patterns and associations within the data also added to the credibility of the data.

**Adequacy of interpretation.** The data analysis, interpretation, and writing are a “continuous and interactive process” (Morrow, 2005, p. 256). Immersion in the data was

essential. This entailed data gathering, repeated readings of transcripts, listening to the tapes, and reading the journal and field notes (Tuckett, 2005). This cycle of familiarity with the data allowed a “back and forth movement between the whole and the parts” of the data (Arvidsson & Fridlund, 2005, p. 235). The repeated readings of the text and journal entries were enhanced by the reviews of the recordings and allowed for the continuous checking of data and themes which served as an indicator of representiveness to the data (Cutcliffe & McKenna, 1999). The data analysis was well documented to pattern the developmental flow of the groupings, subcategories, and theme development. Each of these aspects contributes to the auditability and confirmability of the study. Use of the actual words of the participants (primary text), detailing the analytic processes, and defining the interpretations provides the reader with the means to “see” the process and lends credibility and authenticity to the interpretative findings (Hoshmand, 2005). This process of analysis, interpretation, and writing was sufficiently transparent as an audit trail to allow visibility of the process thus enabling others to evaluate the quality and credibility of the work (Bailey, 1996; Sandelowski, 1986).

### Quality and Credibility

Judgments of quality “constitute the foundation for perceptions of credibility” (Patton, 2002, p. 542). There are alternate sets of criteria for judging the quality and credibility of qualitative inquiry. One of the hallmark sets is presented by Lincoln and Guba (1985). These researchers view trustworthiness through the perspectives of credibility, transferability, dependability, and confirmability. These prototype classics are embedded within the contemporary perspective of Morrow (2005) as previously reviewed.

Within this study credibility was addressed through “member checking” throughout each interview as an informal approach to validating information. Building trust was approached through the assurance of confidentiality and anonymity, explanation of the study and answering questions, and allowing the father to tell his story in his own time frame and approach. One consistent researcher conducted each interview which allowed for consistent “engagement” (p.301) and ongoing “observation” (p. 304) of data amongst the participating fathers (Lincoln & Guba, 1985).

Transferability was addressed through the provision of a “thick description” of the stories (the data base) as related by the fathers (Lincoln & Guba, 1985, p. 316). This comprehensive data base makes it possible for the reader to determine the appropriateness of transferring the information and to determine what other settings would be fitting for the transfer.

Dependability was addressed through the mechanism of credibility as well as the maintenance of accurate recordings (Lincoln & Guba, 1985). The interview tapes were transcribed by a qualified medical transcriber and verified for accuracy by the researcher. The process steps from raw data through analysis and interpretation was provided in a transparent manner.

The major approach to confirmability was the audit process (Lincoln & Guba, 1985). The data collection procedures, general research considerations, data reduction and reconstruction with themes and categories have been detailed throughout the research report. Additionally, the methodology was reviewed by a nurse (doctorate in nursing science) expert in qualitative inquiry and the stories, findings from the data, and the

analysis of the data have been reviewed by two qualified persons familiar with the Puerto Rican culture.

#### Data Security

Physical security of the data was maintained through data storage in a locked file in the researcher's private office at Elms College, Chicopee, MA. The researcher has the only access to the single key for the file. The tape recording of the interviews and the transcription of the recordings were done within a private office environment.

Confidentiality was maintained through separate locked storage of any materials (informed consents, demographic information) that contained the participants' name and other identifying information. Anonymity of the participants was protected through the use of a coding identification and the use of a pseudonym for the transcription. The coding identification was secured within a locked file. No reference to the father's name was made during the taping of the interview.

#### Study Limitations

The recalling of incidents depends upon an individual's unique ability to recall specific aspects of a past experience. It was assumed that all accounts were true as understood and recalled by the individual father.

A limitation of this study was the recruitment of a purposeful and convenient sample of fathers who volunteered to participate. This selection of participants from a singular recruitment site may also have limited the potential scope of incidents recounted. Fathers who volunteered for the study may have had a different view of themselves as fathers compared to the unknown stories and experiences of those fathers who choose not to participate.

The requirement that the father be able to speak and understand English is a recognized limitation of the study. Each of these fathers was bilingual. The stories of Spanish- speaking Puerto Rican fathers remain untold.

A final limitation could have been the presence of a white, female, English-speaking researcher who conducted each of the interviews. Matching is a term used to recognize “shared identities between researchers and study participants” (Sawyer et al., 1995, p. 558). The assumption is that the more alike they are the “greater potential for an accurate understanding...” (Sawyer et al, 1995, p. 558). In reality it is recognized that the ideal of matching is rarely possible.

### Summary

This chapter addressed the appropriateness of a qualitative design for this study. There is little known about what the Puerto Rican man living in the United States perceives as helpful or not helpful to his transition to first-time father. A qualitative design allowed for the exploration and description of the phenomenon transition to first-time fatherhood for these men. Narrative stories relate a lived experience as it is perceived by the person experiencing the related event(s). The research methodology that is complimentary to the qualitative nature of this study is the critical incident technique. The distinctive feature of this technique was the self-identification of those incidents and events that the father views and describes as critical to helping or not helping him feel like a father.

Safeguards to protect the rights, confidentiality and anonymity of the study participants have been carefully outlined. Detailed steps to secure the data were also included to ensure confidentiality and anonymity for the participants.

Rigorous data analysis was critical to ensure the trustworthiness of the findings. Detailed steps for coding, theme formation, and validation of the findings have been included. Standards to demonstrate the trustworthiness of this study have been described: Social validity, the concept of social justice mandates that nurses are prepared to give competent knowledgeable care to diverse populations and clients have a right to expect this. Subjectivity and reflexivity in qualitative research directs the researcher to be aware of bias and personal assumptions, supports the use of journaling for reflective thought and the use of validation of findings. Additional standards of trustworthiness include ensuring the adequacy of data through data collection until the point of saturation and the use of a recorder for accuracy of transcripts. The description of the immersion into the data, and the careful analysis and interpretation of findings provided an audit trail to ensure the adequacy of the interpretation of the data.

## CHAPTER 4

### THE STORIES

The purpose of this study was to identify interactions and experiences that were viewed as critical to the process of transition to first-time fatherhood (biological) for Puerto Rican men. An exploratory descriptive design was utilized for this study. Data was obtained using the Critical Incident Technique (Flannigan, 1954) which provided descriptive examples of interactions and experiences that supported and encouraged this transition as well as examples that hindered this transition to first-time fatherhood.

This Critical Incident Technique was a useful approach to guide the fathers to consider the two extremes (helpful and not helpful) of their experiences in transitioning to fatherhood. The restrictive nature of this technique provided the fathers with a clear direction and focus for consideration of the most helpful and least helpful events that they had experienced.

Each of the fathers was asked to identify and discuss experiences that he believed had influenced his transition into fatherhood. Fathers were asked: "Think about the various experiences you have had in becoming a father." The breadth of these experiences was addressed in the subsequent statement: "Becoming a father for the first time involves many experiences; some of which make you feel like a father and other experiences make it difficult for you to feel like a father." Each father was specifically asked "I would like you to think about those experiences that helped you to feel like a father. Tell me about an example that helped you to feel like a father." Each father was also asked "I would like you to think about those experiences that made it hard for you to feel like a father. Tell me about an example that made it hard for you to feel like a



father.” These requests were repeated until the father could not recall any other examples.

All of these fathers were actively engaged in the process of the interview. All expressed their desire to contribute to the research focused on both Puerto Rican men and fatherhood. This was conveyed through their consent to participate, completion of the interview process by all participating fathers, and verbal statements of the importance of talking about this transition (“actually it makes me think about um how good it was actually...”, “... I know that people are going to hear this”, “it is really good to talk about it”). This was the first inquiry about the experience of becoming a father for nine of these fathers and all the men seemed anxious to express themselves thoroughly and to be understood by the interviewer. The taped interviews ranged from twenty-one minutes to forty-five minutes with the typical interview lasting thirty-four minutes.

Each of these fathers has been given a pseudonym for the purpose of confidentiality. The following is a synopsis of the individual stories for each father which provides the reader with the context of their individual experiences. The stories describe the critical events that the fathers have self-identified as important experiences for them in becoming a father. Both supportive and challenging experiences are portrayed. The narratives of these twelve Puerto Rican fathers are rich in substance and tell the story of what has influenced their transition to fatherhood.

#### Emilio: I Feel Like WOW!

Emilio was a 19 year old married man who worked part-time and attended classes at the community college as a part-time student. He lived with the mother of his five month old son. Emilio began his story talking about the difficulty he encountered when

he announced that he would be father. Various family members and “different people” would say “that’s not your son.” The family that made these statements was family residing in Puerto Rico so “they did not know nothing about it.” Emilio stated “You have to ignore that stuff. I know I am going to have a baby and that’s all I was like focusing on.” At that point Emilio discontinued communication with these family members and has not reconnected with them stating “this is whether or not they with you.”

Emilio was involved with the birth and spent much time in the hospital during the labor and delivery as well as after the birth. “I was with her all the time” and he admitted to coaching his wife to “push” during the birth and laughed as he recalled “I pushed my myself, you know.” They worked together as team during the birth experience. He referred to his wife by name and talked about how they supported each other; he related her telling him to “take it easy”... he complimented her during labor by saying “she was strong...really strong.”

He related being “scared” during the labor process, especially when they “break the water.” Following the birth it was “all very happy afterwards” and “we were just living with the baby and talking” during the hospital stay. Prior to this birth he “did not like to carry little babies.... when they gave me the baby I feel like WOW.” When asked to describe a moment he felt like a dad, he described the first time he held his infant child. Emilio was happy to have a son. He stated “my son... was my first time and it was really good... you feel happy.” Emilio related “I feel like I am a complete, you know.” He described initial interaction with caring for the new baby as “I was scared because I have never had a baby.” Then “one day I was like... I want to do it today...all the stuff... and when he look at you... and you have him... you feel like a father, a real

father, it feels good. He is the best thing in the world.” Knowing that his son is healthy was important to Emilio and Mom and this was reinforced by the baby’s care provider. They were told “you are taking good care of him” and Emilio’s response was “we are proud of that because we are like, we are doing good.”

Extended local family was involved with this family. Pictures were taken and shared, both sets of grandparents were local, “they were happy”, and the uncles “were crazy with the baby.” Pictures and phone calls were shared with a great-grandfather in Puerto Rico. Emilio expressed his desire to spend time with his son and talk to him “so that he will learn all this stuff that I have learned. I want to guide him to the good ways because I don’t smoke; I had never used drugs... so I am healthy.” This father talked to his when his son was very young. He related how the baby would kick at recognizing his father’s voice and “now when I talk he is looking for me.” This made him feel “super, wow, very special.”

Emilio stated “I just want to give him everything I can get because I don’t have my real Dad. I have a step-father, he is my dad.” He explained “The father is not one to make you; he is the one to raise you so I want to be with my wife forever so he can see we are a family, a strong family.” He further emphasized “This is one of those important things. It is like when you want a family you need to be responsible so you need to be there... and that’s what I am doing because it is not like making a baby and just let him by himself, you need to be a parent.” He wanted to be a better father than his biological father had been and be a presence in his son’s life. Emilio acknowledged that being responsible was necessary but difficult at times because it included multiple areas “... school and work because you need money and you need schooling... I am going to get

exhausted... but I am trying to do all I can.” This child motivated him to improve himself.

#### Alonzo: I’m Always a Super Dad

Alonzo was a twenty-one year old single man and the father of a six month old son. He was unemployed at the time of his interview and lived with the mother of his son. Alonzo began his story recalling his thoughts when the pregnancy diagnosis was confirmed. He stated “my heart was just filled up ... I knew I had to make something of my life which is why I’m going to school now cause of it.” “If it wasn’t probably for him being born, I would probably still be messin around and doing stupid stuff.” This child was a stimulus for him to improve his lifestyle.

This father went to “a couple actually” of prenatal visits. He went to “every single ultrasound ones.” When the ultrasound image confirmed a boy he “felt like I was gonna lift up from the ground.” “Cause I wanted a boy, I knew it was gonna be a boy.” “Seriously, every guy... well most of the guys want sons ya know first. Cause I would like a son first then a daughter ya know.” “I just wanted my little one, my little guy.” He was happy to be having a son.

Alonzo was involved in the birth preparation but did not attend the birth because the mother was a planned Cesarean delivery. Alonzo further explained “they told her that if she was to push him out, he could probably break his collar bone and like he was too big.” Hospital policy allowed Mom to choose one person to be with her in the operating room and “she wanted her Mom to be there.” Alonzo continued, “but I was the first person to hold him actually.” They said “Here’s your son and I was like... I had to sit down cause I didn’t want to fall.” He described his thoughts as “I can’t believe I made

this... I just, oh, just like holding him... this is the most precious thing in the world. It was like WOW I made this, it's unexplainable really."

Feeding his son has been an enjoyment for this father. "I love feeding him... that really makes me feel like a father." "His laughter" when he played with him "really makes me feel like a father." "I would just hold him all the time." "I'm always a super dad."

Both sets of grandparents have been very supportive of the family. "If it wasn't for both sides of the family, I think we would really be in deep stuff right now cause they helped us out a lot." "Right now, we're living with her parents." The mother's grandparents have "actually kind of disowned her." "The one reason is she is young and they believe in like church and other stuff." Additionally the grandmother "doesn't like that I was Puerto Rican."

Alonzo expressed his desire to be a better father to his son than his father had been to him. It was important that his son have a father present in his life. "I didn't know my father so I'm not gonna do that to my child. It was really hard not having a father." Alonzo stated he wanted to be a "role model." "I want him to grow up and be like, 'I want to be like my dad, ya know'."

In order to accomplish this, Alonzo acknowledged that "I gotta actually make something of my life first so I can support him." "I gotta get a job and move up, do things right." Actually to tell the truth, I've never had a job in my life." "This is a hard situation... I got good people that motivate me too." Alonzo was striving to improve himself and was currently enrolled in a GED program. "After I get my GED, get in a program to help me find a job or something." "I just need to stop being lazy, ya know,

it's not good for us or the baby.” Alonzo indicated he wanted a better life for his son.

“I’ve been through a lot of stuff and I don’t want my son to even think that things aren’t good enough.” “I gotta take care of my baby ... it’s about him.”

#### Javier: Dads are Still Important

Javier was a twenty-seven year old single father of a three week old daughter. He was unemployed and lived with the mother of his daughter. Javier began his story talking about “cutting the cord.” It was meaningful when the doctor addressed him as dad, ‘you’re a dad and I want you to cut the umbilical cord.’ This made Javier feel “real good” and “extremely happy” and provided a means for him to be actively involved in the birth.

Javier was involved throughout the pregnancy and attended prenatal visits. The prenatal visits were “mostly about mom, which is okay; it’s understandable.” “They would include me a little bit.” He especially enjoyed the appointments when mom had the ultrasound testings performed. It was “great seeing her move around in there” and “knowing that there’s a life growing inside.” They knew from the ultrasound that this baby was a girl. He was happy to be having a girl. The gender of the baby “really didn’t matter but I’m glad she’s a girl... you can dress them up pretty and they say that girls are closer to their fathers so, I mean, I’m looking forward to it.”

He related being present for the birth. “It was so great to hear” when she first cried, she was “something that me and my girlfriend created and that made me feel so like a father.” The nurse and his sister used the title “Dad” when talking to Javier after the birth. “At first you don’t feel like a father ya know, it’s just a new feeling, and then when you hear it from someone else it makes you feel like a father.” This recognition made fatherhood more a reality to this father.

Javier believed that fathers should be considered and recognized more as a parent to this child. “Healthcare was mostly about Mom, which is understandable. I don’t think fathers have enough, like, they don’t get enough attention... we’re just as important, I feel.” “Sometimes family ... they forget that dad’s are still important too and they make it about Mom ... I’m here too ya know.”

Javier described the joy of simply joy of watching his daughter; I “talk to her ... and she looks like right at you in your eyes.” “I do watch her when she is sleeping ... I just love to watch her breathe and ya know, know that she is okay.” Sometimes “I get scared a lot ... I don’t know if something is wrong with her.” “You gotta kinda like guess, I get nervous.” A supportive extended family helped to decrease this anxiety. Both grandmother’s have been very helpful. They “really like help out a lot ... they were there like giving us advice” about bathing, feeding and dressing. “They’ve been a big help.” “I’m feeding her and changing her diapers, I give her baths, so that, that right there makes me most feel like a father.”

Javier expressed his intent to be a better father than his father had been to him. “I grew up without a father, it was really tough, and I don’t want to be out of my daughter’s life.” “It’s very, very important as much as it is to have a Mom in her life.” My father, “he was an alcoholic, um my mother was in a real abusive relationship.” “I had to see all the violence ... I had to go to counseling ... cause it was just a lot for me.” “I stayed away from drugs, alcohol, ya know, I stayed away from all that... she never has to worry about any violence.” He recognized his responsibility of providing a safe environment for his daughter. It’s “a big responsibility ... but it’s also a great responsibility ... it

makes you feel like a new man.” “I think being a father is tough. It has its challenges but it’s more rewarding.”

#### Elias: He is Carrying My Name

Elias was a thirty-five year old single man who lived with his fiancée, who was the mother of his eleven month old son. She had four sons from a previous relationship that also lived within this household. Elias was employed part-time. He began his story talking about learning of the pregnancy diagnosis. “When I found out she was pregnant and that biologically this is going to be my first kid, it really, really, really changed. It was more than excitement cause it was like, ya know, finally just something that, this is mine.” Elias believed that he was in the role of father to his “step-children” and he treated “them all the same, no one is more special than anyone.” In spite of this belief, he admitted “in a sense there is more of a stronger bond with my son cause biologically he’s mine. He is my son, he is carrying my name.” He was happy to have a son.

Elias was actively involved throughout the pregnancy, “I did not miss not one appointment.” He “enjoyed it, ... I was looking forward to it.” “I didn’t want kids when I was younger... and then when she told me she was pregnant, ya know, I’m thirty-four years old; ya know, it’s about time.” Elias was present throughout the labor and birth and had the experience of cutting the umbilical cord; “I was like shaking and I was crying, excited... this was mine, this was my child... deep down inside me, biologically this was my kid: this was my child, ya know.”

The gender of the child was initially important to this father; he had wanted a girl. “I’m not going to lie, at first I was hoping for a girl.” When he was told the child was a boy he “was excited... at first it was like WOW! My mind’s like I wanted a girl.” He



continued, “It was a boy... ya know I’m gonna love him no matter what if it’s a boy or girl, but I wanted a girl... It turned out to be a boy for a reason.”

“I have step-kids but with this child it is like . . .(pause)... I remember hearing people saying, ya know, a parent understands certain things... but I didn’t believe in parent instincts until this child came.” When they came home with the baby he told his fiancée “just relax, I’ll take care of everything and it ended up being that til today.” Elias has continued to provide much care for his son. “I’m still the one who he gets up, give him the bottle if he wants it. Ya know I bathe him, I dress him, I feed him... I’m taking as much as I can out of it.” “I’m more alert... I stop what I’m doing and I check up on him.”

“If I woulda had kids when I was younger, maybe it would not have been the same. I was caught up in the shit that was going on in the streets um... I was hooked on drugs... for ya know a number of years... drugs woulda been first... that’s the difference, that is the difference.” “I’m doing a lot more better job than I can honestly say I woulda done ten years ago.” He was able to see his increased sense of responsibility compared to his past behaviors. He continued, “My fun is different now, it’s with the kids.”

Passing on his name was important to Elias. “It is up to me whether I continue the last name. I almost changed my last name because of the resentment I had towards my dad... he wasn’t there...should I honor his last name when he was never there for me....there is still sometimes I go to places and I sign, I write my mother’s last name.” “I don’t want him to go through what I went through, I want to be able to sit there and teach him rather than him learning from the streets like I had to.” Elias wanted to be a better father than his dad had been to him. He continued, “I’m gonna be there for that kid the

way my father wasn't there for me." "I'm doing what I didn't have when I was growing up... I don't want my child calling someone else 'daddy'... I didn't know how important it was until this child came along. Again, I have had step-kids and whatnot, but it's not...(pause)... it's not the same."

#### Videl: It's All the Little Things

Videl was a thirty-one year old single man who lived with the mother of his one year old daughter. He was unemployed. Videl began his story stating he felt like a father right away. "Since the first day she was born you know, I felt like a father right then." He enjoyed caring for his daughter. He continued that "it is all the little things that you do" and described the care taking of his daughter; "carrying her, feeding her, putting her to bed, um um, changing her diaper." Changing the diaper was described as the "the hard part." He admitted that these skills did not come easily but acknowledged that "it is not that hard."

Videl was involved throughout the pregnancy and birth. He "went to all" of the prenatal doctor visits and although "happy" to see the baby on ultrasound he thought it "weird, it just moves around in the belly." The labor and birth "had me real nervous... I couldn't take that... I didn't know what to do with her... she was really in a lot of pain." This distress lessened when his daughter was born. "That was the best moment of my life and I cut the umbilical cord." He continued that he was "happy to see that my baby was healthy too, ya know... you think about things like that... your baby could be born with, ya know, defects."

Videl was fearful that he would hurt his daughter. He admitted that immediately after the birth he was "scared I was going to drop her or hurt her or something... the first

few days I didn't like to hold her that much because she was so tiny... I would let the mother do that." He thought that it was "maybe a few weeks and I started holding her more... I just felt like a real father, ya know, like I am taking care of my baby ya know. I'm helping my girl out ya know. It feels good. I felt good." His daughter now recognizes him and "it's like she knows I'm her Dad" and he was "real happy... the first time she called me da-da."

"It's hard, it's not easy" was how he describes being a father. He talked about the time investment that was necessary to provide a safe environment for his daughter. "It's like you got no free time for yourself ya know. It's really depressing." He also related he does not feel comfortable leaving his daughter with the grandmother. "Sometimes she will not pay attention, like she will let her wander around and let her do whatever and that used to get me mad." He identified this age of his child as difficult because "you have to be behind... constantly watching... sometimes I find stuff in her mouth."

#### Migel: He Saved My Life

Migel was a twenty year old married man and the father of a one year old son. Migel lived with the mother of his son and he was unemployed. He began his story talking about the doctor inquiring if he would like to "cut the cord." The doctor used the title "Dad." " 'Dad, do you want to cut the umbilical cord', and to me that was like the moment, it was like I'm a dad, it was like the best thing ever." It was the rite of passage to fatherhood. He described his feelings as "I couldn't believe it. I made a little human and when I got to cut the umbilical cord...they wrapped him up... handed him to me... and it was like, priceless. I was like the happiest I've ever been."

Migel was not involved in the prenatal visits. He was in jail, “actually locked up through most of the pregnancy.” “I did stupid stuff... ended gettin locked up so it was like I had to face my time and do my time but it was hard because I knew she was pregnant, I didn’t know what was going on and I wanted to be there.”

Migel continued “ended up gettin sentence reduced so I could be there for the birth... not being able to see him born woulda... woulda hurt me a lot.” He viewed cutting the cord as “to me that little snip was the starting of the start line, the green light to race on through life...it was like what he asked me like, hey I’m the dad, I’m the one that gets to cut it, so it’s like Yeah. That little snip was... like the little flag opening the new.”

This father admitted to being scared when he first held his son and was afraid of dropping him. “He was so little and so skinny, I didn’t want to drop him, I didn’t want to hurt him so I was like nervous to hold him.” The baby also had some respiratory issues when he came home which meant several trips to the hospital before he was diagnosed with asthma. They were feeling like bad parents for the asthma diagnosis. “That was scary, we didn’t know what to do, we were new parents.” There was a family history of asthma on both sides of the family and they “were telling the doctor, ‘we think he has asthma’... and the doctor is like ‘no, he’s good’.” One day when he was wheezing they “brought him to the hospital and they confirmed he had asthma.” That was difficult... “I felt like we were bad parents, I felt like it was (our) fault he was getting sick.”

Migel returned to jail at some point after the birth and he recalled teaching his son to walk during the weekly visits from the mom and baby. “I got to spend time with him so I always loved my Sundays.”

