

Balancing Illness and Parental Demands: Coping With Cancer While Raising Minor Children

Corinne Rashi, RN, MSc(A), Trinity Wittman, RN, MSc(A), Argerie Tsimicalis, RN, PhD, and Carmen G. Loiselle, RN, PhD

Cancer profoundly affects patients and their family members, posing unique and pressing challenges to parents with minor children (Golby, 2014; Weaver, Rowland, Alfano, & McNeel, 2010). In the United States, about 20% of recently diagnosed survivors have minor children residing in the household (Weaver et al., 2010). In Canada, about 30% of newly diagnosed patients with cancer are aged from 20–59 years (Canadian Cancer Society's Advisory Committee on Cancer Statistics, 2013), which are prime childbearing and parenting years.

Existing literature suggests that parents with cancer struggle to balance their own needs with those of their family (Golby, 2014; Helseth & Ulfsaet, 2005), often prioritizing their children's needs over their own self-care (Elmberger, Bolund, Magnusson, Lützén, & Andershed, 2008; Stiffler, Haase, Hosei, & Barada, 2008). Parents strive to be "good" parents (Semple & McCance, 2010) by staying strong for their children (Asbury, Lalayannis, & Walshe, 2014; Billhult & Segesten, 2003), spending more time with them (Phillips, 2014; Shands, Lewis, & Zahlis, 2000), trying to make the best of the situation (Helseth & Ulfsaet, 2005), and minimizing disruptions to family life (Bell & Ristovski-Slijepcevic, 2011).

Despite the documented importance for healthcare providers to anticipate and appreciate the challenges for parents with cancer, their psychosocial needs (Ernst, Beierlein, et al., 2013) and tangible needs (Gould, Grasso, Manthorne, Gray, & Fitch, 2006) often remain inadequately addressed. Proposed timely interventions include recommending counseling and support services for parents and children (Golby, 2014; Semple & McCaughan, 2013), providing tips for managing family life (Semple & McCance, 2010), educating parents about children's reactions to parental cancer (Hasson-Ohayon & Braun, 2011), discussing when and how to share cancer information in an age-appropriate manner with children (Asbury et al., 2014; Phillips, 2014), and implementing instrumental support, such as child care, meals, and housekeeping (Gould et al., 2006).

Purpose/Objectives: To explore the cancer experience of parents and their perceptions of supportive strategies to assist them with illness- and family-related challenges.

Design: Qualitative, descriptive design.

Setting: A large McGill University-affiliated hospital cancer care center in Montreal, Quebec, Canada.

Participants: Five mothers and seven fathers aged 33–67 years with a first cancer diagnosis who received treatment at the cancer clinic within the previous year. Participants had to have at least one minor child living with them.

Methodologic Approach: Semistructured, audio-recorded interviews.

Findings: Three main categories emerged: (a) parental self-activated strategies, including maintaining child routines, selective disclosure, strength and positivity, adapting to illness-related physical changes, and connecting with others who are similar; (b) tangible social networks that meet transportation, child care, meal care, and psychoemotional support needs; and (c) suggestions to enhance person- and family-centered care, including information to benefit the children, coordination of appointments, optimizing timing for support services, and the need for more tangible support.

Conclusions: Coping with cancer while raising children requires delicate balancing of illness and parenting demands. Tangible support systems must include access to childcare services, home healthcare services, and transportation solutions.

Interpretation: Support for parenting needs is a key component of comprehensive cancer care. Oncology nurses should stay informed of all hospital, clinic, and community resources to facilitate access for parents. Unmet support needs indicate that improvements need to be made in access to medical appointments around family schedules, expanded resources for children, and reduction of wait times.

Key Words: parents with cancer; qualitative research; family-centered care; child care; psychosocial support

ONF, 42(4), 337–344. doi: 10.1188/15.ONF337-344

Although providing crucial insights, the existing research focuses disproportionately on young women with breast cancer, which underscores the need to more generally explore parents' experiences (both