

## SCIENTIFIC INQUIRY

**Involving fathers in research**

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Although there is a wealth of literature exploring parents' views both on the impact of children's conditions on their families and their experiences of caring for their children, many of the studies primarily present mothers' opinions, with the fathers' views reported by proxy, often via their partners. This anomaly has been highlighted in recent years, and there has been an increase in the publication of studies that have sought fathers' views. Recruiting and interviewing fathers can present a different set of challenges to involving mothers. Drawing on some of the literature and on our own experience of accessing fathers' thoughts and stories, we would like to suggest some factors to consider in the design and implementation of studies that seek to include this group.

**WHAT ARE THE BENEFITS OF INVOLVING FATHERS?**

The American Academy of Pediatrics and the United Kingdom Department of Health recommend the inclusion of parents' views and experiences as nurses and other care providers plan children's health care and services (American Academy of

Pediatrics Committee on Hospital Care, 2003; Department of Health, 2004). Childhood illness affects the whole family, and many fathers are involved in the day-to-day care of their children.

Our clinical and research experiences of listening to fathers over a number of years indicated that increasing numbers of fathers are involved in general child care as well as care of children with health conditions that involve care and treatment in their homes. This may be due to changes in the way in which society views the father's role or the increasingly flexible, family-friendly working policies that have been introduced in recent years.

Research studies where fathers were asked about their experiences can offer particularly rich insights into the impact on families of a range of long-term childhood conditions (Sullivan-Bolyai, Rosenberg, & Bayard, 2006 [diabetes]; McNeill, 2004 [juvenile rheumatoid arthritis]; Chesler & Parry, 2001 [cancer]; Clark & Miles, 1999 [heart disease]; Hatton, Canam, Thorne, & Hughes, 1995 [diabetes]). Fathers have also been involved in studies about the experience of caring for a child with a long-term condition who is dependent on

technological support (Heaton, Noyes, Sloper, & Shah, 2005; Kirk & Glendinning, 2004). In one of our studies, we interviewed both fathers and mothers, individually and then together (Swallow, Lambert, Santacroce, & Macfadyen, 2011). We found that having both perspectives resulted in a clearer picture of the impact of the child's condition and treatment on family life with a richer description of the emotional and physical consequences of carrying out clinical care in the home. Some mothers we interviewed mentioned that they had experienced anxiety when undertaking technical procedures, but the fathers gave a much more vivid description of how this responsibility had affected their partners and the strategies they had used to support the mothers. When discussed in joint interviews, parents expanded on how such experiences had affected them individually and as couples.

#### **WHY ARE SO FEW FATHERS INVOLVED IN RESEARCH EXPLORING CHILDREN'S HEALTH?**

Although there is a growing acknowledgement of the need to ask fathers themselves about their experiences, there is an agreement that they can be harder to recruit than mothers. It is sensible to consider fathers at the study design stage, as there are particular informational, financial, social, and psychological barriers that may preclude their participation.

Fathers may not appreciate that their views are valued, and they can assume that the mothers' opinions may be more relevant, particularly if the research focuses on the impact of their children's health conditions. Our experience with parents of hospitalized children and of families in outpatient clinics indicated that more mothers than fathers seem to take on the responsibility of communicating with healthcare staff. However, when initiatives are taken that allow for more direct communication with both parents, such as evening appointments or the provision of a written summary of consultations, fathers are very appreciative. Recruitment strategies for research projects that do not target fathers particularly may result in primarily maternal involvement.

The logistics involved in interviewing fathers may mean that researchers have to be flexible in carrying out interviews wherever and whenever men are available without affecting their availability for work, incurring childcare costs, or causing disruption to family members. This may mean

interviewing fathers at home, at work, or at an alternative venue, and in the evenings, on weekends, or during public holidays. If both parents in the same family are involved, interviewers will undoubtedly have to be as "family-friendly" as possible and work around children's routines and probable interruptions, particularly if the interviews take place in the home. We have found the reassurance that interviews can be paused to enable interviewees to attend to children's needs, and an acknowledgement of the realities of family life before the start of interviews often results in parents' visible relaxation, and can prompt quite personal conversations about the children within minutes of the researcher's arrival. This level of intimacy can continue into research interviews, and many parents may be happy to direct their children to activities in another room, where they can call for attention if it is needed. This has resulted in us receiving a number of pictures drawn by children especially for us while their parents participated in our interviews.

