

PARENTAL PERSPECTIVES ON THE CHILDREN WITH CANCER RECEIVING CHEMOTHERAPY

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ABSTRACT

This qualitative research aimed to study the parents' perspectives on the children with cancer receiving chemotherapy. The research participants comprised parents of the children with cancer receiving chemotherapy. Data were collected through in-depth interviews in a closed meeting room and analyzed by content analysis. The major findings were as follows: chemotherapy had benefit for their children with cancer, need for being nearby, choice of diet and activity, relief of chemotherapy side effects and hope for their children wellbeing. The findings could help healthcare providers understand the parents' perspectives and could be used to develop family-centered care for the families of the children with cancer.

Keywords: Children with cancer, Chemotherapy, Parents, Perspective

INTRODUCTION

Childhood cancer is relatively uncommon. However, it remains the most common disease-related cause of death. Treatment of the children with chemotherapy can cause several side effects, such as nausea, vomiting, diarrhea, and hair loss. The treatment of childhood cancer with chemotherapy is long and demands hospitalization. Hospitalization is traumatic situation because the children face with unknown people, pain from treatment, and the procedure.

Cancer can have devastating effects on both patients and their families. Some studies investigated the experiences included the illness was cured from chemotherapy, discomfort from receiving chemotherapy, the symptoms were managed by preferred activities and followed regimen, their mothers made them stronger, their hope for cure from illness, quitting schools, having no friends, and boring during hospitalization. (Attharos & Chaiyaratana, 2017). The coping strategies to deal with chemotherapy were: understanding the need for chemotherapy, finding relief for side effects and pain from chemotherapy, seeking pleasure in nourishment, engaging in entertaining activities and having fun, keeping the hope of cure and finding spiritual support from religion. (Sposito, Silva-Rodrigues, Sparapani, Pfeifer, Lima & Nascimento, 2015). While the children endured discomfort during treatment, they found comfort from their families and from hospital staff (Angstrom-Brannstrom & Norberg, 2014). Griffiths, Schweitzer & Yates (2011) described the childhood experiences of cancer in 5 themes: the experience of illness, the upside of being sick, refocusing on what is important, acquiring a new perspective and the experience of returning to well-being. Most parents of children with cancer receiving chemotherapy reported having disparity at high level leading to developing high level of chronic sorrow. All parents reported experiencing sadness, and anxiety. (Wiwatkamonchai, Kantawang, & Mesukko, 2017). Systematic review of qualitative

studies explored the experience of the parents whose children were diagnosed and treated for cancer. The parents reported that this period was very stressful, they had to confront reality to regain control and deal with the situation. The parents wanted to learn as much about the illness as possible by talking to the healthcare provider and talking to other parents. They had to adapt every day to the changing of the potential side effects, complications and emotional needs of both their children and themselves. The parents felt more vulnerable, emotionally, physically, and mentally drained and less able to cope with new stressor. (Gibbins, Steinhardt & Beinart, 2012)

Nurses who care for children with cancer should focus on quality of life of the children and their families. The analytic review of clinical implication from nursing and psychosocial research of Swedish Pediatric oncology. The categories identified included staff awareness of the effect of child illness on families, systems for care improvement, provision of quality of care, education and support and empowerment of children and families.(Enskar, Huus, Bjork, Cranlund, Darcy, Knutsson, 2015) Though several studies have shown that parents experiencing distress in diagnosis and treatment of their children with cancer, there was little evidence on how the parents perceived on the children with cancer receiving chemotherapy. The question of this research is what the perspectives of parents whose children with cancer undergoing chemotherapy are. The results of this study could help the health care providers understand the perspectives and give nursing care for the children with cancer and their families.

OBJECTIVE

This research aimed to study the parental perspectives on the children with cancer receiving chemotherapy.

METHODOLOGY

The research is a qualitative research. Parents of children receiving chemotherapy who were actively receiving therapy were eligible participants. The participants were selected from King Chulalongkorn Memorial Hospital. Purposive sampling was used to ensure diversity of cancer diagnosis and prognosis. All participants had informed consents.