Having a child to carry on the name was important to Migel. He declared, “I consider it like I live forever because he has my last name and he’s gonna pass on my last name and they will keep on passing on my last name.” “I don’t want to be forgotten, I want my name to go forever. So it’s like if I do everything right, I raise my son right, then maybe he’ll do something right with his life and he’ll be known as somebody big and then I will be known as somebody big.”

Extended maternal family support was evident for this family. The maternal grandmother “helped us a lot” and sheltered the mother and infant shortly after coming home from the hospital because the landlord “wasn’t turning on the heater so it was friggin cold in our apartment.” Being separated from his family was stressful. “I couldn’t be there for him because I had to stay at the house and she had to stay at her Mom’s house ...that made it difficult.”

His mother helped a “little bit” before the child started walking. “My Mom is like she is stuck in a stage where ... she thinks she’s a teenager, she wants to be going clubbing all the time.” Migel admitted it hurt him because his son is “pretty close to his other grandmother.” Some of his family members did not believe this child was his. It was very difficult with “my family’s saying he’s not my son.” “He looks just like me so everyone had to eat their words.”

Migel stated that “I really never had a father figure... I didn’t want to be like my father, he was in jail when I was born and the first time I seen him was when I was five.” “It was hard for me... I struggled in school, I dropped out in ninth grade ... tended to fight a lot because I thought I had to prove myself.” Migel desired to be a better father

than his father had been to him. “I don’t want my son to go through the hard stuff. I want him to learn from my mistakes.”

This father believes this child “saved my life.” “Before... I was on the street, I was gang banging, I was drug dealing, I would of probably been locked up doing ...life, or I would have been buried.” “Until I found out I was going to be a father ... it was no longer me... I had to look after somebody else and that somebody depends on me.” This father was his child as impetus for self improvement.

#### Alberto: Life Is No More a Joke

Alberto was a twenty-two year old man who had a nine day old daughter. He was not married, he lived with the mother of his daughter, and he was unemployed. Alberto began his story talking about the positive pregnancy results and how the presence of a child made him think more positively toward self improvement.. “I didn’t believe it... so many things went through my mind like how’s the baby gonna look, what is it gonna be and stuff like.” He continued, “It made me think more positive, positive like being more responsible, it made me more of a man and my mentality got more serious.”

Alberto described the pregnancy time period as stressful because he was not able to be involved. He referred to the pregnancy as “that was the bad thing and the worst part” because he was in jail. “I came out and she was already eight months.” “She used to come visit me, send me the ultrasound pictures.” He described the difficulty of not being with the mom during this time, “I used to cry cause it hurt me not knowing how the heart beat goes, how it feels when the baby moves in the belly.” He remembered thoughts of “I can’t do nothing for her and that used to make me like stressed... and then

I started praying to God and with all the praying and everything, everything came out good, ... healthy and everything... no health problems or nothing.”

He attended the birth and “didn’t want to miss nothing cause I missed so much through the pregnancy. I cut... the cord.” He explained that he had no experience with babies and had “never gave a baby the bottle, changed a diaper, took the baby a bath or nothing like that.” The small size of the baby was frightening to him. He admitted that he “was scared to even feed her cause she’s so small now and stuff like that.” He described help and guidance he received from family members, the mom, and “everyone around me.” “I never thought that would help and now... it looks like I was already a father the way I do things for my daughter.” He talked about the weight his daughter had regained since coming home, which served to reinforce his confidence as a good father. “That’s telling me I’m doing the right thing for my daughter.” He explained, “for me it’s my first time ... I don’t want to miss any moment cause you can never go back.” “She opened her eyes when I had her in my arms, like that’s a moment you can’t even forget and you will never... that’s like a tattoo, permanent and there’s nothing that’s going to erase that from my heart.”

Alberto talked about how they had been unable to purchase necessary items for the baby “I mean you name it, we had nothing.” He described not wanting “to do negative things to get money” and he went out to “pick up some cans” so that he could purchase some small baby items. His family was supportive and “my whole family got together the same day before the baby was born” and purchased the essential items for the baby “... a car seat, I had baby clothes, I mean I had everything.” . His family was present after the birth and “everybody hugged me and told me congratulations, now

you're a dad." He talked about the title of dad, "Me before; the word dad wasn't like something big but now that I am a dad, it's like it is something big, ya know what I mean"? "The feeling is so special and so nice and so beautiful, ya know what I mean"?

Alberto stated the importance of his being at the birth as "I was there and the first thing she saw mommy and daddy together." Being present as a father was important to Alberto and he wanted to be a better dad than his father had been. "My mom was always there for me, not my dad, and I don't want my daughter to go through what I went through." "I'm always gonna show my daughter love."

Alberto also described how the birth had changed his life and how he saw his responsibility increase. "It made me more responsible and it made me think more how to be responsible and how to do positive things in order to get what I need for my daughter." He admitted that previously he "wasn't like into my job ... but now I got to be a role model ... I gotta think about somebody else... and be there for her no matter what." "Life is no more a joke, now I got something to take care of and it's my responsibility."

Vincente: Like Bam! I'm a Dad Now

Vincente was a twenty year old single man and the father of a one year old daughter. He had a part-time job and lived with the mother of his daughter. Vincente began his story talking about the birth of his daughter. He remembered looking into his daughter's face and "she looked at me like she recognized I am her dad." He remembered his thought of "I cannot believe I'm a dad"... "Like I had that feeling real quick, like bam! I'm a dad now." "That was in my mind quick." "It's a good feeling quick, you'll get attached quick and you can feel it in your heart."



Vincente was involved throughout the pregnancy and “did a lot” prenatally with the mother. “I been there for her like for bad times, good times.” He was present for the birth and was reassured by the mother that he was “doing good.” “I was scared when she was in labor... like I didn’t know what to do... ya know how you are about to be a dad and you don’t know what to do when she gets those pains, so I was going crazy.” “She told me to calm down and relax, that I’m doing good, ya know.” Hearing the baby cry at birth was important to this father. “That’s a good feeling, when you hear her crying, you just want to grab her and hug her.” He held her following the birth and that “was a good feeling... you can feel it in your heart... like more love.”

When they first arrived home following the birth, the mom was caring for the baby. Vincente explained “I didn’t know how to do all that, ya know what I mean.” The mom helped the father to learn these care-taking skills. “She teach me... now I do it by myself... it’s a good feeling when you do it by yourself.” This had practical implications for this family because the mom had returned to school. Vincente “felt happy” that he had learned these skills because “I’m not always gonna have the mom there ya know, and I gotta do stuff by myself with the baby.” He also stated playing with his daughter gave him a “good feeling” and he believed his daughter “likes it when I play around with her... she starts laughing.”

Vincente was employed part-time and had the encouragement of his family to continue to improve himself. He was encouraged to “keep trying, like to look for jobs... ‘cause the job I’m doing – they’re not giving me enough money.” “Like a couple of days after the baby came out, in my mind is like, now I gotta step up. I mean like I’m a dad now, now I gotta be with my daughter, ya know, I mean I gotta start looking for jobs,

cause it's hard right now to get a job.” His new daughter was a strong motivator to improve himself. “I’m not going to stop ‘cause I’m trying to do it for my daughter.” He acknowledged the difficulty of hearing people’s comments, “like they say stuff... like he don’t got a job. He don’t got money.” His response was “I’ll get mad, but then I’ll be like, I don’t care what they say cause I gonna keep doing what I’m doing. I’m gonna keep looking for a job ... and when I get that good job, they gonna be dictating ... he’s doing this, he’s doing good for his daughter.”

The importance of staying connected to his daughter was clear. “If I’m not gonna be with my girl I’m still gonna be with my daughter no matter what.” “I want my daughter to... go all the way, stay in school, graduate ya know, go to college. He had high hopes for his daughter. I want her to do all that stuff. I don’t want her to be like me. I was fooling around, I got thrown out of school, ... I want her to go good.” In spite of his daughter’s age of one year, he wants to “see how it feels bringing your daughter to school, ya know what I mean, I never did that before.”

#### Jorge: Don’t Run Away

Jorge was a nineteen year old father of a one year old son. He lived with the mother of his son and was unemployed. Jorge began his story at the point of time he first learned that his girlfriend was pregnant. He was remembering what it had been like for him to grow up without a father.”My whole life I never had the experience of having a dad, my mom was always my father.” “I knew I had to be there for my son and I knew it was the right thing to do. I know how it felt when I was left alone and I wasn’t gonna leave him alone.” Being a better dad than his own father was a strong motivator for Jorge.

Jorge was involved throughout the pregnancy and attended prenatal visits. “She wanted me in there. I felt kind of uncomfortable being in there cause it was like her and her doctor and it was just kind of weird.” Positive aspects of the visits included “I felt included. I felt right and I was involved in everything. I didn’t feel separated from her. I think it would be important for anybody to be involved.” The ultrasound was “pretty amazing.” “I was like, that’s our kid, I hope it’s a boy.”

He was present for the birth of his son and admitted that “I was scared... at the same time I was really happy... they were like, look at the head and I seen the head and that’s when my heart started pounding like really, really fast and ... I thought I was gonna faint.” “But then I tried manning up, I thought I wasn’t gonna cut the umbilical cord but I ended up doing it because I wanted to be more involved.” He believed it was important for him as the father to cut the cord after the birth. “I felt like it was my job to do it. Like they ask if the dads want to do it, ... so I figured if I can do it, why not.”

Jorge spoke about his willingness to feed and play and care for his son. He described “there’s a park right down my street... when he smiles and laughs is the best part cause, it’s like, I know he’s happy... so that’s all I can do is just make him happy.”

Family relations have been difficult at times. “When my mom first found out, she was like ‘you’re stupid’... a couple of my cousins were like ‘you’re screwed’... and my aunt was like ‘that’s what you get’.” “Her dad was like ... he was obviously mad about it cause his little girl is having a baby and she was pregnant ... but he... he welcomed me with open arms.” “Right now, we’re not from the right side of the page... we don’t talk.... He doesn’t like me, I don’t like him, and it’s just that.” “It was a little bit difficult when me and her separated for a little bit, we both needed time off from each other ... we

argued every day ... we recently got back together and we haven't been happier." Her dad was "not liking the fact we're together ... he kinda just shuts out everybody including like his daughter and his grandson... you can shut me out but why shut them out"?

When Jorge first learned he was to be a father he believed it was "a big burden to handle and I just felt like I was gonna faint... it was a large weight that I had to put on my shoulders... I was just thinking like, how am I...I'm still a kid, how am I supposed to support a kid"? Employment has been difficult for Jorge. "I had a couple of jobs but that was only like short times ... they weren't really jobs that make you... that go far, fast food restaurants and stuff like that." The responsibility to be able to provide for his family weighed heavily on Jorge. "I don't have an income right now, trying to find a job nowadays is really, really hard too." "It makes me feel shitty because like, she's taking care of us financially right now, not me. I should be the one doing that... I just gotta let it pass and get up on my feet."

Having a child has been a stimulus for Jorge to improve himself. He considered his life as "so much better now that I have my son. I have grown up... I was a menace when I was younger... I stopped doing all that stupid stuff... I'm in the process of just eliminating my bad habits." "It has been really hard on me... but it's worth doing."

Being present for his son was important to Jorge and he recognized the responsibility within it. If you're gonna have a kid, don't run away... being a father, seeing your son, seeing your seed, it's just like if you're gonna have a kid... don't run away." Jorge recalled a friend stating ' I'll have a kid one day, I want him to take my name and pass it on.' Jorge's response to this was "if that's the only reason you're

having a kid, then you're having them for the wrong reasons." Jorge stated that passing the name along is "not as important as being there for my son; it's more like a plus just passing on my name."

#### Julio: Am I Ready?

Julio was a single twenty-eight year old man and the father of a three month old daughter. He was currently unemployed and did not live with the mother of his daughter. Julio began his story talking about interacting with his daughter. "She actually reached out her hands and touched my chin... that was a beautiful moments... that's my baby right there."

Julio was not involved in the pregnancy or birth. He did not attend any prenatal appointments. He was working at the time, "I had to work she had to go... as soon as she got out of the appointment she call me, 'everything all right'." Julio did not attend the birth. He waited "at home waiting she have the baby, I went to the hospital ... and she was right there at the crib." His first thought upon seeing her was if he "can touch her". When asked why touching her was important to him, he replied "this was my baby, this was my first baby... am I ready ya know .... a lot of things to think about especially after a long time being by myself ya know... now I'm having a baby." "It feels kinda like different... very special ... kinda like having a piece of me in my hands." "I never thought I would have a baby."

He did not live the mother of his daughter and he talked about going to the mom's home each day before he went to look for employment. He enjoyed holding his daughter "I hold her ya know, she sleep on my chest... I just hold her right there... it's all good..."

that's cool having a baby right there, feeling the breathing in my hand... it's like wow... I'm her dad, that's my baby."

Family is an important aspect of the Puerto Rican culture. Julio acknowledged that it was difficult "not immediately living with the Mom and the baby... especially me being Spanish, ya know I talk Spanish a lot... I am from Puerto Rico. Straight from Puerto Rico and she's not." He talked about the lifestyle being different. "Lifestyle is way different than it is here, way different... life's quick, faster." "I met my girl and we move here ya know... I wanted to make some changes, the baby is one of them, so hey this is what I wanted. She was pregnant over there and now we move here ya know and here I don't have a place, I'm new, so we're working on that, at least I am. It's kinda crazy though."

Julio confided that he is close to his mother, who lives in Puerto Rico. His Mom "raised me by herself, I grew up without a father so all my questions go to her. I call her every Monday. I am close to her... she raised me up very well, especially there which is way harder." "I grew up not having a dad ... I don't want the same thing for her so I have to be there, I want to be there all the time... even if I don't have to live with her, I get a call, I will be right there." It was important to Julio that his daughter have a father in her life.

Julio related that it has been difficult financially since he lost his job a month ago. "It's getting really tough... I don't go out no more... I don't do stuff no more... jobs are not great ... it's very important that the baby gets all the needs... she depends on me... if I don't do it nobody else will."

### Chico: It's Not Me No More

Chico was a thirty-three year old single man and the father of an eight month old son. Chico was employed part-time and did not live with the mother of his son. Chico began his story talking about his reaction to the pregnancy diagnosis. "At first I didn't like kinda believe it, but as time went on, belly became bigger, everything started hitting me until the day the baby arrived. I said to myself there's no longer me, it's not me no more. It's just ya know a little one that I gotta take care of now and that's always gonna be my first choice."

Chico was involved throughout the pregnancy and birth experience. "I went to everything, every appointment. I'm really glad, really proud ... it was incredible." "Amazing ... that we made, and the way life is, circle of life, the circle of life." His son was born by caesarean section but it "was real great." "I mean hearing it cry, that's when everything hit me the most. It felt really good, really good. I will not trade those moments for nothing." He had worried about the baby being born healthy. "The worst that I thought was gonna happen it didn't, so I'm glad ya know. He was born healthy and everything. That's what I wanted."

Chico identified familial characteristics in his son. He identified that "he's got his dad's eyes, dad's nose, ... I think he will be a big boy, he will be as big as me." This father admitted "it makes me feel good" that his son has some of his features. He declared that "When I got him and I'm feeding him that make me more closer, like dad." He was afraid of the small size of the baby. Right after the birth "he was so tiny and fragile... I was scared... I didn't want to stand up and hold him... I always wanted to be sitting down until he got... a little bit, ya know hard."

Chico acknowledged that “it has been kinda hard” not presently living in the same household as his son. “I got so used to him for the first five months.” Now “I spend most of my time on the weekends with him. It’s been bad cause, ya know, I want to be there all the time but I can’t. I live with somebody else now.” He stated that not living with his son made it “a little bit” more difficult to stay connected. “I still see him, but I don’t see him as much, so yeah that interferes a lot with us.” Chico recognized the process of going through the mother to have the child with him as “the most difficult thing ... so that I can have him from Friday to Sunday.”

Chico disclosed that he was raised by both his parents and would have liked to provide the same environment for his son. “Both of my parents were there ya know, and I would like to... I would of loved to do the same for my son, ya know have both parents there, ya know raise him up and stuff like that but it’s kinda difficult but somehow, someway I gotta make it... I gotta do it.” “I think about the future, the future for him. I think about it, ya know, that to have a good childhood ya know, grow up to be a good grown steady man ya know and be better than me. To succeed in life.” He talked about the influence of an involved father. “Fathers do a great job too... for those fathers that are into their child ya know, they do very good jobs.”

Chico credited the child with being the reason for his behavior change. He attested to changing “my way of living when my son was born. I used to hang out on the streets a lot... sometimes I came home too late or not come home at all.” This behavior continued “during the pregnancy ... but not as much.” “Once the baby was born everything changes.” “I just stopped being the person I was. A big, big, big, big responsibility, that’s what made me do it.” “You gotta be there for your kids.”



### Joaquin: I Just Made This Baby

Joaquin was a 35 year old single man and the father of a two week old daughter. He was unemployed and had a brief relationship with a woman following a break-up with his girlfriend. Joaquin began his story talking about the circumstances of his brief relationship with this woman. He related “trusting” her when she said she was “using pills”, so “I did not protect myself... we had relations without condoms.” He admitted staying with this woman about two weeks and “it didn’t work so I kind of work everything back with my ex and we came back together.” A few weeks passed before he encountered this woman again and “she told me that she was pregnant.”

Joaquin did not desire to continue a relationship with this woman although he did attend a prenatal visit with her which he found difficult “because we are not a couple anymore you know ... I said no, it’s not okay you are not my woman anymore you know, it is not okay and it’s kind of difficult.” “Sometimes she do wants me to be involved... it’s not okay.” The presiding issue was whether to tell the girlfriend. Joaquin has not told her but feels “like I have to”.

Joaquin is concerned about his girlfriend learning about the baby. He identified that he had not talked about this before because “I don’t want my girl to find out from somebody else” and he was still considering telling her. He continued “Lately, I have been really very close to telling her because I can’t proceed... I really don’t know what to do.”

He was not involved in the pregnancy or birth of the child. Joaquin did not attend the birth and admits “I missed the best thing that could ever happen to me in my life...I don’t know if it will happen again.” He identified giving birth as “a miracle”.

Joaquin was 35 years old and his mother was concerned. He expressed his mother's anxiety; "Everybody have gave me grand kids and you don't. What's wrong; you are thirty-five." He admitted "I think she loves them more than her own children." He continued, "She already have it for the last two weeks and she doesn't know it." Joaquin conceded that "I have always wanted to have a daughter." He did not regard himself as a father. He stated "I don't really feel like a father at all, ... I am not a father, I just made this baby...I can't call her a mistake, things happen." In spite of these feelings he recalls the joy he experienced when seeing and holding her: "It's something I never felt before... the feeling is incredible...makes you float."

Joaquin regarded the ability to produce a child as important. In spite of the fact he did not regard himself as a father, he felt complete as a man through his biological ability to produce a child. He stated that in "some way I completed myself...I know I left a seed...I left something in this world...I can say that I became a man." He continued "there is many things, that as a man, I believe that I need to have to do to become a man, a superior man. I believe one of those is having a child."

He questioned this accomplishment because he did not give this child his last name and ultimately this was important. He explained "I don't think it is much of a seed...without a last name." Continuation of the family name was "very, very important" because he was the "last son" of a father who had "pure Indian blood."

Joaquin identified that he felt "older" after the birth and "I feel more responsible." He viewed this as a difficult situation because he was "keeping a secret" from his girlfriend and "I would love my girl now to be part of her too, you know to understand it." He acknowledged he could not fulfill his responsibility to his daughter because "I

will never be a full father because for me a full father raises his kid until the day they leave their house and become independent.” He had high hopes for his daughter. He viewed education as important and wanted his daughter “to finish high school and do college...and not being thirty-five like me and haven’t finished...make sure she doesn’t do the same mistakes that I did.” Joaquin believed “that for me to be able to feel like a father, I have to first of all give her my last name.”

#### Discussion of Fatherhood: The Fathers’ Perspective

At the conclusion of each interview the father was asked if this was the first time he had talked to someone about becoming a father for the first time. For nine of these fathers this was the first time that they had discussed their father experience with anyone. The most telling reason for not talking about their father experience was summed up by Migel, “nobody like really asked me... everybody’s just like ‘oh it’s pretty good being a dad, right?’.” No one had asked him about what he really wanted to share; which was, “about how it really feels to be a dad.”

These fathers were reluctant to initiate this conversation with others for two main reasons; the belief that others were not interested or they themselves felt it was a personal issue that was profoundly emotional and they did not have enough of a trust level with their friends to share something that meaningful to them. Vincente described this when he stated, “cause like I think if I talk to somebody they’re not gonna like listen, or they be like they will listen but they will be like I don’t want to listen, they want to leave or something like that.” Emilio supported this when he indicated that the focus of others was not on him as the father, but on the baby; “How is your baby?” was the inquiry of most people.

The fathers were not open to sharing this experience with others whom they did not totally trust. Vidal's description explained this; "I don't really trust too many people. Even though they claim they're my best friend I don't go by that ya know, they could be your worst enemy." The trust issue was a positive factor for two fathers that have previously talked with someone about becoming a father. Javier had talked to his girlfriend but not to anyone else. He described their relationship as very close, "I'm really close to my girlfriend, I mean I'm close to my family but not as close..." Julio described a very close relationship with his mother. "I grew up without a father so all my questions go to her. I call her every Monday. I am close to her." Vidal and Julio were in comfortable and trusting relationships which enabled them to talk about their experiences with that person. The trust placed in the interviewer was a factor for Emilio, "It feels good too because it is like you know the person cares so it is like trust... it is a positive experience because I can express without being shy... that's how I feel."

Joaquin had a specific reason for not talking about fatherhood. His situation was unique in that he was purposely keeping it a secret. He did not want his current girlfriend to become aware of his child because "I don't know how my girlfriend now is going to respond." He was conflicted about this and found it increasingly difficult to continue with the secret. "I am keeping a secret from her and it's very difficult... Lately I have been really close to telling her because I can't proceed, I can't, honestly I can't, so I really don't know what to do."

Each of these fathers expressed appreciation in being able to tell their story and how they have benefitted from the experience. Vincente described it as "good, ...like now I feel good about everything else... cause I had this for a long time... talking about

my feelings... like how I like being a dad and all that.” Chico supported this statement, “this is good, it really is good to talk about it... I share my feelings about it... that’s like the most.” Alonzo found the reflection aspect rewarding. He stated, “actually talking to you is actually pretty... actually it makes me think um how good it was... it’s just heartwarming really... it’s real good.”

Alberto considered not only how he benefitted from the opportunity to describe his experience, but the possible benefit to other fathers. He described it as “I mean it feels good cause it got a lot of stuff off my chest, ya know what I mean? It feels good because I know that people are going to hear this.”

### Summary

These fathers indicated that talking about their individual experiences of becoming a father for the first time was a positive experience for them. The vast majority of these fathers had not previously engaged in a conversation about becoming a father. The defining reasons for this included; not being asked about their experience and not being engaged with others that they trusted. The fathers recognized they wanted to talk about it and each had a story to tell. The use of the Critical Incident Technique provided a clear structure for the fathers to recall incidents and experiences that were viewed as important to them becoming a father and this has resulted in a rich database of information.

## CHAPTER 5

### PRESENTATION AND ANALYSIS OF DATA

The process of the transition to biological father begins with the scientific determination of a pregnancy. This is followed by the father's potential for exposure and involvement in the child-bearing period. This period is characterized by physiological growth and development of the fetus in "utero" and continual health monitoring to ensure well-being of the mother and the fetus. The labor and birth process present the father with the opportunity to participate in welcoming the child into the world of family. The post-birth period begins the child-rearing process and again extends opportunity to the father to interact with and begin to know his child and continue the transitional process into fatherhood.

Transition is viewed as a process that occurs over time and is progressive in nature. It has broadly been described as the passage from one status to another or progressing from one point of development to another. This process of transition has wide applicability for healthcare professionals as people (individuals, families, and communities) often seek or need healthcare guidance during this process.

