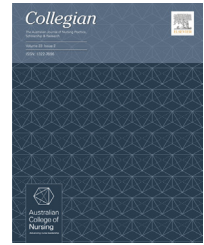




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Acceptance–rejection levels of the Turkish mothers toward their children with cancer



Sevinç Polat^a, Fatma Güdücü Tüfekci^b, Sibel Küçükoğlu^{b,*},
Hacer Kobya Bulut^c

^a Bozok University, Vocational School of Health Services, Yozgat, Turkey

^b Atatürk University, Faculty of Health Science, Erzurum, Turkey

^c Karadeniz Technical University, Faculty of Health Science, Trabzon, Turkey

Received 13 December 2013; received in revised form 24 February 2015; accepted 26 February 2015

KEYWORDS

Children;
Cancer;
Mother;
Acceptance–rejection;
Nursing

Summary

Objectives: The study was performed to explore acceptance–rejection status of mothers toward their children with cancer and to determine the factors affecting this behavior.

Methods: The study was conducted in the children's oncology department and outpatient clinic of a university hospital in eastern Turkey. Study population consisted of mothers having inpatient children with cancer in oncology clinic and mothers of children admitted to the outpatient clinics for various reasons during data-collection period. The study was carried out with 225 mothers. A survey form prepared by the researchers and Parental Acceptance–Rejection Questionnaire was used to collect data. The study was conducted on a voluntary basis and attention was paid to the privacy. The data were analyzed using SPSS 18 package program.

Results: It was found that mothers present accepting attitudes toward their children with cancer. Also the number and gender of children were found effective in acceptance–rejection behaviors of the parents.

Conclusions: Effective nursing care must focus on the reactions given to the disease and coping strategies of mothers experiencing a sense of loss after the diagnosis of cancer, and must accommodate more responsibility for child care and adequate support for adaptation to the disease.

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1. Introduction

Familial conflict and maternal psychological disorders can lead to maladaptive behavior (Rohner & Khaleque, 2005), an effect that may be amplified in children with a chronic illness (Kadan, Erten, & Ogelman, 2013). The psychosocial

* Corresponding author. Tel.: +90 5062848100.

E-mail address: s.nadaroglu@hotmail.com (S. Küçükoğlu).

vulnerability of a child undergoing cancer treatment is mirrored by the effect of the disease on his or her family (Alderfer et al., 2009). Family members of a child suffering from cancer experience various challenges. A family's day-to-day activities may be changed, and future goals may be revised (Nelson, Deatricks, Knafel, Alderfer, & Ogle, 2006). The greater the negative impact of a child's condition on his or her family's life, the greater the effect on the parents' psychosocial functioning; it has been shown that high levels of caregiver burden remain years after treatment has ended (Hardy et al., 2008). Signs of psychological distress, such as posttraumatic stress symptoms, loneliness, helplessness, and uncertainty, are reported more often in the parents of children with cancer than is the norm (Stam, Grootenuis, Brons, Caron, & Last, 2006).

It is very important to determine parents' coping methods and responses to illness—the mothers who care for children in particular—as they experience a sense of loss linked to a cancer diagnosis. It is also crucial for mothers to feel the support of nurses during the course of adaptation, since a child's illness and the treatment and adaptation processes can be affected by a mother's positive, accepting attitude. According to the biologically based parental acceptance–rejection theory, a positive response from the people most important to us is needed. These needs are comfort, being loved, care, protection, and attention. These requirements are provided in the best way by parents during the infancy and childhood periods (Khaleque & Rohner, 2002). Although positive approaches adopted by parents support the development of their children in the short- and long-term, negative approaches by parents cause introversion and interpersonal problems. The intellectual, social, and emotional development of children brought up with positive parental approaches is better than that of children brought up with negative parental approaches (Önder & Gülay, 2007). Today a lot of study agree that rejection has constant negative effects children on their psychologic and behavioral functioning (Khaleque & Rohner, 2002; Rohner & Khaleque, 2005). Khaleque (2007) conducted that parental rejection and psychological adjustment of children are associated universally “across all ethnic groups, races, cultures, languages, gender, and geographic boundaries of the world.”

Several studies have investigated the acceptance–rejection behaviors of mothers from lower socioeconomic levels (Erkan & Toran, 2004), parents of 8- to 11-year-old children in fragmented and unfragmented families (Candan, 2006), Finnish and Pakistani mothers (Rohner & Khaleque, 2005), and the perceived parental acceptance–rejection levels of addicted young people (Glavak, Kuterovac-Jagodic, & Sakoman, 2003). However, only a few studies have examined the impact of childhood cancer on Turkish mothers (Ankan & Çelebioğlu, 1999; Bayat, Erdem, & Kuzucu, 2008; Elçigil & Conk, 2010). This study was performed to determine the hopelessness, depression, anxiety and perceived social support levels of parents of children with cancer. A study showed that children's acceptance–rejection levels are affected by mothers' acceptance–rejection in Turkey (Kadan et al., 2013). In studies conducted with parents of children with cancer, the parents felt fear, sadness, anxiety and loneliness (Hildenbrand, Clawson, Alderfer, & Marsac, 2011; Semple & McCance, 2010). Although other studies

(Fotiadou, Barlow, Powell, & Langton, 2008; Pektaş & Özgür, 2005; Sanjari, Heidari, Hoseini, & Salemi, 2008; Zhou et al., 2002) have investigated the acceptance–rejection levels of parents in various issues, the studies that investigated the acceptance–rejection status of parents of children with cancer are inadequate. Therefore, this study was performed to explore mothers' acceptance–rejection status regarding their children with cancer and to determine the factors that affect this behavior.

2. Method

2.1. The study type

The study was conducted as a descriptive and comparative study.

2.2. Study population

The study was carried out in the children's oncology department and outpatient clinic of a university hospital in eastern Turkey. The study was conducted between July 2009 and March 2010. Mothers who were literate, spoke Turkish, and accompanied their children to the hospital between the data collection dates were included in the study. The study was conducted on two groups. The first group consisted of mothers who had inpatient children with cancer at the oncology clinic ($N = 130$), and the other group consisted of mothers whose children had been admitted to outpatient clinics for various reasons (such as respiratory tract infection, urinary tract infection, fever without any chronic disease) ($N = 110$) during the data collection period. The first study group consisted of literate, Turkish-speaking mothers who accompanied their hospitalized children with cancer permanently, and the other study group consisted of 110 mothers who had hospitalized children without chronic disease. The study was carried out with 225 mothers; 15 of the mothers of the children with cancer did not agree to participate in the study.

2.3. Data collection method

A survey prepared by the researchers and the Parental Acceptance–Rejection Questionnaire were used to collect data. The data were collected between July 2009 to March 2010. The data from the outpatient treatment group were collected in an appropriate room in the clinic after the examination of the children was completed. Mothers of children with cancer were interviewed when the mothers were available, and the data were collected during these face-to-face interviews. The interviews were conducted with mothers at times the mothers preferred, outside nutrition, treatment, and care hours. The meeting room was preferred for the mothers' comfort. The room was located in an area without stimulus and clinical density. The researcher explained all inscrutable questions. The other clinical nurse accompanied the child during the interview (the nurse read a story to the child and played with the child). The data collection process took, on average, 20 min for each mother.

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