Material: A semi-structure interviews were conducted in-person in a closed meeting room by researcher trained in qualitative study course. The interview guide was developed by the researchers. It included open-end questions focusing on parents' perspectives on the children with cancer receiving chemotherapy. (Table 1)

Table 1 Interview questions

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1. In the opinion of mother/ caregiver, how did the chemotherapy have benefit for the child?
 2. When the child received chemotherapy, how was your child doing?
 3. How did your child manage the situation? Were there someone or something that helped improve the child condition?
 4. How do you hope for the illness and treatment of your child?
 5. When the child is discharged and returns home, how do you plan to help your child?

Analysis

Each interview was tape recorded using a digital voice recorder. The interviewing time was approximately 30-40 minutes in length. All interviews were transcribed verbatim. Content analysis was used for data analysis.

RESULTS

A total of 9 mothers were participated in this study. Characteristics of participating parents were: average age of 41.27 years (SD = 4.25), all finished secondary education level (grade 12) and most of them were employees. The research elicited the followings: chemotherapy had benefits, need for being nearby, choice of diet and activity, relief of chemotherapy side effects and hope for their child wellbeing.

Chemotherapy had benefits:

The parents reported that the children with cancer receiving chemotherapy perceived that chemotherapy had benefit. It relieved pain.

“Chemotherapy had benefit. It relived the pain symptom of the children.”

Need for being nearby:

The parents perceived that the children needed families to support nearby all the time; such as giving water when the children had nausea and vomiting.

“When he was nauseated and vomited, he needed help. He told me that he wanted mother to be closed to him. And I gave some water and milk when he wanted it.”

Choice of diet and activity:

“He was often exhausted, so I gave food, not fresh vegetables and fruits.”

“When he was tired, I told him to rest”

Relief of chemotherapy side effects:

The mothers supported their children by supporting them when facing with the side effects of chemotherapy and advised the children by comparing the situation with cartoon story which children liked it.

Hope for their children well-being:

The mothers hoped to have normal lives.

“I hope that my child has normal life”

DISCUSSION

Treatment of cancer in children included chemotherapy and radiation. The parents reported that the children with cancer receiving chemotherapy perceived that chemotherapy had benefit. This was consistent with the study of Garding, Tornqvist, and Manson (2017) in Parents lived experiences during their children’s radiotherapy. They found that the parents thought that radiation could increase survival of their children. Need for being nearby was perceived since the parents were the important persons to the children. They needed their parents to be nearby and the parents who were worried for their children also wanted to take care of them as well. Caring closely for the children reflected Thai culture which the caregivers provided good care to care receivers of any age. It was consistent with Tipwong and Sangchart (2019) who studied cultural care for older persons with end of life in community and reported the older persons who received care were in good condition. Chemotherapy caused decrease in immunity in children with cancer. Therefore the parents could provide choice of diet and limitation of activity because the children liked to run and play. Relief of chemotherapy side effects by support from the parents was consistent with the study of Hildenbrand, Clawson, Alderson and Marsac. (2011) in Coping with pediatric cancer: Strategies employed by children and their parents to manage cancer-related stressor during treatment. They reported the parents used positive attitudes for coping with stress. The parents in this study hoped for their children well-being and returned to normal lives. This finding was consistent with the study of Conway, Pantaleao and Popp (2017) in Parents’ experience of hope when their child has cancer: perceived meaning and the influence of healthcare professions. They found that the parents had hope for positive outcome of their children.

CONCLUSION

The diagnosis of the children with cancer had effects on the children and their families. The findings of parental perspectives were: chemotherapy had benefits, need for being nearby, choice of diet and activity, relief of chemotherapy side effects and hope for their child well-being. These findings could help healthcare providers understand parental perspectives. The future research could be creating a family-centered care for the children with cancer and their families.

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