#### Process of Transition

Transitions are central to nursing as nurses continually encounter clients experiencing a variety of transitions. The range of these transitions can be physiological, psychological, social, spiritual, or developmental.

The analysis of the data obtained from these Puerto Rican fathers revealed two main themes; Accepting of Fatherhood and Adjusting to Fatherhood. From these themes three distinct categories emerged to their transitional process; Buying-in: Initial Step to

Fatherhood, The Journey: Going Through It, and Moving into Fatherhood: The Rest of the Story. Within this process the middle stage of “the journey” was characterized by the four distinct subcategories of emotions, connections, recognition, and responsibility. The stages of “the journey” and “moving-into” are envisioned as having a circular relationship. The findings of this analysis lend support to Meleis’ Transitions Theory (Meleis et al., 2000).

### Transitions Theory

The theoretical framework for this study was Transitions Theory (Meleis et al., 2000). Within this theory three broad areas were addressed: Nature of the Transition, Transition Conditions, and Patterns of Response.

#### Nature of Transitions

The Nature of the Transition looks at three aspects of the transition: type, pattern, and properties. The transition to father is a “developmental” transition (type) and consists of “multiple and complex” patterns as the father progresses from the diagnosis of a pregnancy, through observing and assisting the pregnant woman throughout the multiple stages of pregnancy, labor, and birth. The birth of the child brings additional “complexity” as the father is introduced to the care-taking needs of the new child and contemplates his long-range responsibility for the child. The particular property of interest within this study was the self-identification by these fathers of what they believed were the “critical events” for them in transitioning to father. The property of “transition time span” varied for each father as the time was limited to the current age of the child at the time of father interview (upper limit of one year of age).

Critical events. The critical events identified began with the “Buying-in” at the confirmation of pregnancy and progressed within the physiological pattern of the pregnancy and birth of the infant. The critical events continued to be identified within the care-taking period of infancy. The context within which the critical events occurred included the diagnosis itself, exposure to the maternal antenatal healthcare visits, the labor process and the birth of the child, and the care-taking for the child. Although these events have not been explored within the Puerto Rican population, they have been viewed as important experiences within the Euro-American literature (Anderson, A., 1996; Draper, 2002b; Ekelin, et al., 2004; Greenburg & Morris, 1974). There has been limited study in the area of Latino father-child interaction and the importance of the child to the father. Foster (2003) identified the aspect of “being there” for their children as important to Puerto Rican fathers; a finding supported within this study. Latino fathers have also demonstrated increased involvement with nurturing behaviors with their children (Cabrera & Coll, 2004; Roopnarine & Ahmeduzzaman, 1993). This father-child interaction was an emphasis within this study and one that fathers frequently described as making them most “feel like a father.”

#### Transition Conditions: Facilitators and Inhibitors

The transition conditions of Meleis’ model (2000) consisted of the self-identified facilitators and inhibitors (opportunities and challenges) that were identified by the fathers within a critical event. These conditions could have a personal or societal basis. The sub-categories within this study that characterized “The Journey” of these Puerto Rican men were identified as emotions, connections, recognition, and responsibility. These identified themes correlate well to the “conditions” of this theory.



Emotions. Emotions were experienced as these fathers considered the meaning of creation and continuation of human life, as they were happy (or not) at the pregnancy diagnosis, as they were able (or not) to be involved in the antenatal care. Emotions were high during the labor and birth process as they struggled with feeling scared and unsure of what they could do to help. They were fearful of hurting their newborn infant, and they expressed their satisfaction and joy as they became more confident in performing the care-taking tasks for their child.

Connections. Connections were evident as the fathers were able to support the mother (or not) throughout the pregnancy and birth process. Connections to extended family were positive for most fathers but negative and more difficult for others. The connection that was the focus for these fathers was their connection and interaction with their child.

Recognition. Recognition was apparent in the meaning these fathers gave to the title of “Dad”. They identified that the term had a new found meaning and significance for them. This extended beyond the personal level to the social level as family members and healthcare personnel recognized these men with the title of “Dad”. Recognition was also a quality that some fathers found lacking as they felt there was not a place for them during antenatal visits or at times from the family members who focused on the mother and baby to the exclusion of the father.

Responsibility. Responsibility was evident for all of these fathers. They expressed the personal responsibility and intent to be there for their child and from a social perspective to provide for their child. They all desired a better life for their child and for the child to avoid the mistakes they had made themselves. The economic

environment had a negative impact on them as they acknowledged the difficulty in securing employment.

#### Patterns of Response

Within the Transitions Theory (Meleis et al., 2000) patterns of response are noted. These are identified as process indicators and outcome indicators. Process indicators included feeling connected, interacting, being situated, and developing confidence and coping. The majority of these fathers expressed strong emotional connection to their child and felt great satisfaction and joy with the interaction they experienced with them. The social title of “Dad” further strengthened the emotional connection for the father and provided a public recognition of his connection to the child. Most of the fathers had connections to supportive extended family. Nine of these fathers were living with the child and the mother; two of these couples were married. The remaining three were not as closely situated to their child. One father was in another relationship and was experiencing difficulty in going through the mother to secure time with the child. One father had not been in a live-in relationship with the mother at all but was able to visit the child. The remaining father chose not to be involved with the child.

Fathers expressed their confidence in their ability to provide care and play activities for their child. This confidence was a source of pride and accomplishment for the fathers. The father’s ability to secure employment was a source of concern. The fathers acknowledged their lack of employment or under-employment status and recognized that the economic climate was not good. Many had been looking for jobs and others identified their jobs as low-wage positions.

Outcome indicators within this Transition Theory (Meleis et al., 2000) included mastery and fluid integrative identities. The aspect of mastery that was the focus for these fathers was the mastery of the child-care skills and abilities of feeding, diapering, holding, playing, and bathing their child.

Fluid integrative identity suggests the ability of the person to be able to adapt and adjust (be fluid) to how one blends perspectives of oneself together into an identity. Throughout the journey these men had the opportunity and the challenge to begin to adjust and blend how they perceived themselves. The outcome was a composite of these trials. An important aspect of this theory is the fluid nature of identity that allows for continued development over time. It has been suggested that care must be taken to “allow for a fluid and contextual definition of fatherhood in different cultures” (Miller & Maiter, 2008, p. 279).

These twelve Puerto Rican fathers were asked to relate the experiences that, in their own views, were either helpful or not helpful in their transition to first-time fatherhood. The critical incident technique (Flannagan, 1954) is specific to this approach and does not consider those experiences that are positioned between these two extreme viewpoints. The critical incident technique served effectively to focus recall of events for these fathers. The critical experiences identified by these men focused on those opportunities and challenges they experienced in the middle phase of transition. This phase began at the “ending of” or “separation from” the previous status of a non-father. The transition phase continues towards the integration into the new position (new status or new identity) of father. This involves an integration of the new identity with elements of the old identity.

These men were all seeking a new beginning or incorporation into a new status or new identity as “father”. It is important to have a conceptual understanding of the term “father.”

### Father as Concept

The concept of “father” can be defined in three broad perspectives (thefreedictionary.com, n.d.). It can be defined from a biological perspective, a religious perspective, and a social perspective. From a biological viewpoint a father is a male person whose sperm unites with an egg, resulting in the conception of a child. From this biological perspective each of these Puerto Rican men achieved “biological” fatherhood. The second viewpoint, a religious perspective, identifies “father” in reference to God, as the first person of the Christian Trinity (“Heavenly Father”). Within this context it is also used as a title of respect for a clergyman or priest within Christian churches (“Father Smith”). This religious viewpoint was not relevant for these fathers.

The third perspective, social perspective, is the broadest viewpoint and had applicability to these Puerto Rican men. Socially a “father” can be one who creates, originates, or founds something (father of modern psychology; George Washington, Father of his Country). It can also refer to a title of a leader, or one who guides and inspires others (Holy Father [Pope], the city fathers). These Puerto Rican fathers adhered to this perspective when they described what they believed to be their responsibility to their child. These men were co-creators of a family (biological and social perspective). These men identified the desire to be role models (leaders, social perspective) for their children. The intent of the fathers was to be present in their child’s life and to guide and

inspire this child to be better than he himself, and for the child to have a productive, educated life and not to repeat his mistakes.

There is general agreement that transition involves a person's experiences during a passage of change and that "reconstruction of a valued sense of self-identity is essential to transition" (Kralik, Visentin, & van Loon, 2006, p. 327). The stories of these twelve Puerto Rican fathers illustrate their "passage" from non-father to father and the experiences they identified as important to this transition. The exception was one father who saw himself as a biological father only. The themes of "Accepting of Fatherhood" and "Adjusting to Fatherhood" emanate from the experiences recalled and described by these twelve Puerto Rican men.

#### Accepting of Fatherhood

The diagnosis of a confirmed pregnancy can begin the transition from non-father to father. The identification and acceptance of self as the biological contributor to this new life is key to establishing the foundation for further involvement and transition into the arena of fatherhood.

#### Biological Acceptance

The joy and anticipation from the announcement of a confirmed pregnancy were evident in the responses from Alonzo, Elias, and Alberto.

Alonzo. "My heart was just filled up... I knew I had to make something of my life which is why I am going to school now cause of it."

Elias. "When I found out she was pregnant and then biologically this is going to be my first kid, it really, really, really changed. It was more than excitement 'cause it was like, ya know, finally just something that, this is mine."

Alberto. “I didn’t believe it... so many things went through my mind like how’s the baby gonna look, what is it gonna be, and stuff like that. It made me think more positive, positive like being more responsible, it made me more of a man and my mentality got more serious.”

For Chico the belief and acceptance were not as immediate. The confirmation of the pregnancy was not a reality until the physical signs of the pregnancy were apparent.

Chico. “At first I didn’t like kinda believe it, but as time went on, belly became bigger, everything started hitting me until the day the baby arrived.”

Upon hearing the confirmation of the pregnancy, Jorge remembered what it was like for him to grow up without a father and he felt an immediate sense of responsibility to the child.

Jorge. “My whole life I never had the experience of having a dad, my mom was always my father. I knew I had to be there for my son and I knew it was the right thing to do.”

Other person’s reactions and opinions can be hurtful to the new father. Emilio and Jorge were met with negative comments when they shared the news of the pregnancy with family members.

Emilio. “... ‘that’s not your son’... You have to ignore that stuff. I know I am going to have a baby and that’s all I was like focusing on.”

Jorge. “When my mom first found out, she was like ‘you’re stupid’... a couple of my cousins were like ‘you’re screwed’... and my aunt was like ‘that’s what you get’.”

There are also situations in which a confirmed pregnancy is not a mutually wanted outcome. A positive interpretation of the pregnancy test was not the desired

message for Joaquin. This pregnancy had been conceived during a brief relationship following a breakup with his girlfriend. He related “trusting” this woman when she said she was “using pills”.

Joaquin. “she told me that she was pregnant... we are not a couple anymore... it’s not okay.”

The realization that a pregnancy had been conceived begins the phase of uncertainty referred to as transition as one leaves the familiar previous life (non-father) and ventures into the unknown territory of adjusting to fatherhood. Those men who were excited and expressed joy, anticipation, and a desire to be in the role of a father began the venture into that unknown domain. This moving was delayed for Chico, as he needed to process the meaning and reality of the pregnancy a little longer until it became concrete for him through visual physical changes. Joaquin did not desire to father a child with this woman and thus he rejected his connection to this pregnancy (“not okay”) and did not continue into adjusting to fatherhood.

### Adjusting to Fatherhood

Opportunity and challenge presented to each of the fathers throughout the “adjusting to fatherhood.” The current status of the mother (pregnant, birthing, post-birth) and the social environment of the father determined the context for these challenges and opportunities.

### Opportunities and Challenges

The opportunity to attend antenatal visits with the mom was embraced by some as a means to stay connected to mom and baby. The healthcare aspects were perceived as positive by some fathers and more challenging by other fathers. Some of the fathers were

able to be very involved in the healthcare aspect, others were not. Elias, Vincente, and Chicio were involved with antenatal healthcare visits throughout the pregnancy.

Elias. “I did not miss not one appointment... enjoyed it... I was looking forward to it.”

Vincente. “I was there for her like for bad times, good times.”

Chicio. “I went to everything, every appointment. I’m really proud... it was incredible.”

Migel, Alberto, and Julio were unable to attend any of the antenatal healthcare visits due to previous commitments. Julio had a work commitment and Migel and Alberto were incarcerated in the local regional prison.

Julio. “I had to work, she had to go... as soon as she got out of the appointment she call me, ‘everything all right’.”

Migel. “... actually locked up during most of the pregnancy... it was like I had to face my time and do my time but it was hard because I knew she was pregnant, I didn’t know what was going on and I wanted to be there.”

Alberto. “... that was the bad thing and the worst part... I came out and she was already eight months. She used to come and visit me, send me the ultrasound pictures. I used to cry because it hurt me not knowing how the heartbeat goes, how it feels when the baby moves in the belly. I can’t do nothing for her and that used to make me like stressed... and then I started praying to God and with all the praying and everything, everything came out good.”

The antenatal period is an extended period of time that accommodates the physiological growth and developmental needs of the fetus. Technical monitoring records



the pattern of changes and is a routine aspect of care. This monitoring was not equally regarded by the fathers as a positive experience. To some it presented a challenge to connect to the reality and to others it was the opportunity to discover information. Videl and Alonzo had very different responses to the ultrasound imaging. Videl “went to all” the prenatal visits and Alonzo reported going to “a couple actually” of prenatal visits but he went to “every single ultrasound ones.”

Videl. Although “happy” to see the baby on ultrasound, it was “weird, it just moves around in the belly.”

Alonzo. “... felt like I was gonna lift up from the ground. Cause I wanted a boy, I knew it was gonna be a boy.”

For some of the fathers, the antenatal visits proved more of a challenge. The focus of the antenatal monitoring is the pregnant mother and the growing fetus. For some fathers this was uncomfortable. Jorge, Javier, and Joaquin had different viewpoints of the antenatal experience. Joaquin attended one prenatal visit and was uncomfortable because he was no longer in a relationship with the pregnant woman.

Joaquin. “... because we are not a couple anymore you know ... it’s not okay you are not my woman anymore... sometimes she do wants me to be involved... it’s not okay.”

Jorge and Javier were very aware of the focus being on the mother and fetus and the connection between the care provider and the mother was obvious.

Javier. “Healthcare was mostly about mom, which is understandable. They would include me a little bit. I don’t think fathers have enough, like, they don’t get enough attention... we’re just as important I feel.”

Jorge. “She wanted me in there. I felt kind of uncomfortable being in there cause it was like her and her doctor and it was just kind of weird. I felt included, I didn’t feel separated from her.

While there was no research literature found that specifically looks at the antenatal experience of first-time Puerto Rican fathers these findings do not seem unreasonable or unexpected. Within the Euro-American literature many first-time fathers have reported a connection to the baby through ultrasound imaging and feeling the baby movements (Draper, 2002a, 2003b; Stainton, 1990) while others have expressed frustration at only receiving “second hand “ information for something they could not directly experience (Draper, 2003a). Euro-American literature also has recognized the lack of importance awarded to fathers as many Euro-American fathers attending antenatal educational classes felt patronized and regarded the stereotypical attitude as degrading to them as participating fathers (Bradley, MacKenzie, & Boath, 2004).

Stress, fear, and uncertainty were frequent emotions related by these fathers as they experienced their partner’s in labor. They expressed their lack of awareness as to how to help their partner and the fear of the unknown was directed toward the welfare of the mother and baby.

Emilio. “I was with her all the time. I pushed my myself, you know. She was strong... really strong.” He reported being “scared... break the water.”

Videl. “... had me real nervous... I couldn’t take that... I didn’t know what to do with her... she was really in a lot of pain.”

Vincente. “I was scared when she was in labor, ... like I didn’t know what to do... you know how you are about to be a dad and you don’t know what to do when she

gets those pains... so I was going crazy. She told me to calm down and relax, that I'm doing good, ya know."

From a healthcare perspective the events of an uncomplicated birth experience can be anticipated. For a novice newcomer it can be overwhelming as experienced by Jorge.

Jorge. "I was scared... at the same time I was really happy... they were like, 'look at the head' and I seen the head and that's when my heart started pounding like really fast and... I thought I was going to faint. But then I tried manning up."

The labor process is frequently both a welcomed and worrisome process. It is welcomed as it indicates the approaching arrival of the baby and worrisome because events cannot always be predicted, controlled, or prevented. Historically the birthing process has been focused on the involvement of the mother coping with the labor process and her active pushing during the delivery process. As fathers are now an expected participant in the birthing process, effort has been made to discover ways fathers can be involved. A designated task for him is the "cutting of the cord" which has evolved into a "rite de passage" as described by these fathers.

Migel. "...ended up getting sentence reduced so I could be there for the birth... not being able to see him born woulda ... woulda hurt me. To me that little snip was the starting of the start line, the green light to race on through life... it was like what he asked me like, hey I'm the dad, I'm the one that gets to cut it, so it's like Yeah. That little snip was... like the little flag opening the new."

Jorge. “I thought I wasn’t gonna cut the umbilical cord but I ended up doing it because I wanted to be more involved. I felt like it was my job to do it. Like they ask if the dads want to do it... so I figured if I can do it, why not.”

These Puerto Rican fathers are similar to Euro-American fathers in their fears and uncertainty about the labor and birth process. The literature supports that Euro-American fathers believe they needed more direction to support their partners during the labor and birth period (Kunjappy-Clifton, 2007), should be allowed to participate in the birth process to the extent they desired, and have their needs assessed and addressed (Callister, 1995a; Draper, 2003b).

There were three of the fathers who did not attend the labor and birth. Alanzo’s baby was a planned caesarean birth and hospital policy allowed one support person in the operating room, Julio waited at home until notified of the birth, and Joaquin chose not to attend the birth.

Alanzo. “She wanted her mom to be there but I was the first person to hold him actually... I had to sit down ‘cause I didn’t want to fall. I can’t believe I made this... this is the most precious thing in the world. It was like WOW I made this, it’s unexplainable really.”

Julio. “... at home waiting she have the baby, I went to the hospital... and she was right there at the crib. This was my baby, this was my first baby... am I ready, ya know... a lot of things to think about especially after a long time being by myself ya know, now I’m having a baby. It feels kinda different... very special... kinda like having a piece of me in my hands.”

Joaquin. “I missed the best thing that could ever happen to me in my life... I don’t know if it will happen again.”

These stressful events of the birthing process quickly turned to joy, love, wonder, and happiness when the birth process was completed. Fathers reflected on the wonder of creating a life and their happiness that the infant was healthy.

Javier. “... something that me and my girlfriend created and that made me feel so like a father.”

Videl. “Happy to see that my baby was healthy too, ya know... you think about things like that.”

Chico. “The worst that I thought was gonna happen didn’t, so I’m glad, ya know.”

Alberto, turned to prayer, “I started praying to God and everything came out good.”

While the fathers were anxious to see and hear their baby, and to know mom and baby were healthy, they were not as anxious to actually hold the infant independently in the immediate post-birth period. The newness of the infant and the lack of experience with newborns often produced anxious thoughts and the fear of possibly harming the baby.

Emilio. “I was scared because I never had a baby.”

Videl. “... scared I was going to drop her or hurt her or something... the first few days I didn’t like to hold her that much because she was so tiny... I would let the mother do that.”

Migel. “He was so little and so skinny, I didn’t want to drop him, I didn’t want to hurt him so I was like nervous to hold him.”

Vincente. Following the birth the mother was caring for the baby. “I didn’t know how to do all of that, ya know what I mean.”

Chicio. “He was so tiny and fragile... I was scared... I didn’t want to stand up and hold him...I always wanted to be sitting down until he got... a little bit, ya know, hard.”

The presence of the newborn actually in their life was unsettling for most of the fathers as they struggled to come to terms with how to be comfortable and secure with their infant. The Puerto Rican concept of maleness, *machismo*, indicating stereotypic behaviors of assertiveness, toughness, and stoicism was not evidenced by these fathers who clearly described their emotional state and feelings during the labor and birth process, as well as, their fear of not knowing how to securely hold their newborn child. Time and exposure to the new infant often lessened the anxiety of the new father and opened new experiences to them.

Emilio. “One day I was like... I want to do this today... all the stuff... and when he look at you... and you have him... you feel like a father, a real father, it feels good. He is the best thing in the world.”

Alonzo. “I love feeding him... that really makes me feel like a father . His laughter really makes me feel like a father. I would just hold him all the time.”

Javier. “I do watch her when she is sleeping... I just love to watch her breathe and ya know, know that she is okay. I get scared a lot... I don’t know if something is wrong with her. You gotta kinda like guess, I get nervous. I am feeding her and changing her diapers, I give her baths, so that, that right there makes me most feel like a father.”

Elias. "... I didn't believe in parent instincts until this child came. I'm still the one who gets up, gives him bottle if he wants it. Ya know I bath him, I dress him, I feed him... I'm taking as much as I can out of it. I'm more alert... I stop what I am doing and I check up on him."

Videl. "Maybe a few weeks and I started holding her more. ... carrying her, feeding her, putting her to bed, um, um, changing her diaper... I just felt like a real father, ya know, like I am taking care of my baby ya know. I'm helping my girl out, ya know. It feels good. I felt good."

Vincente. Vincente's girlfriend was returning to work. "She teaches me... now I do it by myself... It's a good feeling when you do it by yourself. I'm not always gonna have the mom there ya know, and I gotta do stuff by myself with the baby."

Julio did not live with the mother of his baby. He stopped at the home of the mother each day to see his daughter.

Julio. "I hold her, ya know, she sleep on my chest... I just hold her right there... it's all good... that's cool having a baby right there, feeling the breathing in my hand, it's like WOW... I'm her dad, that's my baby."

Caring for their child gave these fathers a strong sense of connection and a sense of being a father. These fathers were beginning to move into a new life. They had decided to "act" on a new commitment (Bridges, 2004; Fitzpatrick, et al., 1999; Woods, 1994). The Euro-American literature also supports the value of a father's attachment and emotional connection that is paired with the provision of daily necessities and correlates this to the well-being of the child (Cabrera et al, 2000; Steele et al, 1996).

Contemporary machismo is the term used to describe the modern Latino man. Characteristics of this modern man include valuing family, ability to express emotions, and having a balance to life (Torres et al., 2002). Findings in the Latino literature also support the importance of children to these men (Foster, 2003, 2004; Torres, 2008). These fathers were actively seeking involvement with their child once they were home and expressed their enjoyment and pride in their child-caring skills which made them connect to the child and “feel like a father”.

Fathers make this transition into fatherhood within the social context of their family and friends and the social world itself. Fathers cannot be separated from those around them as social connections are a part of family life in general. Challenges came in the comments made by family and friends. Emilio and Jorge experienced negative comments when they announced the confirmed pregnancy. Alonzo perceived that he experienced negative behavior because he was Puerto Rican and his girlfriend was not.

Emilio. Various family members and “different people” would say “that’s not your son.” His approach was “You have to ignore that stuff, I know I am going to have a baby and that’s all I was like focusing on.”

Jorge. “When my mom found out, she was like ‘you’re stupid’... a couple of my cousins were like ‘you’re screwed’... and my aunt was like ‘that’s what you get’. Her dad was like... we don’t talk... he doesn’t like me, I don’t like him and it’s just that. He kinda just shuts out everyone including like his daughter and his grandson... you can shut me out but why shut them out”?



Alonzo. His girlfriend's grandparents had "actually kind of disowned her. The one reason is that she is young and they believe in like church and other stuff... doesn't like that I was Puerto Rican."

Opportunity to connect with family was experienced by most as family came together to provide both material purchases, assistance with childcare, and mentoring. Alberto, Javier, and Migel presented examples of this support.

Alberto. "I mean you name it, we had nothing. My whole family got together the same day before the baby was born...a car seat, I had baby clothes, I mean I had everything."

Javier. Both grandmothers have been involved. "...really like help out a lot... they were like giving us advice, they've been a big help."

Migel. The maternal grandmother "help us out a lot" and sheltered the mother and infant shortly after coming home from the hospital because the landlord "wasn't turning on the heater so it was friggin cold in our apartment."