Some authors suggest that interviewers should have trigger questions prepared to help the conversation flow and to prompt men to talk about their feelings as well as to describe their experiences (McNeill, 2004; Peck & Lillibridge, 2005). Having followed their advice, our experience has been that fathers have shared their thoughts, feelings, and experiences quite openly, and they have been happy to offer suggestions as to how services and facilities for families could be improved.

Fathers may appreciate the opportunity to talk separately from their partners, particularly if they feel that their comments might be upsetting to their partners, or if they are discussing how their reactions affect one another. This situation is also true of interviews with mothers. Offering a choice of situation for interviews to both partners can enable them to choose what they feel is most appropriate for them. While interviewing partners in separate venues at different times increases the workload for the researcher, it may result in more candid responses from participants.

If fathers and mothers are to be interviewed together, there is a potential for disagreements, the return to previously unresolved issues, or the emergence of views that are surprising or upsetting to either partner. It is important that availability of counseling services is arranged before the interview, and that parents are made aware at the time how to access these resources with possibly a reminder included in a thank-you letter sent after the event.

## HOW CAN WE INVOLVE FATHERS MORE IN STUDIES OF CHILDREN'S HEALTH AND ILLNESS?

### Preplanning

Involving fathers early in the research design stage can help ensure that the focus of any research is one they consider valuable and, therefore, one in which other fathers may be more likely to engage. Consulting with individual fathers or organizing a focus group in an informal, easily accessible setting might allow them to identify possible barriers to men's involvement and to suggest practical and creative strategies to overcome barriers. They may also be willing to give advice on the wording of questions for use in data collection so that interviews tap into thoughts, feelings, or experiences that may be particularly meaningful to men. Several fathers that we have interviewed offered to be involved in future projects and suggested areas for possible research. We interpreted this as an indication that fathers are willing to invest time and energy if they think that a project is of particular relevance.

If the initial invitation strategy and any follow-up information highlight that fathers' views are valued, men may feel more confident in volunteering. After they express an interest in participation, parents are often contacted by the research team to arrange convenient times and venues for research interviews or visits, and this can be a good opportunity to reinforce that the father's involvement is appreciated. If the research team includes members of clinical staff with whom fathers are familiar, the use of hospital letterhead (following the relevant approval processes) can add credibility to the invitation as fathers may have more confidence that the findings will be of benefit to other families. Confidentiality must be assured throughout, and it is important to reassure them that other clinical staff caring for their children will not be aware whether they have agreed or refused to participate in a project. This issue may have to be clarified at the research design stage, and the wording of invitation letters will be considered by the ethics committees.

### Data collection

It may be that men would appreciate the opportunity to share experiences with other fathers or would choose to be interviewed by a male researcher if this option was available. Careful consideration should be given to the choice of venues for data collection. Fathers may feel more

comfortable in their homes rather than in hospital or university settings, but for some, their workplaces may be more convenient locations. Others may prefer a local venue such as a community center if that is a possible option. The opportunity to contribute to an online forum for discussion might be a preferred strategy for some men. Some groups of fathers are particularly hard to recruit, such as younger fathers or those from poorer socio-economic backgrounds; so consultation with fathers from a range of situations at the research design stage might help to identify interview situations that may be more attractive options to them.

Timing of interviews in a child's illness trajectory might also affect a father's willingness to participate. Several fathers have commented that they best process new health information and the possible consequences for their families on a long drive home from hospital or while nipping out for a smoke or when they get the chance to sit quietly and think about events. Some hospitals or health facilities provide quiet rooms where parents can take time out from a situation, but if this is not available, or rarely used, it may be best to wait until any acute episodes of care are over before interviews occur.

### Data analysis

In some studies where both parents participated, the reported findings were not attributed to fathers or mothers. In order to ensure that fathers' voices emerge from the data, the strategies selected for data analysis should allow for clear identification of both the fathers' and mothers' responses. It may be that comparison between groups and within couples would be pertinent. This can be challenging, particularly for qualitative studies, although we have found the FrameWork software package (available through the National Centre for Social Research, London, UK; Ritchie & Lewis, 2003) particularly useful in this process as it allows clear comparison of different elements of data with easy links to the original transcripts. With this system, comments can be charted under possible themes and viewed in a table format with the option to display particular sections for easy comparison.

Presenting key themes that appear to be emerging during the analytical process to those fathers who have participated in the research or to those who advised on the methodological design can contribute to the rigor of the analysis because the fathers can comment on whether the proposed findings are reflective of their experiences.

The need to ascertain both parents' views rather than obtaining parental comments primarily from mothers is a challenge for researchers, but the benefits are achieving a more comprehensive picture of the family experience, which can better inform practice and service developments.

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