Patterns of Response in Parents of Children With Cancer: An Integrative Review

Carla Cerqueira, MSc, RN, Filipe Pereira, MSc, PhD, RN, and Maria do Céu Barbieri Figueiredo, MSc, PhD, RN

After receiving the diagnosis of a serious illness in a child, parents are faced with the loss of the child’s health and the risk of the child dying. Young, Dixon-Woods, and Heney (2002) state that the cancer diagnosis of a child is the beginning of a process that will trigger a major transition in the family. Family members will have to reorganize themselves, and plans and expectations have to be adapted to the circumstances of having a child with cancer (Silva, 2009). The child’s condition means that an adult takes on the responsibility for monitoring, managing, and providing the more complex care needed. The mother is usually the main caregiver when a child is diagnosed with cancer (Relvas, 2007; Wegner & Pedro, 2010).

According to Young et al. (2002), becoming the parent of a child with cancer implies a transition process, which involves redefining one’s own identity. Parents will undergo experiences that lead to the reconstruction of their identity. Transition Theory provides a framework for understanding this process as a whole (Meleis, 2010; Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Previous studies by the authors of the current article have revealed that parents caring for a child with cancer go through a transition that involves the redefinition of their identities (Cerqueira & Barbieri, 2012; Silva, 2009; Silva & Barbieri-Figueiredo, 2011).

Meleis et al. (2000) state that such a transition can take different paths; therefore, recognizing the signals that mark the direction of a transition is important. Early recognition of whether the parent and patient are undergoing a healthy process or are in a vulnerable state enables preventive action to steer them toward a successful