The extended Latino family (compadrazco system) is a source of significant support for new fathers (Ochieng, 2003). The value of family has always been very important to the Puerto Rican people. Familismo is a term that refers to the cultural value of family and stresses the connection to family members, family values, and loyalty to extended family members and close friends (Andres-Hyman et al., 2006).

Each of these fathers had produced a viable healthy child and the physical existence of the child was a source of wonder and for some it was seen from a spiritual perspective- the continuation of the circle of life or a sense of self-completeness.

Emilio. "I feel like I am a complete, you know."

Videl. "I couldn't believe it, I made a little human."

Chico. "Amazing... that we made, and the way life is, circle of life, the circle of life."

Joaquin. "...some way I completed myself... I know I left a seed... I left something in this world... I can say that I became a man."

Names and titles held new importance for these fathers. The continuation of the family name was a focus for some of the fathers both as a connection to the child and as a sense of continuation. The social title of dad was a new concept for these men and one that now held a new meaning for them.

Elias. "It is up to me whether I continue the last name or not. I almost changed my last name because of the resentment I had towards my dad... he wasn't there... should I honor his last name when he was never there for me... there is still sometimes I go places and I sign, I write my mother's last name. He is my son, he is carrying my name."

Miguel. "I consider it like I live forever because he has my last name and he's gonna pass on my last name and they will keep on passing on my last name. I don't want to be forgotten, I want my name to go on forever."

Jorge. He recalled a friend saying 'I'll have a kid one day. I want him to take my name and pass it on.' Jorge's replay was "If that's the only reason you're having a kid, then you are having them for the wrong reasons... not as important as being there for my son; it's more like a plus just passing on my name."

Joaquin had made the choice to not be involved with his child as he was no longer in a relationship with the mother. For him, bestowing the family name was a crucial aspect of the emotional parental bond between father and child.

Joaquin. "... that for me to be able to feel like a father, I have to first of all give her my last name."

For others, it was the new social title of "Dad" that was seen as important.

Javier. The doctor addressed him 'you're a dad and I want you to cut the umbilical cord.' That made him feel "real good... extremely happy." Family addressed him as 'Dad' following the birth. "At first you don't feel like a father ya know, it's just a new feeling, and then when you hear it from someone else it makes you feel like a father."

Videl. His daughter now recognizes him. "It's like she knows I'm her dad." He was "real happy the first time she called me da-da."

Migel. The doctor used the title Dad. " 'Dad, do you want to cut the umbilical cord', and to me that was like the moment, it was like I'm a dad, it was like the best thing ever."

Alberto. "Me before, the word dad wasn't like something big, but now that I am a dad, it's like it is something big, ya know what I mean"?

Male identity and the perception of being more manly have been associated with fertility across cultures (Kaila-Behm & Vehvilainen-Julkunen, 2000). The miracle of life creation was acknowledged by some of these fathers while others focused on the image of themselves as virile. Public acknowledgement served to reinforce their perception of themselves as father.

The family has frequently been seen as a social subsystem which continues to be recognized as a basic unit of society and one that has the most marked effect on its members. Parents have the responsibility to be productive citizens of society and guide children to be constructive members of society. In addition, parents are charged with meeting the bio-psychosocial needs of its family members. These fathers recognized the challenges of this role.

Overwhelmingly most of these men grew up not knowing their father or not having a father figure in the home. This was viewed as a missing piece to a family and all the fathers were similar in their belief that a father needs to be present for his child. They all desired to create a better life for their child and wanted the child to learn from their mistakes. All the fathers reflected on what they believed to be the responsibility of the father. All of the fathers were similar in their thoughts of the father needing to be present for his child and provide a better life for the child. They recognized the challenge of their current economic restraints in meeting this responsibility.

Emilio. "I just want to give him everything I can get because I don't have my real Dad. I have a step-father, he is my Dad. The father is not the one to make you; he is the one to raise you so I want to be with my wife forever so he can see we are a family, a strong family... It is like when you want a family you need to be responsible so you need to be there... and that's what I am doing." He currently works and goes to school part-time. "... school and work because you need money and you need schooling... I am going to get exhausted... but I am trying to do all I can."

Alonzo. "I didn't know my father so I'm not gonna do that to my child. It was really hard not having a father. I gotta actually make something of my life first so I can

support him. After I get my GED, get in a program to help me find a job or something. I've been through a lot of stuff and I don't want my son to even think that things aren't good enough. I gotta take care of my baby."

Javier. "I grew up without a father, it was really tough, and I don't want to be out of my daughter's life. It's very, very important, as much as it is to have a mom in her life. It's a big responsibility, I think being a father is tough."

Miguel. "I never really had a father figure... I didn't want to be like my father, he was in jail when I was born and the first time I seen him I was five. It was hard for me... I struggled in school, I dropped out in the ninth grade... tended to fight a lot because I thought I had to prove myself. Before, I was on the streets, I was gang banging, I was drug dealing, I would of probably been locked up doing... life, I would have been buried. Until I found out I was going to be a father... It was no longer me... I had to look after somebody else and that somebody depends on me."

Alberto. "...wasn't like into my job... but now I got to be a role model... I gotta think about somebody else... and be there for her no matter what. Life is no more a joke, now I got something to take care and it's my responsibility."

Vincente. "...keep trying like to look for jobs... cause the one I'm doing-they're not giving me enough money. It's hard right now to get a job. I'm not going to stop cause I'm trying to do it for my daughter. I want my daughter to go all the way, stay in school, graduate ya know, go to college. I want her to do all that stuff. I don't want her to be like me. I was fooling around, I got thrown out of school... I want her to go good."

Julio. “It’s getting really tough... I don’t go out no more... I don’t do stuff no more... jobs are not great... it’s very important that the baby gets all the needs... she depends on me... if I don’t do it, nobody else will.”

Joaquin was not in a relationship with the mother or child.

Joaquin. “I will never be a full father because for me a full father raises his kid until the day they leave their house and become independent.” He would like his daughter “to finish high school and do college... and not being thirty-five like me and haven’t finished... make sure she doesn’t do the same mistakes that I did.”

All of these fathers expressed a desire for their child to have a better life than they themselves had experienced to date and recognized the importance of a father’s presence in a child’s life. Fathers also viewed the responsibility towards the child as an incentive to change risky behaviors such as gang activities and drug use. This finding has been previously noted in the literature for Puerto Rican fathers (Foster, 2004).

#### Summary of Data

The context of life for these Puerto Rican fathers must be considered throughout their transition to fatherhood as this transition does not occur in a vacuum. The activities and newness inherent within the maternal child-bearing process provide an environment of ongoing opportunity and challenge to the father (Condon et al., 2004; Draper, 2003a). Family support, relationship with the child’s mother, and the societal elements of economics and level of education are significant issues that can present as a challenge or opportunity for the fathers’ ability to care for their child (Coley, 2001; Erkut, Szalacha, & Coll, 2005; & Wilkinson, Magora, Garcia, & Khurana, 2009).

The father as provider for the family was an identified and desired role for these fathers. The ability to economically provide for the family has been associated with increased father involvement for Puerto Rican families (Erkut et al., 2005). The Euro-American literature also recognizes the positive contribution of financial stability to a father's ability to support a family (Russell & Hwang, 2004). Challenges that can impede or prevent this role from being reality include low educational level, unemployment, or a low paying work position. Within this group of fathers four were employed on a part-time basis, the remaining fathers were all unemployed. The fathers acknowledged the tight economic times and the difficulty in finding different or better paying positions.

Education is positively associated with level of employment. Two of these fathers had established educational goals for themselves. Emilio was attending a community college as a part-time student and Alonzo was currently working towards his GED. Both of these fathers recognized the connection between an education and the ability to obtain better employment. Two other fathers had a high school education and the remaining fathers had dropped out of school at varying levels beginning at the ninth grade.

Fathers that have a relationship with the mother of their child and live with or are married to the mother have an increased chance of continuing their relationship with the child (Wilkinson et al., 2009). Out-of-wedlock childbearing has increased dramatically over the past forty years, giving rise to the term "fragile family" which is characterized by high rates of economic and relationship instability (McLanahan & Carlson, 2004). African Americans and Hispanics are "more likely than other groups" to live within this family structure (McLanahan & Carlson, 2004, p. 369).

Nine of these fathers lived with the mother of their child with two of these fathers married to the mother of their child. Julio did not live with the mother and recognized the difficulty of being separate. Julio acknowledged it was difficult “not immediately living with the mom.” Chico is currently in another relationship. Chico said “it has been kinda hard” not living in the same household and “I still see him, but I don’t see him as much.” Vincente indicated he would continue a relationship with his daughter “even if I’m not going to be with my girl” at some point in the future.

With a few exceptions extended family support has been viewed as strong by these fathers. An exception to this was Jorge who admitted a negative relationship with his girlfriend’s father and stated; “we don’t talk... he doesn’t like me, I don’t like him and it’s just that... he kinda just shuts out everyone including like his daughter and his grandson.”

Many young fathers have conveyed their belief in the value of a father’s presence in his child’s life (Wilkinson et al., 2009) and the strength of this value may serve to elicit a productive change in behavior (Foster, 2004). Overwhelmingly these fathers expressed this belief of the importance of a father’s involvement and influence in his child’s life. This was viewed from the perspective of a missing link within their own childhood experiences. It was an omission that these fathers were adamant about; one that their children would not experience within their own childhood. Several of these fathers also viewed being a presence in their child’s life as a trigger that prompted a goal of legal, acceptable behavior. Jorge had previously been a “menace”, Elias had previously “done drugs”, Migel was incarcerated most of the pregnancy and had a history of “gang-



banging”, and “drugs”, and Alberto was also incarcerated for the duration of the pregnancy.

The strong sense of responsibility that these fathers shared can be found in the literature of high-risk incarcerated male adolescents (Nesmith, Klerman, Kim, & Feinstein, 1997). All of these new fathers indicated a strong sense of responsibility towards their child and expressed the desire to serve as a role model even in light of the inability to be financially independent and provide for the family unit.

The outlying father in this group was Joaquin. He had difficulty acknowledging the pregnancy, was estranged from the mother, remained separate during the pregnancy, chose not to attend the birth and did not give the infant his name. He did acknowledge that he wanted a better life for her but he also stated “that for me to be able to feel like a father, I have to first of all give her my last name.”

With the exception of Joaquin, all the fathers expressed their joy and increasing abilities in caring for their child. This hands-on interaction with the child was what gave them the most satisfaction and reward as well as recognition from others.

Challenges that were identified within this group include; seven of these fathers were living with (not married) the mother of their child, three fathers were not living with the mother of their child. All the fathers were either unemployed or under-employed, most did not have a high school diploma, two had a recent history of incarceration, and two had estrangement from extended maternal family members.

Opportunities identified included, two of the fathers were married to the mother of their child, two fathers were pursuing an education, and eleven had local extended family members available. Eleven fathers were involved in the caretaking tasks for their child

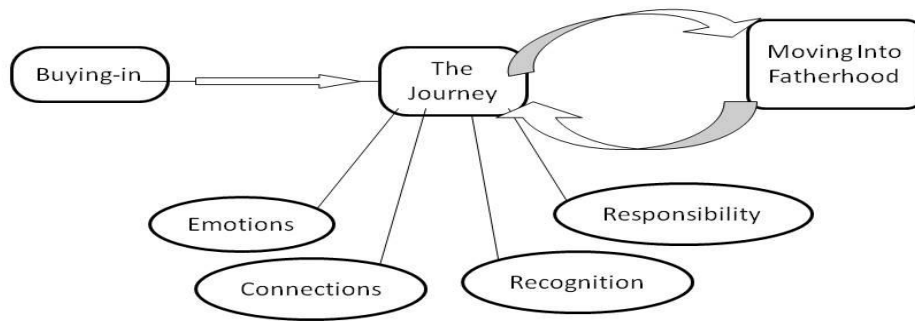
and wanted to be a presence in their child's life. It has been suggested that the ideal concept of an involved father may strengthen the relationship of an unmarried couple (Hohmann-Marriott, 2009).

The final phase of the process of transition begins when the process has evolved to integration of the new status of father, and the new identity of father into the person who is the father.

### Summary of Data Analysis

Analysis of the interview data of these Puerto Rican first-time fathers revealed two main themes of "Accepting of Fatherhood" and "Adjusting to Fatherhood". Specific to these themes, three categories became apparent. These categories were "Buying-In: Initial Step to Fatherhood, The Journey: Going Through It, and "Moving into Fatherhood: The Rest of the Story". The transition for these fathers began with a recognized departure from the previous state of "Non-father" which occurred during the first stage (Buying-In: Initial Step to Fatherhood) . The second stage (The Journey: Going through It) presented multiple opportunities and challenges to these men as they transitioned into fatherhood. Four distinct sub-themes emerged from the data that were relevant to this second stage: "emotions", "connections", "recognition", and "responsibility." The third and final stage (Moving into Fatherhood: The Rest of the Story) is conceptualized as having a circular relationship with the second stage (The Journey). A major difference with this transitional model compared to Meleis et al. (2000) is that this is specific to the transition to first-time fatherhood for these twelve Puerto Rican men.

Figure 1. Transition to Fatherhood for Puerto Rican Men



---

## The Process of Transition to Fatherhood for These Puerto Rican Men

### Accepting of Fatherhood

#### Buying-In: Initial Step to Fatherhood

A “positive” outcome of a pregnancy test indicates scientifically that fatherhood has begun. What is necessary to occur is an acceptance of this diagnosis by the male contributor of this new life and a desire to engage in a relationship with this new life. This buying-in can have three outcomes: acceptance, uncertainty, and non-acceptance. These Puerto Rican fathers displayed all three outcomes. The fathers who were overjoyed and happy at the diagnosis “embraced” the diagnosis. For one father, Chico, this acceptance was delayed as there was a period of “disbelief” until he could visualize the woman’s bodily changes to verify the actual diagnosis. Joaquin was the only father who did not desire the positive result of the pregnancy test. He “disconnected” himself from the diagnosis when he stated, “we are not a couple anymore... it’s not okay.”

## Adjusting to Fatherhood

The fathers who embraced the pregnancy diagnosis began the journey of adjustment to fatherhood.

### The Journey: Going Through It

Following the “Buying-in” the fathers entered “The Journey: Going Through It”. This journey presented opportunities and challenges to the fathers that could be perceived as a new enhanced awareness of self or could be perceived as unstable ground. This journey was within the context of the childbearing process and the societal characteristics of the individual fathers. Four sub-themes emerged throughout the journey: “emotions,” “connections,” “recognition,” and “responsibility.”

Emotions were expressed throughout this journey. Critical emotional events identified by the fathers included visualization of the fetal image on the ultra-sound, the labor and birth process, the newborn in the immediate post-birth period, and the amazement of the wonder of life. Throughout this journey it was apparent that opportunities and challenges were experienced on an individual basis. The ultrasound imaging of the fetus was perceived as positive by Alanzo who was pleased it confirmed a male child. Alanzo stated, “went to every ultrasound... felt like I was gonna lift up from the ground ‘cause I wanted a boy.” Vidal found the ultrasound imaging “weird”.

The labor and birth period was very emotional for the fathers. Emotions expressed during the labor included being “scared” and not knowing what to do to help his partner. Vidal stated, “I couldn’t take that, I didn’t know what to do” and Vincente, “you are about to be a dad and you don’t know what to do when she gets those pains... so I was going crazy.” At the sight of the baby’s “head” becoming visible during the birth process,

Jorge stated “that’s when my head started pounding like really fast and... I thought I was going to faint.”

The immediate post-birth period was filled with joy, happiness, wonder, love, and relief. The relief was two-fold. One, that the labor and birth process was over and secondly, that the mom and baby were healthy. Vidal stated, “Happy to see that my baby was healthy too, ya know... you think about things like that”; Chico expressed, “The worst that I thought was gonna happen didn’t, so I’m glad, ya know”; and Alberto prayed, “I started praying to God and everything came out good.” The realization of the creation of life gave a sense of wonder as expressed by Javier, “something that me and my girlfriend created and that made me feel so like a father”; and Vidal, “I couldn’t believe it, I made a little human.”

Although these fathers were overjoyed to see their newborn child, they were quite fearful as to how to safely and securely hold the infant and not cause harm. Emilio, “I was scared...”. Vidal. “Scared I was going to drop her or hurt her or something... the first few days I didn’t like to hold her that much because she was so tiny”.

Connections were being experienced throughout the journey. Critical connection events identified by these fathers included, participation in the antenatal care visits, caring for the child, linkage to future generations, extended family, and partnership with the mother of the child. Participation in the antenatal care visits gave the fathers the opportunity to connect to the baby through hearing the heartbeat and being supportive to the mom. Elias stated, “I did not miss not one appointment... enjoyed it... I was looking forward to it”; and Chico agreed, “I went to everything, every appointment. I’m really proud... it was incredible.” Attending the antenatal care visits was not an option for

Alberto and Migel as both of them were incarcerated during most of the pregnancy. This lack of opportunity to be actively connected during the pregnancy was viewed negatively by them. Alberto related, “I used to cry because it hurt me not knowing how the heartbeat goes, how it feels when the baby moves... I can’t do nothing for her.” Migel also felt the disconnection during this period, Migel described it as “It was hard... and I didn’t know what was going on and I wanted to be there.”

Connection to extended family is a critical support connection. For some of the fathers it was a disconnection as identified by Jorge. Jorge related that “her dad was like... we don’t talk... he doesn’t like me, I don’t like him... he kinda just shuts out everyone including like his daughter and his grandson”; and Alanzo’s girlfriend was disowned by her grandparents, “... doesn’t like that I was Puerto Rican.” Other fathers had a positive connection with extended family. Alberto recalled, “My whole family got together the same day before the baby was born... I mean I had everything.” The grandmothers were connected as evidenced by Javier, “... really help out a lot... they were like giving us advice, they’ve been a big help.”

Connection was also projected to future generations as Migel viewed himself as immortal through his child. Migel explained, “I consider it like I live forever because he has my last name and he’s gonna pass on my last name and they will keep on passing on my last name. I don’t want to be forgotten, I want my name to go on forever.”

Nine of these fathers lived within the household with the mother of their child. Two of these couples were married. This connection to the mothers is linked to an increased chance of continuing their relationship with the child (Wilkinson et al., 2009). A disconnection with the mother was experienced by a few of the fathers. Julio admitted

the difficulty of “not immediately living with the mom.” Chico recalled, “It has been kinda hard... I still see him but I don’t see him as much.”

The most important connection for the fathers and the one experience they described the most was their interaction with their child. This made them feel very connected to the child and gave them a sense of being a father. Alanzo, “I love feeding her... that really makes me feel like a father.” Javier, “I am feeding her and changing her diapers, I give her baths, that right there makes me most feel like a father.” Emilio, “One day... I was like... I want to do this today... all the stuff... you feel like a father, a real father, it feels good.”

Recognition as a father was very important to these men. Javier felt the lack of recognition as an important person. Javier described his beliefs during the antenatal period as, “Healthcare was mostly about mom, which is understandable... I don’t think fathers have enough attention... we are just as important, I feel.” Jorge stated, “She wanted me in there. I felt kind of uncomfortable being in there cause it was like her and her doctor, and it was just kind of weird.”

The cutting of the umbilical cord is a task reserved for fathers if they chose to participate in the “cutting of the cord”. Migel explained, “... it was like what he asked me like, hey I’m the dad, I’m the one that gets to cut it, so it’s like Yeah. That little snip was... like the little flag opening the new.” Jorge was not originally going to cut the cord. Jorge stated.” ... but I ended up doing it because I wanted to be more involved. I felt like it was my job to do it. Like they ask if the dads want to do it... so I figured if I could do it, why not.”

Throughout this journey, the importance of recognition surprised a few fathers. Alberto declared, “Me, before, the word dad wasn’t like something big, but now that I am a dad, it’s like it is something big, ya know what I mean”? Javier, remembered the doctor addressing him as dad; ‘you’re a dad and I want you to cut the umbilical cord’ making him feel “real good... extremely happy.” His family members addressed him with the title “Dad” following the birth. “At first you don’t feel like a father ya know, it’s just a new feeling, and then when you hear it from someone else it makes you feel like a father.” Videl’s daughter calls him “da-da” and he was “real happy the first time she called me da-da.”

The sense of responsibility that these fathers experienced was expressed throughout the journey. All fathers felt the responsibility to “be there” for their child. This need to be there was derived from their own sense of loss from not having had a father in their own lives. Emilio said, “It is like when you want a family you need to be responsible so you need to be there... and that’s what I am doing.” Alanzo continued, “I didn’t know my father so I’m not gonna do that to my child. It was really hard not having a father.”

Responsibility was also evident in the fathers’ desire to improve previous habits and to be a role model in their child’s life. Migel explained, “I didn’t want to be like my father, he was in jail when I was born. It was hard for me...I was gang banging, I was drug dealing... until I found out I was going to be a father... it was no longer me...” Alberto was clear when he stated, “now I got to be a role model... I gotta think about someone else... and be there for her no matter what.” Julio declared, “I don’t do stuff no more... she depends on me... if I don’t do it nobody else will.” Elias, “I was caught up in



the shit that was going on in the streets um... I was hooked on drugs... for ya know a number of years...I'm doing what I didn't have when I was growing up."

The responsibility to provide for this child was evident from all the fathers. This provision was focused in two directions; to provide for the materials goods needed for the child and to provide a "better life" for the child so that he / she would not repeat the mistakes of the father.

Emilio, "I just want to give him everything I can." Alanzo, "I gotta actually make something of my life first so I can support him... I don't want my son to ever think that things aren't good enough." Alanzo was currently pursuing a GED certificate. Alberto, "Life is no more a joke, now I got something to take care of and it's my responsibility." Vincente, "I want my daughter to go all the way, stay in school, graduate ya know, go to college. I want her to do all that stuff. I don't want her to be like me... I want her to go good." Migel, "I don't want my son to go through the hard stuff; I want him to learn from my mistakes." Jorge was currently unemployed and his girlfriend was supporting them. This inability to support his family was recognized by Jorge. Jorge, "It makes me feel shitty because like, she's taking care of us financially right now, not me. I should be the one doing that... I just gotta let it pass and get up on my feet." Joaquin was not involved with his daughter or her mother. In spite of this, Joaquin wanted his daughter "to finish high school and do college... and not be thirty-five like me and haven't finished... make sure she doesn't do the same mistakes that I did."

#### Moving into Fatherhood: The Rest of the Story

The third phase of the transitional process to father is "Moving into Fatherhood: The Rest of the Story". Two of these fathers, Emilio and Alanzo, were moving forward

into fatherhood. Both of these fathers had a positive response to the “buy-in”. Both of these fathers were active participants throughout the “journey”. Both of these fathers recognized the need to advance their level of education in order to improve their ability to secure better employment and thus provide for their child. Both of these fathers lived with the mother of their child and had a supportive extended family. Both of these fathers wanted a presence in their child’s life and were active in meeting their child’s care taking needs.

Joaquin had not transitioned into fatherhood. Joaquin had made a conscience decision not to participate in his daughter’s life. He did not “buy-in”, he was absent from the “journey”. His child did not carry his name, which he viewed as a necessary part of “father”. He was not supporting the child, which he also regarded as a necessary part of “father”.

Two of the fathers were struggling with challenges of the “journey”. Chico was currently in another relationship and finding the process of going through the mother to visit the child “the most difficult thing”. Julio had not been living with the mother of his child. During the “journey” he was minimally involved due to his job at that time and he received his information from Mom. He did not attend the birth. He was not currently employed. He was able to visit the child on a daily basis.

The remaining seven fathers were continuing forward in the “journey” and addressing the challenges of non-approval from family members (Jorge), unemployment issues (Javier, Videl, Migel, Alberto, and Jorge), and under-employment issues (Elias and Vincente). Jorge had found the antenatal visits uncomfortable and weird and admitted to be scared during the labor and birth process as he did not know what to expect. He

believed that as “dad”, it was his place to “cut the cord” following the delivery. He recognized that in the past he had been a “menace” and was “in the process just eliminating my bad habits.” Family relations had, at times, been difficult. Upon revealing the positive pregnancy diagnosis negative remarks had been shared by his family (“you’re stupid”, “you’re screwed”). Currently, the mother’s dad had shut them out. Her dad was “not liking the fact we’re together... he kinda just shuts out everybody including like his daughter and his grandson... you can shut me out but why shut them out”? Jorge was currently unemployed and was having difficulty with this. “I don’t have an income right now, trying to find a job nowadays is really, really hard too. It makes me feel shitty because like, she’s taking care of us financially right now, not me. I should be the one doing that... I just gotta let it pass and get up on my feet.” Challenges that Jorge was experiencing included the estrangement from the mom’s father, the difficulty he perceived from not being able at this time to provide for his family and the dependence on the mom’s income.

Elias was employed part-time and lived with his fiancée and her four young sons from a previous relationship. Elias viewed the pregnancy diagnosis as a positive outcome and as recognition of his biological status as a father; “this is mine.” He was very involved in the antenatal care of the mother and the birth process where he cut the cord and said again “this was mine, this was my child... biologically this was my kid.” He had continued this involvement through addressing the care-taking needs of the child. “I bathe him, I dress him, I feed him... I’m taking as much as I can out of it.” “I didn’t want kids when I was younger... I was hooked on drugs... drugs woulda been first... that’s the difference... I’m doing a lot more better job than... I woulda done ten years ago.” “I

didn't believe in parent instincts until this child came. I'm more alert... I stop what I'm doing and I check up on him." Passing on his name was important to Elias; "He is my son, he is carrying my name." The title of Dad was important to Elias. "I don't want my child calling someone else daddy." Challenges for Elias during this journey included providing for a family of six, and the blending of the two families. He perceived his bond to his child as "more of a stronger bond... 'cause biologically he's mine." His focus with this child was his relationship to him... "this is mine", "biologically... my kid", "I bath him, I feed him", "I check ... him", "my son", "carrying my name", "I don't want my child calling someone else daddy."

Vincente was involved throughout the pregnancy and "did a lot". He was present for the birth but found the process scary because he didn't know what to do to help the mom; "I was going crazy". The mom supported him and told him he was 'doing good... calm down and relax'. The mom taught him to care for their daughter, "now I do it by myself... it's a good feeling when you do it by yourself." This had practical implications as the mom had returned to school. Finding a better paying job was important to Vincente. He had dropped out of high school and was finding the current job market difficult. He had the support of his family in his job search, "keep trying, like to look for jobs... cause the job I'm doing – they're not giving me enough money... it's hard right now to get a job." He was clear in his intention to maintain a relationship with his daughter even if the relationship with the mother did not continue; "If I'm not going to be with my girl, I'm still gonna be with my daughter no matter what." The main challenge that Vincente was addressing was the inadequacy of his current part-time job;"... they're

not giving me enough money.” He was also aware of the limited job opportunities available; “it’s hard right now to get a job.”

Javier was not currently employed. He was actively involved throughout the pregnancy but struggled to find the father’s place. “Healthcare was mostly about mom, which is understandable. I don’t think fathers have enough, like, they don’t get enough attention... we’re just as important, I feel.” This oversight extended to family also, “Sometimes family... they forget that dads are still important too and they make it about mom... I’m here too, ya know.”

He believed it important for a father to be involved in a child’s life; “It’s very, very important as much as it is to have a mom in her life.” Both grandmothers were “very helpful... like giving us advice.” He was active in the care of his daughter and that made him “most feel like a father.” He expressed that “being a father is tough... it’s a big responsibility... it makes you feel like a new man.” The challenge for Javier was to present himself as father as an equal parent to the mother.

Videl “went to all” of the prenatal visits and attended the birth. The labor and birth “had me real nervous... I couldn’t take that... I didn’t know what to do with her.” He was relieved to learn that his daughter was healthy. Although it took a few weeks for him to be confident and secure in holding his child, he began “taking care of my baby... I just felt like a real father.” He also acknowledged he was “helping my girl out” by assisting with childcare. The title of ‘dad’ was meaningful to Videl. He was “real happy... the first time she called me da-da.” He expressed that being a father was “hard, it’s not easy... it’s like you got no free time for yourself... it’s really depressing.” Videl was not

employed. The challenge for Videl was to see his “constant watching” of his daughter from a more positive perspective.

Migel was a married man and lived with his wife and child. Migel was not involved during the pregnancy as he was in jail, “locked up through most of the pregnancy”. He was present for the birth and regarded cutting the cord as significant, “I’m the dad, I’m the one who gets to cut it.” In spite of the fact that Migel “didn’t want to be like my father, he was in jail when I was born”, Migel was back in jail a short time later. “I went back in... he would come to visit me and I got to spend time with him so I always loved my Sundays.” He wants a better life for his son, “I was on the street... gang banging... drug dealing... I don’t want my son to go through the hard stuff. I want him to learn from my mistakes.” The passing on of his name was important to Migel and he viewed it a continuation of self. “I consider it like I live forever because he has my last name... he’s gonna pass on my last name... keep on passing on my last name. I don’t want to be forgotten, I want my name to go forever.” The challenge for Migel was to remain out of jail to be a presence in his child’s life.

Alberto was not married but he lived with the mother of his child. He was not employed. Alberto was not involved throughout the pregnancy as he was in jail. “I came out and she was already eight months (pregnant).” He described a supportive family who “got together the same day before the baby was born... I mean we had everything.” He described not wanting “to do negative things to get money.” He was actively involved in the care-taking of his child, “it looks like I was already a father the way I do things for my daughter.” The title of ‘dad’ was important to Alberto. “Now that I am a dad, it’s like it is something big.” He explained the birth of his daughter made him think “how to

do positive things in order to get what I need for my daughter.” A challenge facing Alberto was how to maintain this positive approach in the light of his unemployment status.

The “rest of the story” for the moving into fatherhood phase concerns the developmental nature of fatherhood and the developmental nature of children. The participating fathers in this study identified the experiences they viewed as critical to their transition to first-time fatherhood. The “moving into” stage and the “journey” stage are viewed as having a circular relationship. It is presented that fathers will move between these two transitional stages as they engage in the emotions, connections, recognition, and responsibility aspects of future experiences. The fluid nature of his identity enables the father to integrate new dimensions into his identity. How a father interacts with and experiences these new presenting opportunities and challenges will serve to enforce or compromise his present sense of fatherhood.

### Discussion

The purpose of this study was to discover the critical events that have promoted or hindered a first-time Puerto Rican father’s transition to fatherhood. Within the United States the Hispanic ethnic population is currently the largest minority group (US Census Bureau, 2000). Early father involvement for immigrant and ethnically diverse families has not been widely studied (Calrera & Garcia-Coll, 2004; Campos, R, 2008; Tamis-LeMonda, Kahana-Kalman, & Yoshikawa, 2009). Results of this study are representative of the twelve Puerto Rican fathers who agreed to share their experiences of this transitional event to further the baseline knowledge of this developmental milestone for Puerto Rican men.

Most fathers in this study were found to be highly present and involved throughout the pregnancy and birth experience and interacted daily with their infant child. A large majority of the fathers attended antenatal visits with the mother of their child, felt connected to the child through the ultrasound scans, and attended the birth of their child. These areas of involvement have correlated with findings within the literature for both the Euro-American father as well as ethnic minority fathers (Draper, 2002a, 2003b; Ekelin et al., 2004; Rosich-Medina & Shetty, 2007; Roer-Strier, Strier, Este, Shimoni, & Clark, 2005). Fathers reported increased anxiety associated with the labor and birth experience and increased stress related to feeling unable to assist and support the mother adequately. These findings have also been identified within the experience of first-time Euro-American fathers (Kunjappy-Clifton, 2007).

An area that was particularly important to the majority of these new fathers was the act of “cutting the cord” following the birth of their child. This procedure was symbolic as a “rite of passage” for these men. This specific act is reserved for the father as a means of involving him in the birth process. For these fathers it was viewed as a significant event as it awarded them specific recognition as the father and they believed it was important for them to step in and participate in what was presented as a father’s role in the birth process. Additional research is needed to determine if this is a universal finding across cultures.

The joy and attachment these Puerto Rican fathers expressed towards their child were evident in their descriptions of interaction and statements of their desire to be involved in their child’s life and to provide a father’s presence for their child. Father-



infant interaction through touch, play, and caretaking has yielded positive feedback from Euro-American fathers also.

The majority of these Puerto Rican fathers verbalized the difficulties they had experienced while growing up without a father as a male role model and their desire was not to repeat this disadvantage with their child. The presence of a father to role model appropriate behaviors has been described as an important supportive factor in acquiring the necessary skills and expertise of fatherhood (Hinckley, Ferreira, & Maree, 2007; Julion, Gross, Barclay-McLaughlin, & Fogg, 2007; Parra-Cardona, Wampler, & Sharp, 2006). This finding has also been reported within the Euro-American father population where men have actively sought to be different from their own fathers by being more actively involved and positive about family life (Wild, 2005). As in this study non-Hispanic fathers have also used their partners or their own mothers as a parent role model (Daly, 1993; Fletcher et al., 2004). These findings support the need for men to have male role models within their lives to provide gender appropriate role behaviors and support.

The benefit of having both parents present and available while growing up was recognized by Chico and in spite of being in a new relationship; he was determined to be a positive presence in his son's life. This desire to replicate a good father-son relationship has also been presented within the Euro-American literature (Riesch et al., 1996).

A few of the fathers stated that they felt left out and that the focus of care was centered on the mother. These fathers wanted to be recognized as an equal status parent. This is a recurring theme within fatherhood literature. Some fathers have described their role as "secondary" compared to that of mothers (Leite, 2007) while other fathers have described their exposure to antenatal health as a disappointment and an exclusion (Deave

& Johnson, 2008). Other fathers have expressed difficulty in accessing information regarding care of their infant or partner (de Montigny & Lacharite, 2004; Halle et al., 2008). Fathers seeking information often found the materials were focused towards guiding expectant mothers and did not address needs of the father (Hinckley, Ferreira, & Maree, 2007).

The need for fathers to have a voice and talk about their experiences and feelings was apparent for these fathers. Most acknowledged they had not previously talked to anyone about becoming a father or what the experience has meant to them. Fathers indicated that it was important for them to provide the information directly and that it is important for fathers to have their voices heard, as affirmed by Alberto; “I know that people are going to hear this.” Father information obtained indirectly from the mother has been a recognized study limitation (Tamis-LeMonda, Kahana-Kalman, & Yoshikawa, 2009).

The desire to be active and involved with the childbearing and childrearing processes, to give voice to emotions and feelings, and to stipulate fathers be viewed as an equal parent to the mother are contrary to the stereotypical view of machismo. This narrow cultural view of the male role has focused on aggressiveness, status, toughness, and stoicism. These modern fathers have indicated that they want to be involved and are willing to take the risk of being emotionally vulnerable through their caring, attachment, and commitment to child and family. While it is known within the healthcare arena that clients are best served through an individual assessment, many healthcare providers may not be aware of this emerging view of machismo. This can result in viewing the Hispanic man through a traditional and stereotypical lens. This has the potential of limiting the

extent of education, involvement, and support between the healthcare provider and the father. Programs that address and support these contemporary findings have been effective in promoting fathering skills and transition into fatherhood (Campos, 2008; Parra-Cardona, Wampler, & Sharp, 2006).

These findings have indicated many shared findings between these Puerto Rican fathers and Euro-American fathers. The findings lend support to the need for father-focused program intervention: educational programs for fathers to promote father skills, advance their knowledge, and facilitate the transition to fatherhood through male role models (Julion et al., 2007; Hickley et al., 2007; Palkovitz & Palm, 2009). Research needs to continue to examine these issues across cultures to determine patterns of common findings and areas that may be unique to a particular cultural group. There needs to be a voice to advocate for these programs at the policy level and these programs need to be focused on minority populations; especially the Hispanic population which is the fastest growing group here in the United States (Behnke & Allen, 2007; Robbers, 2009).

### Summary

The transition to father is a complex developmental process. Analysis of study data for these Puerto Rican fathers supported two main themes (Accepting of Fatherhood and Adjusting to Fatherhood), three categories (Buying- In, The Journey, and Moving into Fatherhood) and four sub-themes that were experienced within the second stage of the journey (emotions, connections, recognition, and responsibility). The journey and moving into fatherhood stages were conceptualized as a circular relationship; allowing the father to interact with new experiences as the opportunity or challenge arises. This

would enable the father to integrate current experiences into his identity and sense of fatherhood.

## CHAPTER 6

### IMPLICATIONS

A transition has been conceptualized as a multifaceted and complex process. Transition can be a process that occurs as a progression to a new developmental phase of the lifespan. A transition can also bridge the process of adapting to a state of chronic illness, and transition can move in either direction along the wellness-illness continuum. Nursing as a profession has a key interventional role in transitions as people seek or need healthcare guidance during this process. The analysis of the data resulting from the stories of these twelve Puerto Rican fathers has implication for nursing from a practice, research, theory, and policy perspective. While these areas will be addressed separately, they are intricately entwined together.

#### Practice

The expansion of the family has very traditionally had a mother-baby focus. As fathers have assumed a more active and visible role with the child-bearing and child-rearing processes the term “family-centered care” came into being. This term would indicate that nursing has the moral obligation to move practice to welcome and include the father in the processes. The fathers in this study indicated that not all of them felt welcomed at the antenatal visits. The labor and birth process was very anxiety producing for the fathers and this period proved to be an emotionally difficult time for all of them. Fear of possibly hurting the child was the predominate thought immediately following the birth and limited the interaction between some of the fathers and newborns. These are areas that the nurse can address quite simply and effectively. Acknowledgement of the

fathers, directly asking them if they have questions or concerns, and specifically extending support to the father would go a long way to closing this gap.

Acknowledgement of the father's status was important to these fathers and the use of the title "Dad" or "Father" was identified as an effective recognition of this new status. Fathers need to be included in the care-taking instructions for the newborns as many fathers related that they learned these skills from the mother or the grandmothers after returning home. Current literature has indicated similar findings for Euro American fathers (Genesoni & Tallandini, 2009). This would indicate that nurses who work in these areas of practice need to be proactive to seek out and take advantage of opportunities to include the fathers, acknowledge the fathers, and increase their comfort level.

Nurses who have been less assertive in addressing the needs of Puerto Rican fathers because of a lack of research as evidence base can begin to transfer their practice from the Euro-American perspective and begin to introduce a similar approach to this population while observing and evaluating for individual effectiveness. This study has supported the premise that there are many similar aspects between groups of fathers. The emotions of stress, joy, fear, and the need to be recognized are shared between the Euro-American and the Puerto Rican groups (Bradley, MacKenzie, & Boath, 2004; Buist & et al., 2003; Condon, Boyce, & Corkindale, 2004) . The impact of family support and the responsibility that these groups of fathers describe is similar between the group (Durkin, Morse, & Buist, 2001; Pollock, Amamkwaa & Amamkwaa, 2005).

As all societies become more culturally diverse it is imperative that nurses become more aware of their own cultural biases. Nurses must seek to understand the

unique needs and strengths of the people they serve. There is a need for a more positive view of immigrant and migrant fathers based on their strengths and motivation (Roer-Strier, Strier, Este, Shimmoni and Clark, 2005).

A simple intervention that can be implemented into practice is seeking and listening to the stories of a father's experience. The majority of these Puerto Rican fathers stated that this was the first opportunity that they have had to talk to someone about becoming a father for the first time. They expressed the satisfaction they experienced in talking about the process and admitted that they had not previously been asked about it by anyone. This study gave them each a voice.

#### Research

This study described the transition to fatherhood for twelve Puerto Rican men. Qualitative research considers the ordinary events that impact a person's life and highlights the stories and lived experiences of those whose "voices" might not have been heard (Nelson, 2007).

The body of literature focused on transition to fatherhood is predominately referenced to the Euro-American male. Future research needs to expand out to those Puerto Rican fathers who live on the mainland and speak only the Spanish language as well as studies on the Island of Puerto Rico itself. Additionally comparative studies between first, second and third generation fathers would lend insight to the degree of acculturation that occurs over time. Comparative studies involving both Puerto Rican and Euro-American fathers could investigate for common approaches and investigate the premise of a common core of similar needs. The term "Latino" frequently refers to three different cultural groups: Mexican, Cuban, Puerto Rican. What are the similarities and

differences between Mexican, Cuban, and Puerto Rican approaches to fathering or family health care?

Within this study the four areas of emotions, connections, recognition, and responsibility were identified as critical areas of transition for these fathers. Experiences within these four areas can vary from personal, community, or societal factors. Examples include; cultural beliefs, personal knowledge of the experience, meaning of the event, socioeconomic status, support systems, available role models, and gender inequity. How do these areas compare and contrast between and among various cultural groups? Are there universal transitional aspects involved in the transitional process into fatherhood? What are the developmental changes that occur for the father as the child progresses through life stages? What impact does a subsequent child have on these four critical areas? What is the relationship of these critical areas to grand parenting?

Research needs to explore the fathering experience of all father categories. This could include teen fathers, “older” fathers, gay fathers, adoptive fathers, and military fathers who may be absent for long periods of time and in dangerous environments. Are there similar experiences between these groups? What is unique to a particular group?

A foundational premise of this study was “wellness”. The transition to father is not a problem; it is not a disease. Research into the area of wellness needs to continue to expand so that nurses will embrace the domain of health promotion. The periods of childbearing and child-rearing present the nurse researcher with multiple opportunities to explore this research theme. How can nurses contribute to the increased well-being of young developing families? What are effective strategies that promote father well-being?



## Education

This study of Puerto Rican fathers has implication for education from various perspectives. It is important that students and practicing nurses within the clinical areas of caring for the childbearing and child-rearing family have the ability to read and critique research to determine its applicability to one's practice (Evans, 2006) and to appreciate the transition to parent from the father's perspective.

This study furthered highlighted the multiple educational opportunities for the nurse to engage the father. Client – family education is crucial to primary level care which is the majority focus for the childbearing and child-rearing periods. These fathers were involved in their child's life and wanted to be recognized as an equal parent with the mother. Paramount to the success of this education is the psychological climate that is perceived by the fathers. Immigrant fathers have perceived what they described as “paternalistic attitudes” from personnel and some program content (Roer-Strier et al., 2005, p. 324). Educators need to consider approaches to increase the comfort level of fathers to encourage them to be active learners regarding the health needs of their family. The inclusion of men in reproductive health educational programs has suggested that they enhance positive health outcomes (Mullany, Becker, & Hindin, 2007; Sahip & Turan, 2007). These studies were proactive and viewed the father as part of the solution for improved health outcomes for mother and baby.

The majority of fathers in this study did not have a high school diploma. Educational strategies need to address varying levels of literacy that assist the learner in understanding the material and directions presented. The environment needs to be non-threatening to encourage the father to clarify unclear information.

Nursing curriculum needs to increase father sensitivity and provide direction for nursing students to become comfortable with a family centered approach to care. Continuing education programs addressing the needs of the father as parent can assist practicing nurses with knowledge and techniques to increase the inclusion of the father. Community educational programs for parents can be expanded to include specific father only educational experiences, male role models, and a support network. Programs can seek out vulnerable father populations such as teen fathers, “older” first-time fathers, adoptive fathers, or fathers within the prison system. Programs focused on parenting skills for both parents would assist mothers and fathers to appreciate the other role and provide techniques for co-parenting.

### Theory

Facilitating transitions is a focus for nursing and a process that is important for nurses to understand and accommodate in their approach to client care. The theoretical perspectives of van Gennep (1909/1960), Bridges (2004), and Meleis et al. (2000) all presented useful thought for this study regarding transition to father for Puerto Rican men. The analysis of the interview data yielded two themes, three categories and four sub-themes for transition to father for these Puerto Rican men.

Replication of this study with diverse populations as well as Puerto Rican fathers will further test and develop this framework for applicability and provide further development to the themes and categories. Findings could provide support for a more culturally appropriate approach to this population or could support a common base of approach for a diverse population of fathers.

## Policy

Policymakers need evidence based recommendations regarding potential health effects of proposals and projects; thus there needs to be close collaboration between researchers, healthcare practitioners, and policymakers (Morandi, 2009). The socio-economic factors of underemployment and unemployment strongly impacted these fathers as they all felt a responsibility to provide for their family. The opportunity to advance educationally was limited as most did not have a high school diploma and only two of the fathers had an educational plan in place. This impacted their ability to secure employment and ultimately to provide a better life for their child.

The concept of “upstream thinking” was first presented by McKinley (1979). He described the medical approach of rescuing patients from the waters after they are in trouble (downstream thinking) and proposed that a better approach was to go “upstream” and determine what was pushing the patient into the waters (1979). Downstream thinking keeps the focus on the individual as the target of change; upstream thinking has society as the target of change.

This upstream focus brings the social aspects of disease and health to investigation. This approach is active in Europe and is beginning here in the United States (McKinley & Marceau, 2000). Persistent social injustices and health inequalities are a major concern to practitioners and researchers and continue to be major challenges. Milio has proposed that vulnerable populations act within the constraints of their limited resources (1976). This was supported with this population of Puerto Rican fathers.

Societal programs that encourage a minimum of a high school education and support vocational or technical training for those not continuing on to more formal

education would assist these men in their ability to support their family. The social, economic and political contexts of the client's environment need to be considerations within the practice and research of nursing and nurses need to be supportive of legislation and programs that can positively impact populations.

Policy needs to be supportive for the programs that are needed within a community. These can include focused topic family educational programs as well as programs that support fatherhood in general.

### Summary

This topic of transition to father for Puerto Rican men has profound implication for nursing practice, research, education, theory, and policy. The nurse has a role on multi-levels of intervention within these domains; from the individual or family perspective to the greater population perspective. The concept of upstream thinking and the proactive approach of a holistic perspective of the client can form the basis for a social and cultural perspective for nursing research. This has the potential to yield evidence for practice, education, theory, and policy that is appropriate to the needs of this population.

APPENDIX A

ADVERTISEMENT FLIER

**ARE YOU A PUERTO RICAN MAN**  
**Living in the United States**

**And a Father for the First Time?**

**We want to hear about YOUR experiences.**

Tell us your story.....

If you identify yourself as a Puerto Rican man living in the United States, a father for the first time, 18 years of age or older, able to speak and understand English, and your baby is healthy and less than 1 year of age, you are invited to participate in a 60 minute confidential interview about your experience of becoming a father.

**You will receive \$50 cash for your participation!**

**To schedule an interview call Suzanne Barenski**  
**at 413-265-2385**

## APPENDIX B

### INFORMATION SHEET FOR STUDY PARTICIPANT

This research study is being done by Suzanne Barenski, MS, RN, a doctoral student, at the School of Nursing, University of Massachusetts, Amherst, MA. The purpose of the research is to learn what events have been helpful and made you feel like a father to your child and what events have not been helpful and made it hard for you to feel like a father to your child. I will meet with you and explain the study, you can ask questions about the research, and you can decide if you want to participate. If you decide to be in the study I will ask you to sign a permission form. I will ask a few questions of you that will take about 10 minutes. In addition, I will ask you to tell me your name and phone number. We can meet to talk here at the Health Center or at the library at Elms College, whichever you want to do. When we meet to talk it will be in a private room for about 60 minutes. You will receive \$50 cash for talking the time to talk to me about your experiences.

#### **Audio Taping**

It is important for me to record what you are telling me so that I don't forget anything. When we begin to talk I will remind you that I am turning the recording machine on and I will turn it off when we are done. You may ask to stop the recording at any time. This will take about 60 minutes.

#### **Confidentiality**

Whatever I learn about you and what did help you and did not help you to feel like a father to your child will be kept confidential. You will be identified only by a code name and I will keep the list matching your name and code name in a locked file cabinet in Suzanne Barenski's office at the Elms College, Chicopee, MA. The list will be destroyed after I have all the fathers I need for the study. The tape recordings will be kept in a locked file, also in Suzanne Barenski's office and will be destroyed when the study is complete. I will keep your permission slip in a separate locked file in this same office. Everything you have said on the tape recording will be written onto paper so that we can learn from the information you had given me during the interview. I will keep these papers to study them for about two years. I will not keep any personal information that will show your name or anything about you. I will only publish group findings and no one will know anything about you as an individual.

I hope that you will decide to share your information with me and take part in this study. I feel it is important to learn what is helpful for a Puerto Rican man to feel like a father to his new child. This decision is yours to make. You may decide not to take part or to stop the study at any time.

**Thank you. Suzanne Barenski (413- 265 2385)**

APPENDIX C

LETTER OF APPROVAL: SCHOOL OF NURSING HUMAN SUBJECT REVIEW  
COMMITTEE



UNIVERSITY OF MASSACHUSETTS  
AMHERST

Arnold House  
715 North Pleasant Street  
Amherst, MA 01003-9304

School of Nursing

413.545.2703

February 14, 2008

To: Suzanne Barenski  
From: School of Nursing Internal Review Board, aka Human Subject Review Committee  
Re: IRB Proposal for "Transition to Father: A Puerto Rican Perspective"

Dear Ms. Barenski,

Thank you for submitting your IRB proposal for "Transition to Father: A Puerto Rican Perspective" to the School of Nursing Internal Review Board, aka Human Subject Review Committee. The Committee includes Margaret Barton-Burke, Chair, and Lisa Wolf. Your Revised Proposal has been Approved and you are free to move ahead with your Human Subjects research.

Sincerely,

A handwritten signature in cursive script that reads "Melinda V. LeLacheur".

Melinda V. LeLacheur  
Research Administrative Assistant  
118 Arnold  
545-5087  
melindal@nursing.umass.edu

Appendix D

PERMISSION LETTER: HOLYOKE HEALTH CENTER



**Holyoke Health Center & Administrative Offices**

230 Maple Street • P.O. Box 6260 • Holyoke, MA 01041-6260

P: 413-420-2200

F: 413-534-5416

Committee: Advancement of Nursing Scholarship

School of Nursing

University of Massachusetts- Amherst

November 27, 2007

Dear Committee Members:

Suzanne Barenski, a student in your nursing doctoral program, has met with me to discuss her proposed research study which focuses on Puerto Rican men who have become fathers for the first time. She has provided me with a copy of her proposed work and has requested permission to access the population of men for her study through the Holyoke Health Center.

I have discussed this request with the administrative team of the Health Center and we are pleased to extend this permission to Suzanne to recruit her study participants through the Holyoke Health Center. We feel the cultural aspect of this study is especially relevant and timely.

Thank you for your support and consideration of Suzanne's research with Puerto Rican first-time fathers.

Sincerely,

Nancy DiMattio, RN, MSN, MPH, CNS

Clinical Services Director

Holyoke Health Center, Inc.

413-420-2282

[Nancy.DiMattio@hhcinc.org](mailto:Nancy.DiMattio@hhcinc.org)

Chicopee Health Center 203 Exchange Street • Chicopee, MA 01013

P: 413-420-2222 • F: 413-592-2324



## APPENDIX E1

### INFORMED CONSENT FORM: ENGLISH LANGUAGE

#### RESEARCH INFORMED CONSENT FORM

Research Participant's Name: \_\_\_\_\_

Principal Investigator: Eileen Hayes, PhD, APRN-BC, FAANP

Doctoral Student Investigator: Suzanne Barenski, MS, RN

Study Sponsor: Unfunded

Title of Project: Transition to Father: A Puerto Rican Perspective

You are being asked to take part in a research study about men who are fathers for the first time because you are a first time father and you identify yourself as a Puerto Rican man. This research is being done by Suzanne Barenski, MS, RN, a doctoral student at the School of Nursing, University of Massachusetts, Amherst, MA. By signing this consent form, you \_\_\_\_\_ (participant's name) are telling me you are willing to take part in this research project.

#### **Purpose Of Research**

The purpose of this research is to learn what is helpful and made you feel like a father to your new baby and what is not helpful and made it hard for you to feel like a father to your new baby. This study is looking at your experiences beginning from the time you first learned you would be a father through the first year after your child's birth. I am asking you to take part in this study because you are a father for the first time. To help me learn about this, I would like to ask if you would answer some questions about yourself, and if you would tell me about your experience of becoming a father. I would like to ask for information to contact you after the interview to share the information from the interview with you. I would also like to tape record our conversation when we talk.

#### **Procedures**

If you would like to participate or know more about this study I will tell you what will be asked of you. The permission form will be read and explained to you and you can ask any questions about the study. If you would like to participate I will ask you to sign this permission form. I will then ask you a few general questions. This will take about 10 minutes and will include asking for your phone number, languages spoken at home, current employment, presence of other children (non-biological) in the home, and your age.

When we talk about your experiences of becoming a father it is important for me to record what you are telling me so that I don't forget anything important. I will ask you to talk about what it has been like for you to become a father for the first time. I will ask you to describe examples of what helped you to feel like a father and any examples of what made it difficult for you to feel like a father. I will tell you when I am turning on the

tape recorder and when I am turning it off. You may ask me to stop the tape recording at any time. We will talk about 60 minutes.

### **Risks and Discomforts**

I do not think there is any way you would be harmed by taking part in this study, however, there may be unforeseen risks that are not known at this time. A discomfort or risk that may occur is for you to become emotionally upset by talking about a negative experience. If talking about this experience is upsetting to you, you do not need to continue. In the event you are distressed by recalling a negative experience and desire to talk to a care provider, you will be directed to the mental health services at the Holyoke Health Center or, if after usual business hours for the Health Center, you will be directed to the emergency department of Baystate Medical Center. If the tape recording upsets you, I will stop right away.

### **Benefits**

It is possible that you will not benefit from taking part in this study but this study does give you the chance to talk about what was helpful and what was not helpful in making you feel like a father to your child. Sharing your experiences may help us to better understand how to help Puerto Rican men who are becoming new fathers and we are always looking for ways to help new parents.

### **Costs and Compensation**

You will receive \$50 in appreciation for the time you spend talking to me about your experiences. This includes money towards transportation costs to either the Health Center or the Elms College Library for the interview. This money will be given at the conclusion of the interview. The University of Massachusetts does not have a program for compensating subjects for injury or compensation related to human subject's research but the study personnel will assist you in getting treatment. In the case of injury or illness occurring during this study, emergency medical treatment will be sought but will be provided at the usual charge. There are no funds to compensate you in the event of injury or illness. You or your insurance company will be charged for continuing medical care and / or hospitalization.

### **Alternatives to Participation**

There are no alternatives to taking part in this study. You are free to take part in this study or not, the decision is yours. You are free to stop participating at any time without prejudice and no one will think differently of you.

### **Subject Enrollment / Length of Study**

I expect about 15 fathers to take part in this study over the next year. The total time expected from you is about 10 minutes after you sign the permission form to answer some general questions and about 60 minutes for the interview. I would like to share my information with you after the information has been collected and reviewed to be sure it describes your experiences.

**Confidentiality**

Whatever we learn about you and what did help you and did not help you to feel like a father to your child will be kept confidential. The form with your name and phone number will be destroyed after our conversation. Your permission form will be secured in a locked file, separate from other study materials, in the office of Suzanne Barenski at Elms College, Chicopee, MA. You will be identified only by a code name. The tape recordings will be kept in a locked file, also in the office of Suzanne Barenski at Elms College. We will write everything you have said on the tape recording onto paper so that we can learn from the information you have given us during the interview. These papers will be kept with the tape recording in a locked file in the office of Suzanne Barenski at Elms College. We will keep these papers to study them for about two years. The papers will be destroyed at that point (approximately 3 years from the actual interview). The tape recordings will be destroyed at the end of the study (approximately 2 years from the actual interview). I will use code names instead of actual names and will only publish group findings thus no one will know anything about you as an individual.

**Voluntary Participation**

You do not have to take part in this study. The decision is yours. You can decide to stop the study at any time.

**Request for Additional Information**

Please feel free to ask any questions you may have about the study or about your rights in taking part. If other questions come up later, you may contact Suzanne Barenski at 413-265-2385 at Elms College, Chicopee, MA or Dr Eileen Hayes at 413- 545- 5089 at the School of Nursing at University of Massachusetts, Amherst, MA. If at any time you wish to discuss your research rights as a participant or talk to someone who is not directly involved in the research study, you may contact Dr Margaret Barton-Burke, Chairperson, Committee for the Advancement of Nursing Scholarship at the University of Massachusetts, Amherst, Massachusetts. If you have any concern about your rights as a participant in this study you may contact Dr Barton-Burke by phone (413- 545- 5405); e-mail (mbartonburke@nursing.umass.edu) or mail (326 Arnold House, North Pleasant Street, University of Massachusetts-Amherst, Amherst, MA 01003-9242).

**Participant Statement of Voluntary Consent**

When signing this form, I am agreeing to voluntarily enter this study. I understand that, by signing this document, I do not waive any of my legal rights. I have had a chance to read this consent form, and it was explained to me in a language which I use and understand. I have had the opportunity to ask questions and have received satisfactory answers. A copy of this signed Informed Consent Form has been given to me.

---

Participant's Name (Print)

Date \_\_\_\_\_

---

Signature

---

**Study Representative Statement**

I have fully explained the purpose of the study and procedures as well as the possible risks and discomforts involved by taking part and have answered all questions to the best of my ability.

---

Study Representative Name (Print)

---

Signature

Date \_\_\_\_\_

## APPENDIX E2

### INFORMED CONSENT FORM: SPANISH LANGUAGE

Translation of this informed consent was provided by Dr Maria Christina Canales at Elms College, Chicopee, MA. Dr Canales is Division Chairperson for Humanities and professor in Department of Foreign Languages. She specializes in Caribbean studies. She has co-authored a book on Guatemalan oral tradition and has given numerous presentations and workshops on literature, culture, and pedagogy. Her current research interests are Cuba and Hispanics in the United States. Dr Canales received her B.A. from Universidad de Puerto Rico, M.A. from Universite de Paris, Sorbonne, and her Ph.D. from the University of Massachusetts.

#### **Consentimiento informado para la investigación**

Nombre del participante en la investigación: \_\_\_\_\_  
Investigador principal: Helen Hayes, PHD, APRN-BC, FAANP  
Investigador estudiante doctoral: Suzanne Barenski, MS, RN  
Patrocinador de la investigación: Ninguno  
Título del proyecto: La transición a padre: una perspectiva puertorriqueña

Por este medio se le invita a participar en un proyecto de investigación que estudiará a hombres que, como usted, son por primera vez padres y se identifican como puertorriqueños. Suzanne Barenski, MS, RN, estudiante doctoral en la facultad de Enfermería de la Universidad de Massachussets, Amherst, MA, llevará a cabo este proyecto de investigación. Al firmar este documento, usted \_\_\_\_\_ (nombre del participante) me indica que está dispuesto a participar en este proyecto investigativo.

#### **Propósito de la investigación**

El propósito de esta investigación es el de aprender qué ha sido para usted útil y qué es lo que ha contribuido a desarrollar un sentimiento paternal ante su nuevo bebé. Este estudio va a considerar su experiencia desde el momento en que supo que iba a ser padre y durante el primer año de la vida de su bebé. Solicito su participación en este estudio porque por primera vez usted es padre. Para ayudarme en este proyecto me gustaría hacerle unas preguntas sobre usted mismo y sobre su experiencia al convertirse en padre. Me gustaría me diera información sobre cómo ponerme en contacto con usted luego de la entrevista para poder compartir con usted los resultados de la misma. También me gustaría poder grabar nuestra conversación durante la entrevista.

### **Procedimiento**

Si desea participar en este estudio o saber más sobre el mismo le voy a indicar qué es lo que se le va a pedir. Se le va a leer y explicar el formulario de permiso consentido y, durante este proceso, usted podrá hacer cualquier pregunta sobre el estudio. Si le interesa participar en el mismo, le pediré que firme este permiso. Seguido, le haré algunas preguntas generales pidiéndole su número de teléfono, los idiomas hablados en su casa, su empleo, la presencia de otros niños (no biológicos) en su hogar, y su edad. Esto tomará unos diez minutos.

Cuando hablemos sobre su experiencia al ser padre, es importante que yo pueda grabar la conversación para que no se me olvide nada que sea importante. Le pediré que cuente lo que ha significado para usted el convertirse en papá por primera vez. Le pediré que por un lado describa algunos ejemplos de aquello que le ayudó a sentirse como un padre y, por otro lado, dé ejemplos de aquello que dificultó el que usted se sintiera papá. Le indicaré cuándo voy a encender la grabadora y cuándo la voy a apagar. Me puede pedir que pare la grabación en cualquier momento. Hablaremos unos sesenta (60) minutos.

### **Molestias y riesgos**

No creo que el participar en este estudio le pueda hacer daño a usted. Sin embargo, pueden haber riesgos no previstos que desconocemos es este momento. Una incomodidad o riesgo es el que usted se afecte emocionalmente al hablar sobre una experiencia negativa. De ser así, no tiene que continuar. En el caso en que usted se angustie al recordar una experiencia negativa y desee hablar con un proveedor de salud, se le dirigirá a los servicios de salud mental en el Centro de Salud de Holyoke (Holyoke Health Center) y, en el caso de que el centro esté cerrado, se le dirigirá al departamento de emergencias del Centro Médico de Avístate (Avístate Medical Center). Si le molesta la grabación, la pararé inmediatamente.

### **Beneficios**

Puede que usted no saque beneficio directo al participar en este estudio pero el mismo le permitirá hablar sobre aquellos factores que contribuyeron, o que no contribuyeron, a que usted desarrollara un sentimiento paternal hacia su hijo. Al compartir su experiencia, usted nos ayuda a comprender mejor cómo darles apoyo a los hombres puertorriqueños que están por ser padres. Siempre buscamos la mejor forma de ayudar a los nuevos padres.

### **Costo y compensación**

Al concluir la entrevista, recibirá \$50.00 por el tiempo que usted ha pasado conversando conmigo sobre sus experiencias. Esto incluye sus gastos de transporte al Centro de Salud (Health Center) o a la biblioteca de Elms College donde se llevará a cabo la entrevista. La Universidad de Massachussets no tiene ningún programa que compense al participante por daños y perjuicios al sujeto de la investigación, sin embargo, el personal de la investigación le asistirá en el caso en que usted necesite tratamiento. En el caso en que usted se enferme o resulte herido durante este estudio, se le proveerá tratamiento de urgencia al costo normal. No hay fondos disponibles para compensarle en caso de herida

o enfermedad. Se le cobrará a usted o a su compañía de seguro por su cuidado médico y/u hospitalización.

### **Alternativas a su participación**

No hay alternativas a su participación en este estudio. Usted es libre de participar o no; la decisión es suya. Puede dejar de participar en cualquier momento durante el estudio sin que ésto lo perjudique y sin que, por eso, alguien se forme otra opinión de usted.

### **Inscripción /duración del estudio**

Mi expectativa es que participen unos 15 padres en este estudio durante el próximo año. Esperamos le tome a usted unos 10 minutos, luego de firmar el permiso, para contestar algunas preguntas generales y unos 60 minutos para la entrevista. Me gustaría poder compartir con usted la información una vez que ésta haya sido recogida y revisada para asegurarme de que describe precisamente sus experiencias.

### **Información confidencial**

Todo aquello que aprendamos sobre usted y sobre lo que lo ayudó o no a sentirse padre hacia su hijo se mantendrá confidencialmente. Una vez terminemos nuestra conversación, se destruirá el formulario que lleva su nombre y número de teléfono. El formulario de su permiso se guardará en un archivo bajo llave, separado de todo otro material del estudio, en la oficina de Suzanne Barensky, en Elms College, Chicopee, MA. Se le identificará solamente por un nombre clave. La cinta grabada también se archivará bajo llave en la oficina de Suzanne Barensky en Elms College. Pasaremos todo lo que usted nos diga a papel para así poder aprender de la información que usted nos dé durante la entrevista. Estos documentos escritos también se guardarán junto con la grabación en un archivo bajo llave localizado en la oficina de Suzanne Barensky en Elms College. Nos quedaremos con ellos unos dos años para su estudio. Aproximadamente tres años luego de la entrevista se destruirán los documentos escritos y las cintas grabadas serán destruidas al finalizar la investigación, unos dos años después de la entrevista. No usaré su nombre verdadero sino un nombre clave y publicaremos sólo los resultados del grupo, así nadie conocerá nada sobre usted.

### **Participación voluntaria**

Usted no está obligado a participar en este estudio. La decisión es suya y en cualquier momento podrá dejar de participar si así lo desea.

### **Para más información**

Por favor, siéntase en libertad de hacer cualquier pregunta que pueda tener sobre el proyecto o sobre sus derechos al participar en el mismo. De surgir otras preguntas luego del estudio, favor de comunicarse con Suzanne Barenski al número 413-265-2385 en Elms College, Chicopee, MA o con la doctora Helen Hayes al 413-545-5089 en la Facultad de enfermería, Universidad de Massachussets, Amherst, MA. En cualquier momento que usted desee hablar sobre sus derechos como participante en la investigación o hablar con otra persona que no esté directamente envuelta en el estudio, puede comunicarse con la doctora Margaret Barton-Burke, directora del Comité para el mejoramiento de la ciencia de enfermería (Committee for the Advancement of Nursing

Scholarship) en la Universidad de Massachussets, Amherst, MA. Si tiene alguna preocupación respecto a sus derechos como participante en este estudio, favor de comunicarse con la Dra. Barton-Burke al 413-545-5405, a su dirección electrónica <mbartonburke@nursing.umass.edu, o a la dirección 326 Arnold House, North Pleasant Street, University of Massachusetts-Amherst, Amherst, MA 01003-9242.

**Declaratoria de consentimiento voluntario del participante**

Al firmar este documento, acepto voluntariamente participar en este estudio. Entiendo que al firmar este documento no renuncio a ningún derecho legal. He leído este documento de consentimiento, y me explicaron el mismo en el lenguaje que uso y que comprendo. He tenido la oportunidad de hacer preguntas que han sido respondidas satisfactoriamente. He recibido una copia firmada de este documento de consentimiento informado.

---

Nombre y apellido del participante (Letra de molde)

---

Firma

---

Fecha

**DECLARATORIA DE REPRESENTANTE DEL ESTUDIO**

Le he explicado a cabalidad el propósito y el proceso de este estudio al igual que los riesgos y molestias que puedan surgir como resultado de su participación en este estudio, y he contestado a toda pregunta lo mejor que he podido.

---

Nombre del representante del estudio (letra de molde)

---

Firma

---

Fecha



APPENDIX F  
DEMOGRAPHIC FORM

Age of participating father: \_\_\_\_\_

Current employment: \_\_\_\_\_

Other children in the home:            Yes \_\_\_\_\_            No \_\_\_\_\_

Is Spanish spoken in your home:    Yes \_\_\_\_\_            No \_\_\_\_\_

Will this child learn both Spanish & English:    Yes \_\_\_\_\_            No \_\_\_\_\_

Age of child:            \_\_\_\_\_months

## APPENDIX G

### SCRIPT FOR INTERVIEW QUESTIONS

#### Introduction:

“There are many important events that men experience after first learning they are to become a father and these events continue to occur after the child is born.”

#### Instruction:

“Think about the various experiences you have had in becoming a father. Begin from the time you first learned you would be a father up to the time your child was six months old. Becoming a father for the first time involves many experiences; some of which make you feel like a father and other experiences make it hard for you to feel like a father.

I would like you to describe for me what it has been like for you to become a father for the first time by telling me about events that you have experienced that have helped you to feel more like a father and those events that have made it hard for you to feel like a father.”

#### Focus:

“First I would like you to think about those experiences that helped you to feel like a father. Tell me about an example that helped you to feel like a father.”

#### Prompts:

- When did this experience occur?
- Who was involved?
- Describe for me how this made you feel.
- What was important about this experience for you?

Question repeated for additional experience examples.

#### Summation:

“Out of all of these examples, which was the most meaningful and important experience for you?”

#### Prompts:

- What made this one experience so special for you?

Question repeated for the second most meaningful and important event.

#### Focus:

“Now I would like you to think about those experiences that made it hard for you to feel like a father. Tell me about an example that made it hard for you to feel like a father.”

#### Prompts:

- When did this experience occur?
- Who was involved?

- Describe for me how this made you feel.
- What was important about this experience for you?

Question repeated for additional experience examples.

Summation:

“Out of all of this examples that made it hard for you to feel like a father, which one affected you the most?”

- What made this one experience so hard for you?
- If you could, how would you change this event?

Question repeated for second most difficult event.

Closure:

“I would like to end with some general discussion. Is there anything else you would like to share with me about your experience of becoming a father for the first time?”

## BIBLIOGRAPHY

- Ainsworth, M.D. (1969). Object relations, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, 40, 969-1027.
- Alastuey, L., Justice, M., Weeks, S., Hardy, J. (2005). Why we complete a teacher education program – credentialed teachers: A critical incident inquiry. *Education*, 126(1), 37-46.
- Amaya, M.A. (2002). The Neuman systems model and clinical practice: An integrative review, 1974-2000. In B. Neuman, & J. Fawcett (Eds.), *The Neuman systems model* (5<sup>th</sup> ed., pp.43-60). Upper Saddle River, NJ: Prentice Hall.
- American Nurses Association. (2004). *Nursing: Scope & standards of practice*. Washington, DC: Author.
- Amundson, N., Borgen, W., Jordan, S., & Eriebach, A. (2004). Survivors of downsizing: Helpful and hindering experiences. *Career Development*, 52(3), 256-271.
- Anderson, A. M. (1996). The father-infant relationship: Becoming connected. *Journal for the Society of Pediatric Nurses*, 1, 83-92.
- Anderson, E. (1996). Family roles. In P.J. Bomar (Ed.), *Nurses and family health promotion: Concepts, assessment, and interventions* (2nd. ed.) (pp. 70-82). Philadelphia: Saunders.
- Andres-Hyman, R.C., Ortiz, J., Anez, L.M., & Davidson, L. (2006). Culture and clinical practice: Recommendations for working with Puerto Rican and other latino(s) in the United States. *Professional Pshchology: Research and Practice*, 37(6), 692-701.
- Angen, M.J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Review*, 10, 378-395.
- Arnett, J.J. (2002). The pshchology of globalization. *American Psychologist*, 57(10), 774-783.
- Arvidsson, B., & Fridlund, B. (2005). Factors influencing nurse supervisor competence: A critical incident analysis study. *Journal of Nursing Management*, 13, 231-237.
- Bailey, P.H. (1996). Assuring quality in narrative analysis. *Western Journal of Nursing*, 18(2), 186-194.
- Bailey, P.H. (1997). Finding your way around qualitative methods in nursing research. *Journal of Advanced Nursing*, 25, 18-22.

- Bailey, W.T. (1994). A longitudinal study of fathers' involvement with young children: Infancy to age 5 years. *The Journal of Genetic Psychology*, 155, 331-339.
- Barclay, L., & Lupton, D. (1999). The experiences of new fatherhood: A socio-cultural analysis. *Journal of Advanced Nursing*, 29, 1013-1020.
- Barnett, R.C. & Hyde, J.S. (2001). Women, men, work, and family: An expansionist theory. *American Psychologist*, 56(10), 781-796.
- Bartlett, E. (2004). The effects of fatherhood on the health of men: A review of the literature. *The Journal of Men's Health and Gender*, 1, 159-169.
- Beardshaw, T. (2001). Supporting the role of fathers around the time of birth. *Midwifery Digest*, 11(4), 474-477.
- Behnke, A.O., & Allen, W.D. (2007). Effectively serving low-income fathers of color. *Marriage & Family Review*, 42(2), 29-50.
- Belmont, N. (1979). Arnold van Gennep: The creator of French ethnography (D. Coltman Trans.). Chicago: University of Chicago Press. (Original work published 1976)
- Berry, J.W. (1992). Acculturation and adaptation in a new society. *International migration*, 30, 69-85.
- Berry, J.W. (1997). Immigration, acculturation, and adaption. *Applied Psychology: An International Review*, 46(1), 5-68.
- Birks, M.J., Chapman, Y., & Francis, K. (2007). Breaching the wall: Interviewing people from other cultures. *Journal of Transcultural Nursing*, 18(2), 150-156.
- Bjorklund, M., & Fridlund, B. (1999). Cancer patients' experiences of nurses' behaviour and health promotion activities: A critical incident analysis. *European Journal of Cancer Care*, 8, 204-212.
- Blackmore, P., & Wilson, A. (2005). Problems in staff and educational development leadership: Solving, framing, and avoiding. *International Journal for Academic Development*, 10(2), 107-123.
- Bowlby, J. (1977). The making and breaking of affectional bonds. *British Journal of Psychiatry*, 130, 201-210.
- Bradley, E, MacKenzie, M., & Boath, E. (2004). The experience of first-time fatherhood: A brief report. *Journal of Reproductive and Infant Psychology*, 22(1), 45-47.

- Brennan, A., Marshall-Lucette, S., Ayers, S., & Ahimed, H. (2007). A qualitative exploration of the couvade syndrome in expectant fathers. *Journal of Reproductive and Infant Psychology*, 25(1), 18-39,
- Bridges, W. (2004). *Transitions: Making sense of life's changes* (2<sup>nd</sup> ed.). Cambridge, MA: Perseus Books.
- Bryan, A.A. (2000). Enhancing parent-child interaction with a prenatal couple intervention. *The American Journal of Maternal Child Nursing*, 25(3), 139-145.
- Buist, A., Morse, C.A., & Durkin. (2003). Men's adjustment to fatherhood: Implications for obstetric health care. *Journal of Obstetric, Gynecological, & Neonatal Nursing*, 32, 172- 180.
- Buriel, R. (1993). Childrearing orientations in Mexican American families: The influence of generation and sociocultural factors. *Journal of Marriage and the Family*, 55, 987-1000.
- Burns, N., & Grove, S.K. (1997). Selecting a research design. In *The practice of nursing research: Conduct, critique, & utilization* (3<sup>rd</sup> ed.), (pp. 249-291). Philadelphia: Saunders.
- Burr, W.R. (1972). Role transitions: A reformulation of theory. *Journal of Marriage and the Family*, 407-416.
- Butterfield, L., & Borgen, W. (2005). Outpatient counseling from the client's perspective. *Career Development Quarterly*, 53(4), 306-316.
- Butterfield, L.D., Borgen, W.A., Amundson, N.E., & Maglio, A.-S.T. (2005). Fifty years of the critical incident technique: 1954-2004 and beyond. *Qualitative Research*, 5(4), 475-497.
- Cabrera, N.J., & Garcia Coll, C. (2004). Latino fathers: Uncharted territory in need of much exploration. In M.E. Lamb (Ed.), *The role of the father in child development* (4<sup>th</sup> ed., pp. 8-120). New York: Wiley.
- Cabrena, N.J., Tamis-LeMonda, C.S., Bradley, R.H., Hofferth, S., & Lamb, M.E. (2000). Fatherhood in the twenty-first century. *Child Development*, 71, 127-136.
- Callister, L.C. (1995a). Becoming a father. *Journal of Perinatal Education*, 4(1), 1-8.
- Callister, L.C. (1995b). Cultural meaning of childbirth. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 24, 327-331.
- Campos, R. (2008). Considerations For studying father involvement in early childhood among Latino families. *Hispanic Journal of Behavioral Sciences*, 30(2), 133-160.

- Chalmers, B., & Meyer, D. (1996). What men say about pregnancy, birth, & Parenthood. *Journal of Psychology, Obstetrics, and Gynecology*, 17, 47-52.
- Cheek, J., O'Brien, B., Ballantyne, A., & Pincombe, J. (1997). Using critical incident technique to inform aged and extended care nursing. *Western Journal of Nursing Research*, 19(5), 667-682.
- Chell, E. (1998). Critical incident technique. In G. Simon & C. Cassell (Eds.), *Qualitative methods and analysis in organizational research* (pp. 51-72), Thousand Oakes: Sage.
- Chick, N., & Meleis, A.I. (1986). Transitions: A nursing concern. In P.L. Chinn (Ed.) *Nursing research methodology: Issues and implementation*, (pp. 237-257). Rockville, MD: Aspen.
- Clingerman, E. (2007). A situation specific theory of migration transition for migrant farmworker women. *Research and Theory for Nursing Practice*, 21(4), 220-235.
- Clinton, J.C. (1987). Physical and emotional responses of expectant fathers throughout pregnancy and the early postpartum. *International Journal of Nursing Studies*, 24(1), 59-68.
- Coley, R.L. (2001). (In)visible men: Emerging research on low-income, unmarried, and minority fathers. *American Psychologist*, 56(9), 743-753.
- Coley, R.L., & Chase-Lansdale, P.L. (1998). Adolescent pregnancy and parenthood: Recent directions and future directions. *American Psychologist*, 53(2), 152-166.
- Condon, J.T., Boyce, P., & Corkindale, C.J. (2004). The first-time fathers study: A prospective study of the mental health and wellbeing of men during the transition to parenthood. *Australian and New Zealand Journal of Psychiatry*, 38, 56-64.
- Cox, M.J., Tresch Owen, M., Henderson, V. K., & Margand, N.A. (1992). Prediction of infant- father and infant-mother attachment. *Developmental Psychocology*, 28, 474-483.
- Crandall, S.J.S. (2001). Using interview as a needs assessment tool. *The Journal of Continuing Education in the Health Professions*, 18, 155-162.
- Creswell, J.W. (1998). Designing a qualitative study. In *Qualitative inquiry and research design: Choosing among five traditions* (pp. 13-26). Thousands Oaks: Sage.
- Cronenwett, L.R., & Kunst-Wilson, W. (1981). Stress, social support, and the transition to fatherhood. *Nursing Research*, 30, 196-201.

- Cutcliffe, J.R., & McKenna, H.P. (1999). Establishing the credibility of qualitative research findings: The plot thickens. *Journal of Advanced Nursing*, 30(2), 374-380.
- D'Alessandro, D., Kreiter, C., & Peterson, M. (2004). An evaluation of information-seeking behaviors of general pediatricians. *Pediatrics*, 113(1), 64-69.
- Daly, K. (1993). Reshaping fatherhood: Finding the models. *Journal of Family Issues*, 14, 510-530.
- Davies, S. (2005). Melsis' theory of nursing transitions and relatives' experiences of nursing home entry. *Journal of Advanced Nursing*, 52(6), 658-671.
- Davis, L.H., Dumas, R., Ferketich, S., Flaherty, M.J., Isenberg, M., Koerner, J.E., Lacey, B., Noerager Stern, P., Valente, S., & Meleis, A.I. (1992). AAN Expert panel report: Culturally competent health care. *Nursing Outlook*, 40(6), 277-283.
- Dearnley, C. (2005). A reflection on the use of semi-structured interviews. *Nurse Researcher*, 13(1), 19-28.
- Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? *Journal of Advanced Nursing*, 63(6), 626-633.
- De LaRosa, M. (1988). Natural support systems of Puerto Ricans: A key dimension for well-being. *Health and Social Work*, 13, 181-190.
- Delbridge, J.R. (1997, November). Interviewing: Bridge-building and story-mining. Paper presented at the 97<sup>th</sup> annual meeting of the National Council of Teachers of English, Detroit, MI.
- DeLuccie, M.F. (1995). Mothers as gatekeepers: A model of maternal mediators of father involvement. *Journal of Genetic Psychology*, 156, 115-132.
- de Montigny, F., & Lacharite, C. (2004). Fathers' perception of the immediate postpartal period. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 33, 328-339.
- DeNatale, M.L., & Kroeber, S.L. (1998). Teaching on a mother-baby unit: Parents' ratings of its value. *Journal of Perinatal Education*, 7(2), 1-11.
- Denham, S. (2003). *Family health: A framework for nursing*. Philadelphia: Davis.
- Denzin, N.K., & Lincoln, Y.S. (Eds.) (2000). Methods of collecting and analyzing empirical materials: Part IV. In *Handbook of qualitative research* (2nd ed.) (pp. 633-643). Thousand Oaks: Sage.



- Devos, T., & Banaji, M.R. (2005). American = white? *Journal of Personality and Social Psychology*, 88(3), 447-466.
- Doherty, W.J., Erickson, M.F., & LaRossa, R. (2006). An intervention to increase father involvement and skills with infants during the transition to parenthood. *Journal of Family Psychology*, 20, 438-447.
- Donta, A. (2001). The Hispanic population of Massachusetts. *Massachusetts State Data Center Newsletter*, 3(1), 1&3.
- Dowling, M. (2006). Approaches to reflexivity in qualitative research. *Nurse Researcher*, 13(3), 7-21.
- Draper, J. (2002a). 'It was a real good show': the ultrasound scan, fathers and the power of visual knowledge. *Sociology of Health & Illness*, 24, 777-795.
- Draper, J. (2002b). 'It's the first scientific evidence': Men's experience of pregnancy confirmation. *Journal of Advanced Nursing*, 39, 563-570.
- Draper, J. (2003a). Men's passage to fatherhood: An analysis of the contemporary relevance of transition theory. *Nursing Inquiry*, 10(1), 66-78.
- Draper, J. (2003b). Blurring, moving and broken boundaries: Men's encounter with the pregnant body. *Sociology of Health & Illness*, 25, 743-767.
- Durkin, S., Morse, C., & Buist, A. (2001). The factor structure of prenatal psychological and psychosocial functioning in first-time expectant parents. *Journal of Reproductive and Infant Psychology*, 19(2), 121-134.
- Earle, S. (2000). Why some women do not breast feed: Bottle feeding and fathers' role. *Midwifery*, 16, 323-330.
- Easterbrooks, M.A., Barrett, L.R., Brady, A.E., & Davis, C.R. (2007). Complexities in research on fathering: Illustrations from the Tufts study of young fathers. *Applied Development Science*, 11(4), 214-220.
- Eggebeen, D.J. & Knoester, C. (2001). Does fatherhood matter for men? *Journal of Marriage and Family*, 63(5), 381-393.
- Eamon, M.K. & Milder, C. (2005). Predicting antisocial behavior among Latino young adolescents: An ecological systems analysis. *American Journal of Orthopsychiatry*, 75(1), 117-127.

- Eidelman, A.I., Hovars, R., & Kaitz, M. (1994). Comparative tactile behavior of mothers and fathers with their newborn infants. *Israel Journal of Medical Science*, 30, 79-82.
- Ekelin, M., Crang-Svalenius, E., Dykes, A.K. (2004). A qualitative study of mothers' and fathers' experiences of routine ultrasound examination in Sweden. *Midwifery*, 20, 335- 344.
- Eller, L.S., Corless, I., Bunch, E.H., Kemppainen, J, Holzemer, W., Nokes, K., Portillo, C., & Nicholas, P. (2005). Self-care strategies for depressive symptoms in people with HIVdisease. *Journal of Advanced Nursing*, 51, 119-130.
- Erkut, S., Szalacha, L.A., & Garcia Coll, C. (2005). A framework for studying minority youths' transitions to fatherhood: The case of Puerto Rican adolescents. *Adolescence*, 40(160), 709-727.
- Evans, B.C. (2006). The multicultural research process. *Journal of Nursing Education*, 45(7), 275-279.
- Father. (n.d.). In *Free online Dictionary, Thesaurus, and Encyclopedia*. Retrived February 14, 2010, from <http://www.thefreedictionary.com>
- Fawcett, J. (1989). Spouses' experiences during pregnancy and the postpartum: A program of research and theory development. *Journal of Nursing Scholarship*, 21, 149-152.
- Feetham, S.L. (1991). Conceptual and methodological issues in research of families. In A.L. Whall & J. Fawcett (Eds.), *Family theory development in nursing: State of the science and art* (pp. 55-68). Philadelphia: Davis.
- Feldman, S.S., Nash, S.C., & Aschenbrenner, B.G. (1983). Antecedents of fathering. *Child Development*, 54, 1628-1636.
- Ferketich, S.L., & Mercer, R.T. (1995a). Paternal-infant attachment of experienced and inexperienced fathers during infancy. *Nursing Research*, 44, 31-37.
- Ferketich, S.L., & Mercer, R.T. (1995b). Predictors of role competence for experienced and inexperienced fathers. *Nursing Research*, 44, 89-95.
- Flanagan, J.C. (1954). The critical incident technique. *Psychological Bulletin*, 51, 327-358.
- Fletcher, R., Silberberg, S., & Galloway, D. (2004). New fatherr's postbirth views of antenatal classes: Satisfaction, benefits, and knowledge of family services. *The Journal of Perinatal Education*, 133, 18-26.

- Florsheim, P., Sumida, E., McCann, C., Winstanley, M., Fukui, R., Seefeldt, T., & Moore, D. (2003). The transition to parenthood among young African American and Latino couples: Relational predictors of risk for parental dysfunction. *Journal of Family Psychology*, 17(1), 65-79.
- Fontana, A., & Frey, J.H. (2000). The interview: From structured questions to negotiated text. In Denzin, N.K., & Lincoln, Y.S. (Eds.). *Handbook of qualitative research* (2<sup>nd</sup> ed.). Thousands Oaks: Sage.
- Foster, J.W. (2003). Masculinity and fatherhood: *Stratified reproduction among the Puerto Rican partners of adolescent mothers*. Unpublished doctoral dissertation, University of Massachusetts, Amherst.
- Foster, J. (2004). Fatherhood and the meaning of children: An ethnographic study among Puerto Rican partners of adolescent mothers. *Journal of Midwifery and Women's Health*, 49(2), 118-125.
- Fitzpatrick, J.P. (1971). *Puerto Rican Americans: The meaning of migration to the Mainland*. Englewood Cliffs, NJ: Prentice-Hall.
- Fitzpatrick, J., Caldera, Y.M., Pursley, M., & Wampler, K. (1999). Hispanic mother and father perceptions of fathering: A qualitative analysis. *Family and Consumer Sciences Research Journal*, 28(2), 133-166.
- Freeman, A., (2000). The influences of ultrasound-stimulated paternal-fetal bonding for gender identification. *Journal of Diagnostic Medical Sonography*, 16(6), 237-241.
- Frewin, K., Tuffin, K., & Rouch, G. (2007). Managing identity: Adolescent fathers talk about the transition to parenthood. *New Zealand Journal of Psychology*, 36(3), 161-167.
- Freysinger, V. (1994). Leisure with children and parental satisfaction: Further evidence of a sex difference in experience of adult roles and leisure. *Journal of Leisure Research*, 26(3), 212-226.
- Friedman, M.M. (1986). The developmental approach. In *Family nursing: Theory and assessment* (2nd ed.) (pp. 58-74). Norwalk, CT: Appleton-Century-Crofts.
- Friedman, M.M. (1998). Introduction to the family. In *Family nursing: Research, theory and practice* (4th ed., pp. 3-30). Stamford, CT: Appleton & Lange.
- Friedman, M.M., Bowden, V.R. & Jones, E.G. (2003). *Family nursing: Research, theory, & practice* (5<sup>th</sup> ed.). Upper Saddle River, NJ: Prentice Hall.
- Froggatt, K. (1997). Rites of passage and the hospice culture. *Mortality*, 2(2), 123-136.

- Gage, J.D., Everett, K.D., & Bullock, L. (2006). Integrative review of parenting in nursing research. *Journal of Nursing Scholarship*, 38, 56-62.
- Gage, J.D., & Kirk, R. (2002). First-time fathers: Perceptions of preparedness for fatherhood. *Canadian Journal of Nursing Research*, 34(4), 15-24.
- Gamble, D., & Morse, J.M. (1993) Fathers of breastfed infants: Postponing and types of involvement. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 22, 358-365.
- Gann, L.H., & Duignan, P.J. (1986). Spreading the eagle's wings. In *The Hispanics in the United States: A history* (pp. 20-32). Boulder: Westview.
- Germain, C.P. (2001). Ethnography: The model. In P.L. Munhall (Ed.), *Nursing research: A qualitative perspective* (3<sup>rd</sup> ed., pp. 277-306), Boston: Jones & Bartlett.
- Genesoni, L., & Tallandini, M.A. (2009). Men's psychological transition to fatherhood: An analysis of the literature, 1989-2008. *Birth*, 36(4), 305-317.
- Ghali, S.B. (1977, October). Culture sensitivity and the Puerto Rican client. *Social Casework*, 459-468.
- Ghali, S.B. (1982, January). Understanding Puerto Rican traditions. *Social work*, 98-102.
- Giger, J.N., & Davidhizar, R.E. (2008). *Transcultural nursing: Assessment and intervention* (5<sup>th</sup> ed.). St Lewis: Mosby.
- Gjerdingen, D.K., & Center, B.A. (2003). First-time parents' prenatal to postnatal changes in health, and the relation of postpartum health to work and partner characteristics. *Journal of the American Board of Family Practice*, 16(4), 304-311.
- Goodell, J. (2006). Using critical incident reflections: A self-study as a mathematics teacher educator. *Journal of Mathematics Teacher Education*, 9(3), 221-248.
- Goodman, J.H. (2005). Becoming an involved father of an infant. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34, 190-200.
- Grace, J.T. (1993). Mothers' self-reports of parenthood across the first 6 months postpartum. *Research in Nursing & Health*, 16, 431-439.
- Greenberg, M., & Morris, N. (1974). Engrossment: The newborn's impact upon the father. *American Journal of Orthopsychiatry*, 44, 520-531.

- Green, M.L., Way, N., & Pahl, K. (2006). Trajectories of perceived adult and peer discrimination among black, Latino, and Asian American adolescents: Patterns and Psychological correlates. *Developmental Psychology*, 42(2), 218-238.
- Greenhalgh, R., Slade, P., & Spiby, H. (2000). Father's coping style, antenatal, preparation, and experiences of labor and the postpartum. *Birth*, 27, 177-184.
- Gremier, D.D. (2004). The critical incident technique in service research. *Journal of Service Research*, 7(1), 65-89.
- Griffith, S. (1982). Childbearing and the concept of culture. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 4, 181-184.
- Grossman, F.K., Pollack, W.S., & Golding, E. (1988). Fathers and children: Predicting the quality and quantity of fathering. *Developmental Psychology*, 24, 82-91.
- Guilamo-Ramos, V., Jaccard, J., Johnsson, M., & Turrisi, R. (2004). Binge drinking among Latino youth: Role of acculturation-related variables. *Psychology of Addictive Behaviors*, 18(2), 135-142.
- Hall, W. (1991). The experience of fathers in dual-earner families following the births of their infants. *Journal of Advanced Nursing*, 16, 423-430.
- Hall, W. (1994). New fatherhood: Myths and realities. *Public Health Nursing*, 11, 219-228.
- Hall, J.M., Stevens, P.E., & Meleis, A.I. (1994). Marginalization: A guiding concept for valuing diversity in nursing knowledge development. *Advances in Nursing Science*, 16(4), 23-41.
- Halle, C., Dowd, T., Fowler, C., Rissel, K., Hennessy, K., MacNevin, R., & Nelson, M.A. (2008). *Contemporary Nurse*, 31(1), 57-70.
- Hangsleben, K.L. (1980). Transition to fatherhood: Literature review. *Issues in Health Care of Women*, 2 81-97.
- Hangsleben, K.L. (1983). Transition to fatherhood: An exploratory study. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 5, 265-270.
- Hanson, S.M.H., & Bozett, F.W. (1986). The changing nature of fatherhood: The nurse and social policy. *Journal of Advanced Nursing*, 11, 719-727.
- Hardy, M.H. (1997). Perspectives on nursing theory. In L.H. Nicoll (Ed.), *Perspectives on nursing theory* (3rd ed.) (pp. 89-100). Philadelphia: Lippincott. (Reprinted from *Advances in Nursing Science*, 1, 27-48, 1978)

- Harrison, M.J., & Migall-Evans, J. (1996). Mother and father interactions over the first year with term and preterm infants. *Research in Nursing & Health*, 19, 415-459.
- Henderson, A.D., & Brouse, A.J. (1991). The experiences of new fathers during the first 3 weeks of life. *Journal of Advanced Nursing*, 16, 293-298.
- Hendricks, L.E. (1988). Outreach with teenage fathers: A preliminary report on three ethnic groups. *Adolescence*, 23(91), 711-720.
- Henwood, K., & Procter, J. (2003). The “good father”: Reading men’s accounts of paternal involvement during the transition to first-time fatherhood. *British Journal of Social Psychology*, 42, 337-355.
- Hinckley, C., Ferreira, R., & Maree, J.G. (2007). The case of expectant fathers: Negotiating the changing role of males in a ‘female’ world. *Early Child Development and Care*, 177(5), 461-478.
- Hockey, J. (2002). The importance of being intuitive: Arnold van Gennep’s *The Rights of Passage*. *Mortality*, 7(2), 210-217.
- Hoffart, N. (1991). A member check procedure to enhance rigor in naturalistic research. *Western Journal of Nursing Research*, 13(4), 522-534.
- Hohmann-Maricott, B.E. (2009). Father involvement ideals and the union transitions of unmarried parents. *Journal of Family Issues*, 30(7), 898-920.
- Holstein, J.A., & Gubrium, J.F. (1995). *Qualitative research methods: Vol. 37, The active interview*. Thousand Oaks: Sage.
- Hoshmand, L.T. (2005). Narratology, cultural psychology, and counseling research. *Journal of Counseling Psychology*, 52(2), 178-186.
- Huges, M.J. (1997). An exploratory study of young black and Latino males and the factors facilitating their decisions to make positive behavioral changes. *Smith College Studies in Social Work*, 67(3), 401-414.
- Hutchinson, S.A., & Wilson, H.S. (2001). Grounded theory: The method. In P.L. Munhall (Ed.), *Nursing research: A qualitative perspective* (3<sup>rd</sup> ed., pp.209-243), Boston: Jones and Bartlett.
- Hwang, W.C. (2006). Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 397-409.
- Jackson, S., & Stevenson, C. (2000). What do people need psychiatric and mental health nurses for? *Journal of Advanced Nursing*, 31, 378-388.

- Jordan, P.J. (1990a). Laboring for relevance: Expectant and new fatherhood. *Nursing Research*, 39, 11-16.
- Jordan, P.L. (1990b). First-time expectant fatherhood: Nursing care considerations. *Clinical Issues in Perinatal Women's Health*, 1, 311-316.
- Juarbe, T.C. (2003). People of Puerto Rican heritage. In L.D. Purnell, & B.J. Paulanka (Eds). *Transcultural health care: A culturally competent approach* (2<sup>nd</sup> ed.). Philadelphia: Davis.
- Julion, W., Gross, D., Barclay-McLaughlin, G., & Fogg, L. (2007). "It's not just about mommas": African-American non-resident fathers' view of paternal involvement. *Research in Nursing & Health*, 30, 595-610.
- Kaila-Behm, A., & Vehvilainen-Julkunen, K. (2000). Ways of being a father: How first-time fathers and public health nurses perceive men as fathers. *International Journal of Nursing Studies*, 37, 199-205.
- Kain, D.L. (2004). Owning significance: The critical incident technique in research. In K. deMarrais & S.D. Lapan (Eds), *Foundations for research: Methods of inquiry in education and the social sciences* (pp. 69-85), Mahwah, NJ: Lawrence Erlbaum.
- Kanyangale, M., & MacLachlan, M. (1995). Critical incidents for refugee counselors: An investigation of indigenous human resources. *Counselling Psychology Quarterly*, 8(1), 89-101.
- Karlsson, M., Bergbom, I., von Post, I., & Berg-Nordenberg, L. (2004). Patient experiences when the nurse cares for and does not care for. *International Journal for Human Caring*, 8(3), 30-36.
- Keatinge, D. (2002). Versatility and flexibility: Attributes of the critical incident technique in nursing research. *Nursing and Health Sciences*, 4, 33-39.
- Kemppainen, J.K. (2000). The critical incident technique and nursing care quality research. *Journal of Advanced Nursing*, 32, 1264-1271.
- Kendall, J. (1999). Axial coding and the grounded theory controversy. *Western Journal of Nursing Research*, 21(6), 743-757.
- Klaus, M.H., Jerauld, R., Kreger, N.C., McAlpine, W., Steffa, M., & Kennell, J.H. (1972). Maternal attachment: Importance of the first post-partum days. *The New England Journal of Medicine*, 286(9), 460-463.
- Klaus, M.H., & Kennell, J.H. (1970). Mothers separated from their newborn infants. *Pediatric Clinics of North America*, 17(4), 1015-1037.

- Klaus, M.H., Kennell, J.H., Plumb, N., & Zuehlke, S. (1970). Human maternal behavior at the first contact with her young. *Pediatrics*, 46(2), 187-192.
- Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, [30<sup>th</sup> Anniversary Issue], 53(1), 91-103. (Reprinted from *Journal of Advanced Nursing*, 19, 976-986).
- Koniak-Griffin, D. (1993). Maternal role attainment. *Image: Journal of Nursing Scholarship*, 25, 257-262.
- Knauth, D.G. (2000). Predictors of parental sense of competence for the couple during the transition to parenthood. *Research in Nursing & Health*, 23, 496-509.
- Kralik, D., Visentin, K., & van Loon, A. (2006). Transitions: A literature review. *Journal of Advanced Nursing*, 55(3), 320-329.
- Kristjanson, L.J., & Chalmers, K.I. (1991). Preventive work with families: Issues facing public health nurses. *Journal of Advanced Nursing*, 16, 147-153.
- Kunjappy-Clifton, A. (2007). Pregnancy and father came too...: A study exploring the role of first-time fathers during the birth process and to explore the meaning of the experience for these men. *Midwifery Digest*, 17(4), 507-512.
- Lackey, N., & Walker, B.L. (1998). An ecological framework for family nursing practice and research. In B. Vaughan-Cole, M.A. Johnson, J.A. Malone, & Walker, B.L. (Eds.), *Family nursing practice* (pp. 38-48). Philadelphia: Saunders.
- Landale, N.S., & Oropesa, R.S. (2001). Father involvement in the lives of mainland Puerto Rican children: Contributions of nonresident, cohabiting, and married fathers. *Social Forces*, 79(3), 945-968.
- LaRossa, R. (1988). Fatherhood and social change. *Family Relations*, 37, 451-457.
- Lee, J., & Schmied, V. (2001). Involving men in antenatal education. *British Journal of Midwifery*, 9(9), 559-561.
- Leininger, M. (1997). Future directions in transcultural nursing in the 21<sup>st</sup> century. *International Nursing Review*, 44, 19-23.
- Leininger, M. (2000). Founder's focus: Transcultural nursing is discovery of self and the world of others. *Journal of Transcultural Nursing*, 11, 312-313.
- Leite, R. (2007). Anexploration of aspects of boundary ambiguity among young, unmarried fathers during the prenatal period. *Family Relations*, 56, 162-174.



- Lemmer, C. (1987). Becoming a father: A review of nursing research on expectant fatherhood. *Maternal-Child nursing Journal*, 16, 261-275.
- LeVasseur, J.J. (2002). A phenomenological study of the art of nursing: Experiencing the turn. *Advances in Nursing Science*, 24(4), 14-26.
- Lewis, S.N.C., & Cooper, C.L. (1988). The transition to parenthood in dual-earner couples. *Psychological Medicine*, 18, 477-486.
- Lincoln, Y.S., & Guba, E.G. (1985). Establishing trustworthiness. In *Naturalistic Inquiry* (pp. 289-331). Beverly Hills: Sage.
- Locke, T.F., Newcomb, M.D., & Goodyear, R.K. (2005). Childhood experiences and psychosocial influences on risky sexual behavior, condom use, and HIV attitudes- Behaviors among Latino males. *Psychology of men & masculinity*, 6(1), 25-38.
- Lockyer, J., Gondocz, S., & Thivierge, R. (2004). Knowledge translation: The role and place of practice reflection. *Journal of Continuing Education in the Health Professions*, 24(1), 50-56.
- Longobucco, D.C., & Freston, M.S. (1989). Relation of somatic symptoms to degree of paternal-role preparation of first-time expectant fathers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 13(6), 482-488.
- Lowes, L. Gregory, J.W., & Lyne, P. (2005). Newly diagnosed childhood diabetes: A Psychological transition for parents? *Journal of Advanced Nursing*, 50(3), 253-261.
- Luker, K.A., Austin, L., Caress, A. (2000). The importance of 'knowing the patient': Community nurses' constructions of quality in providing palliative care. *Journal of Advanced Nursing*, 31, 775-782.
- Maggs-Rapport, F. (2000). Combining methodological approaches in research: Ethnography and interpretive phenomenology. *Journal of Advanced Nursing*, 31(1), 219-225.
- Marsiglio, W., Amato, P., Day, R.D., & Lamb, M.E. (2000). Scholarship on fatherhood in the 1990s and beyond. *Journal of Marriage and the Family*, 62, 1173-1191.
- Matthey, S., Morgan, M., Healey, L., Barnett, B., Kavavagh, D.J., & Howie, P. (2002). Postpartum issues for expectant mothers and fathers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31, 428-435.
- Mattingly, C., & Lawlor, M. (2000). Learning from stories: Narrative interviewing in cross-cultural research. *Scandinavian Journal of Occupational Therapy*, 7, 4-14.

- May, J. (1996). Fathers: The forgotten parent. *Pediatric Nursing*, 22, 243-246, 271.
- May, K.A. (1982). Three phases of father involvement in Pregnancy. *Nursing Research*, 31, 337-342.
- McHale, J., Kazali, C., Rotman, T., Talbot, J., Carleton, M., & Lieberman, R. (2004). The transition to coparenthood: Parents' prebirth expectations and early coparental adjustment at 3 months postpartum. *Developmental and Psychopathology*, 16, 711-733.
- McKinlay, J.B. (1979). A case for refocusing upstream: The political economy of illness. In E.G. Jaco (Ed.), *Patients, physicians, and illness: A sourcebook in behavioral science and health* (3<sup>rd</sup> ed., pp. 9-25). New York: The Free Press.
- McKinlay, J.B. & Marceau, L.D. (2000). Public health matters: To boldly go... *American Journal of Public Health*, 9(1), 25-33.
- McLanahan, S., & Carlson, M. (2004). Fathers in fragile families. In M.E. Lamb (Ed.), *The role of the father in child development* (4<sup>th</sup> ed., pp. 368-396). Hoboken, NJ: Wiley & Sons.
- McVeigh, C.A., Baafi, M., Williamson, M. (2002). Functional status after fatherhood: An Australian study. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31, 165-171.
- Meleis, A.I. (1996). Culturally competent scholarship: Substance and rigor. *Advances in Nursing Science*, 19(2), 1-16.
- Meleis, A.I. (1997). The domain of nursing knowledge. In *Theoretical nursing: Development and progress* (3<sup>rd</sup> ed.) (pp. 102-120). Philadelphia: Lippincott.
- Meleis, A., & Im, E.O. (1999). Transcending marginalization in knowledge. *Nursing Inquiry*, 6, 94-102.
- Meleis, A.I., Sawyer, L.M., Im, E.O., Messias, D.K.H., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23, 12-18.
- Meleis, A. I. & Trangenstein, P. A. (1994). Facilitating transitions: Redefinition of the nursing mission. *Nursing Outlook*, 42, 255-259.
- Mercer, R.T., Feretich, S.L. (1995). Experienced and inexperienced mothers' maternal competence during infancy. *Research in Nursing & Health*, 18, 333-343.

- Miller, T. (2000). Losing the plot: Narrative construction and longitudinal childbirth research. *Qualitative Health Research*, 10, 309-323.
- Miller, W., & Maiter, S. (2008). Fatherhood and culture: Moving beyond stereotypical understandings. *Journal of Ethnic & Cultural Diversity in Social Work* 17(3), 279-300.
- Milo, N. (1976). A framework for prevention: Changing health-damaging to health-generating life patterns. *American Journal of Public Health*, 66, 435-439.
- Minghella, E., & Benson, A. (1995). Developing reflective practice in mental health nursing through critical incident analysis. *Journal of Advanced Nursing*, 21, 205-213.
- Mirande, A. (1988). Chicano fathers: Traditional perceptions and current realities. In P. Brownstein, & Cowan, C.P. (Eds.) *Fatherhood today: Men's changing role in the family*, (pp. 93-106), New York: Wiley.
- Moradi, B., & Risco, C. (2006). Perceived discrimination experiences and mental health of Latina/o american persons. *Journal of counseling Psychology*, 53(4), 411-421.
- Morandi, L. (2009). Essential nexus: How to use research to inform and evaluate public policy. *American Journal of Preventative Medicine*, 36(2S), S53-S54.
- Morrow, S.L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.
- Mullany, B.C., Becker, S., & Hindin, M.J. (2007). The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: Results from a randomized controlled trial. *Health Education Research*, 22(2), 166-176.
- Nelson, A. (2007). Seeing white: A critical exploration of occupational therapy with Indigenous Australian people. *Occupational Therapy International*, 14(4), 237-255.
- Nesmith, J.D., Klerman, L.V., & Oh, M.K., & Feinstein, R.A. (1997). Procreative experiences and orientations toward paternity held by incarcerated adolescent males. *Journal of Adolescent Health*, 20(3), 198-203.
- Norman, I.J., Redfern, S. J., Tomalin, D.A., & Oliver, S. (1992). Developing Flanagan's critical incident technique to elicit indicators of high and low quality nursing care from patients and their nurses. *Journal of Advanced Nursing*, 17, 590-600.
- Ochieng, B.M.N. (2003). Minority ethnic families and family-centered care. *Journal of Child Health Care*, 7, 123-132.

- Olin R.M., & Faxelid, E. (2003). Parents' need to talk about their experiences of childbirth. *Scandinavian Journal of Caring Science*, 17, 153-159.
- O'Roark, A.M. (2007). The best of consulting psychology 1900-2000: Insider perspectives. *Consulting Psychology Journal: Practice and Research*, 59, 189-202.
- Pacy, S. (2004). Couples and the first baby: Responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy*, 19(3), 223-246.
- Palkovitz, R., & Palm, G. (2009). Transitions within fathering. *Fathering*, 7(1), 3-22.
- Parra-Cardona, J. R., Wampler, R.S., & Sharp, E.A. (2006). "Wanting to be a good father": Experiences of adolescent fathers of Mexican descent in a teen fathers' program. *Journal of Marital and Family Therapy*, 32, 215-231.
- Patrick, J., James, N., Ahmed, A., & Halliday, P. (2006). Observational assessment of situation awareness, team differences and training implications. *Ergonomics*, 49 (4), 393-417.
- Patton, M.Q. (2002). Enhancing the quality and credibility of qualitative analysis. In *Qualitative research & evaluation methods* (3<sup>rd</sup> ed.) (pp. 541-598), Thousands Oaks: Sage.
- Pender, N.J., Murdaugh, C.L. & Parsons, M.A. (2002a). Health promotion in vulnerable populations, In *Health promotion in nursing practice* (4<sup>th</sup> ed.) (pp. 103-114). Upper Saddle River, NJ: Prentice Hall.
- Pender, N.J., Murdaugh, C.L. & Parsons, M.A. (2002b). Toward a definition of health. In *Health promotion in nursing practice* (4<sup>th</sup> ed.) (pp. 15-31). Upper Saddle River, NJ: Prentice Hall.
- Pillitteri, A. (2007). Psychological and physiologic changes of pregnancy. In *Maternal & child health nursing: Care of the childbearing & childrearing family*, (5<sup>th</sup> ed.) (212-239), Philadelphia: Lippincott.
- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52(2), 137-145.
- Pollock, C.A., Bustamante-Forest, R., & Giarratano, G. (2002). Men of diverse cultures: Knowledge and attitudes about breastfeeding. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 31(6), 673-679.
- Pollock, M.A., Amankwaa, L.C., & Amankwaa, A.A. (2005). First-time fathers and stressors in the postpartum time. *Journal of Perinatal Education*, 14, (2), 19-25.

- Porter, C.P., & Villarruel, A.M. (1993). Nursing research with African American and Hispanic people: Guidelines for action. *Nursing Outlook*, 41(2), 59-67.
- Redfern, S., & Norman, I. (1998). Quality of nursing care perceived by patients and their nurses: an application of the critical incident technique. Part I. *Journal of Clinical Nursing*, 8, 407-413.
- Redfern, S., & Norman, I. (1999). Quality of nursing care perceived by patient and their nurses: An application of the critical incident technique. Part 2. *Journal of Clinical Nursing*, 8, 414-421.
- Riesch, S.K., Kuester, L., Brost, D., & McCarthy, J.G. (1996). Fathers' perceptions of how they were parented. *Journal of Community Health Nursing*, 13, 13-29.
- Riessman, C.K. (1993). *Narrative analysis*. Newbury Park, CA: Sage.
- Robbers, M.L. (2009). Facilitating fatherhood: A longitudinal examination of father involvement among young minority fathers. *Child Adolescent Social Work Journal*, 26, 121-134.
- Rodriguez, C.E. (1991). *Puerto Ricans: Born in the USA*. Boulder: Westview.
- Roer-Strier, D., Strier, R., Este, D., Shimoni, R., & Clarke, D. (2005). Fatherhood and immigration: Challenging the deficit theory. *Child and Family Social Work*, 10, 315-329.
- Rogler, L.H., Cortes, D.E., & Malgady, R.G. (1991). Acculturation and mental health status among Hispanics. *American Psychologist*, 46(6), 585-597.
- Rolfe, G. (2006). Validity, trustworthiness and rigour: Quality and the idea of qualitative research. *Journal of Advanced Nursing*, 53(3), 304-310.
- Roopnarine, J.L., & Ahmeduzzaman, M. (1993). Puerto Rican father's involvement with their preschool-age children. *Hispanic Journal of Behavioral Sciences*, 15(1), 96-107.
- Rosich-Medina, A., & Shetty A. (2007). Paternal experiences of pregnancy and labour. *British Journal of Midwifery*, 15,(2), 66-74.
- Roth, P. & Simanello, M.A. (2004). Family health promotion during transitions. In P.J. Bomar (Ed.), *Promoting health in families: Applying family research and theory to nursing practice*, (pp. 477-506), Philadelphia: Saunders.
- Rubin, R. (1967). Attainment of the maternal role. *Nursing Research*, 16, 237-245.

- Russell, G., & Hwang, C.P. (2004). The impact of workplace practices on father involvement. In M.E. Lamb (Ed.), *The role of the father in child development* (4<sup>th</sup> ed., pp. 476-503). Indianapolis, IN: Wiley.
- Rustia, J., & Abbott, D.A. (1990). Predicting paternal role enactment. *Western Journal of Nursing Research*, 12, 145-160.
- Rustia, J.G., & Abbott, D. (1993). Father involvement in infant care: Two longitudinal studies. *International Journal of Nursing Study*, 30, 467-476.
- Ryder, A.G., Alden, L.E., & Paulhus, D.L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology*, 79(1), 49-65.
- Sahip, Y., & Turan, J.M. (2007). Education for expectant fathers in workplaces in Turkey. *Journal of Biosocial Science*, 30(6), 843-860.
- Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science*, 8, 27-37.
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science*, 16(2), 1-8.
- Sandelowski, M. (1995). Focus on qualitative methods: Sample size in Qualitative research. *Research in Nursing & Health*, 18, 179-183.
- Sandelowski, M., Davis, D.H., & Harris, B.G. (1989). Artful design: Writing the proposal for research in the naturalist paradigm. *Research in Nursing & Health*, 12, 77-84.
- Sawyer, L., Regev, H., Proctor, S., Nelson, M., Messias, D., Barnes, D., & Meleis, A.I. (1995). Matching versus cultural competence in research: Methodological considerations. *Research in Nursing & Health*, 18, 557-567.
- Schaefer, R.T. (1990). Puerto Ricans: Divided between island and mainland. In *Racial and ethnic groups* (pp. 325-345). London: Glenview.
- Schumacher, K.L., & Meleis, A.I. (1994). Transitions: A central concept in nursing. *Image: Journal of Nursing Scholarship*, 26, 119-127.
- Silber, C., Novielli, K., Paskin, D., Brigham, T., Kairys, J., Kane, G., et al. (2006). Use of critical incidents to develop a rating form for resident evaluation of faculty teaching. *Medical Education*, 40(12), 1201-1208.

- Skarsater, I., Willman, A. (2006). The recovery process in major depression: An analysis employing Melsis' transition framework for deeper understanding as a foundation for nursing interventions. *Advances in Nursing Science*, 29(3), 245-259.
- Soderberg, S., & Lundman, B. (2001). Transitions experienced by women with fibromyalgia. *Health Care for Women International*, 22, 617-631.
- Spector, R.E. (1996). Health and illness in hispanic American communities. In *Cultural diversity in health & illness (4<sup>th</sup> ed.)*, (pp. 279-304). Stamford, CT: Appleton & Lange.
- Stainton, C., Murphy, B., Higgins, P.G., Neff, J.A., Nyberg, K., & Ritchie, J.A. (1999). The needs of postbirth parents: An international, multisite study. *Journal of Perinatal Education*, 8(3), 21-29.
- Stainton, M.C. (1990). Parents' awareness of their unborn infant in the third trimester. *Birth*, 17, 92-96.
- Steele, H., Steele, M., & Fonagy, P. (1996). Associations among attachment classifications of mothers, fathers, and their infants. *Child Development*, 67, 541-555.
- St John, W., Cameron, C., & McVeigh, C. (2005). Meeting the challenge of new fatherhood during the early weeks. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34, 180-189.
- Stephenson, M. (2000). Development and validation of the Stephenson multigroup acculturation scale (SMAC). *Psychological Assessment*, 12(1), 77-88.
- Stewart, S.M., & Bond, M.H. (2002). A critical look at parenting research from the mainstream: Problems uncovered while adapting western research to non-western cultures. *British Journal of Developmental Psychology*, 20, 379-392.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*, (2<sup>nd</sup> ed.), Thousand Oaks: Sage.
- Streubert, H.J., & Carpenter, D.R. (1995). *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia: Lippincott.
- Strickland, O.L. (1987). The occurrence of symptoms in expectant fathers. *Nursing Research*, 36(3), 184-189.
- Sue, D.W. (2004, November). Whiteness and ethnocentric monoculturalism: Making the "invisible" visible. *American Psychologist*, 761-769.

- Tamis-LeMonda, C.S., Kahana-Kalman, R. & Yoshikawa, H. (2009). Father involvement in immigrant and ethnically diverse families from the prenatal period to the second year: Prediction and mediating mechanisms. *Sex Roles*, 60, 496-509.
- Taylor, B.A., & Behnke, A. (2005). Fathering across the boarder: Latino fathers in Mexico and the U.S. *Fathering*, 3(2), 99-121.
- Thompson, L., & Walker, A.J. (1989). Gender in families: Women, and men in marriage, work, and parenthood. *Journal of Marriage and the Family*, 51, 845-871.
- Thompson, L., & Walker, A.J. (1995). The place of feminism in family studies. *Journal of Marriage and the Family*, 57, 847-865.
- Tiedje, L.B., & Darling-Fisher, C. (1996). Fatherhood reconsidered: A critical review. *Research in Nursing & Health*, 19, 471-484.
- Tiller, C.M. (1995). Father's parenting attitudes during a child's first year. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 24, 508-514.
- Tobin, G.A., & Begley, C.M. (2004). Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48, 388-396.
- Tomlinson, P.S. (1987). Father involvement with first-born infants: Interpersonal and situational factors. *Pediatric Nursing*, 13, 101-104, 139.
- Torres, J.B. (1998). Masculinity and gender roles among Puerto Rican men: Machismo on the U.S. mainland. *American Journal of Orthopsychiatry*, 68(1), 16-26.
- Torres, J.B., Solberg, S.H., & Carlstrom, A.H. (2002). The myth of sameness among men and their machismo. *American Journal of Orthopsychiatry*, 72, 163-181.
- Torres, S. (2008). Puerto Rican Americans. In J.N. Giger, & R.E. Davidhizar (Eds), *Transcultural nursing: Assessment and intervention*(5<sup>th</sup> ed., pp. 670-688). St Louis: Mosby.
- Tuckett, A.G. (2005). Part II: Rigour in qualitative research: Complexities and solutions. *Nurse Researcher*, 13(1), 29-42.
- Unger, J.B., Cruz, T.B., Rohrbach, L.A., Ribisl, K.M., Baezconde-Garbanti, L., Chen, X., Trinidad, D.R., & Johnson, C.A. (2000). English language use as a risk factor for smoking initiation among Hispanic and Asian American adolescents: Evidence for mediation by tobacco-related beliefs and social norms. *Social Psychology*, 19(5), 403-410.



- U.S. Census Bureau. (2000). U.S. Census Bureau: Census 2000. Retrieved March 8, 2007, at <http://factfinder.census.gov/servlet/DTable>
- Vasquez, D.W. (2003). Most frequently asked questions about the Latino populations of Massachusetts. Retrieved March 22, 2007, at <http://www.gaston.umb.edu/resactiv/faqs/gaqs.html>
- Vehvilainen-Julkunen, K. (1995). Family training: Supporting mothers and fathers in the transition to parenthood. *Journal of Advanced Nursing*, 22, 731-737.
- van Gennep, A. (1960). The rites of passage (M.B. Vizedom, & G.L. Caffee, Trans.). Chicago: University of Chicago Press. (Original work published in 1909)
- von Post, I. (1988). Perioperative nurses' encounter with value conflicts. *Scandinavian Journal of Caring Science*, 12, 81-88.
- Waldenstrom, U. (1988). Early and late discharge after hospital birth: Father's involvement in infant care. *Early Human Development*, 17, 9-28.
- Walker, L.O., Crain, H., & Thompson, E. (1986). Maternal role attainment and identity in the postpartum period: Stability and change. *Nursing Research*, 35, 68-71.
- Wandersman, L.P. (1980). The adjustment of fathers to their first baby: The role of parenting groups and marital relationship. *Birth and the Family Journal*, 7, 155-161.
- Watson, N., & Pulliam, L. (2000). Transgenerational health promotion. *Holistic Nursing Practice*, 14(4), 1-11.
- Watson, W.J., Watson, L., Wetzel, W., Bader, E., & Talbot, Y. (1995). Transition to parenthood: What about fathers? *Canadian Family Physician*, 41, 807-812.
- Watt, S., & Norton, D. (2004). Culture, ethnicity, race: What's the difference? *Paediatric Nursing*, 16(8), 37-42.
- Whall, A.L., & Fawcett, J. (Eds.). (1991). The family as a focal phenomenon in nursing. In *Family theory development in nursing: State of the science and art* (pp. 7-29). Philadelphia: Davis.
- Wiklund, L., Lindholm, L., & Lindstrom, U.A. (2002). Hermeneutics and narration: A way to deal with qualitative data. *Nursing Inquiry*, 9(2), 114-125.
- Wild, J. (2005). New fathers, work, and parenthood. *Midwives*, 8, 226-227.

- Wilkinson, D.L., Magora, A., Farcia, M., & Khurana, A. (2009). Fathering at the margins of society: Reflections from young, minority, crime-involved fathers. *Journal of Family Issues*, 30(7), 945-967.
- Wockel, A., Schafer, E., Beggel, A., & Abou-Dakn, M. (2007). Getting ready for birth: Impending fatherhood. *British Journal of Midwifery*, 15(6), 344-348.
- Woods, E.I. (1994). *Fathering: A Hispanic perspective*. Unpublished doctoral dissertation, Texas Woman's University, Denton, TX.
- Woosley, L.K. (1986). The critical incident technique: An innovative qualitative method of research. *Canadian Journal of Counseling*, 20, 242-254.
- Wright, L.M., & Leahey, M. (2005). *Nurses and families: A guide to family assessment and intervention* 4<sup>th</sup> ed.). Philadelphia: Davis.
- Yogman, M.W., Kindlon, D., & Earls, F. (1995). Father involvement and cognitive / behavioral outcomes of preterm infants. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 58-66.
- Zeserson, J. (2001). Chi no michi as metaphor: Conversations with Japanese women about menopause. *Anthropology & Medicine*, 8(2/3), 177-199.