



Decision making for mothers with cancer: Maintaining the mother–child bond

Heather J. Campbell-Enns^{a,*}, Roberta L. Woodgate^{b,c}

^a Interdisciplinary Cancer Control Program, Faculty of Nursing, University of Manitoba, Helen Glass Centre, Winnipeg, Manitoba R3T 2N2, Canada

^b Manitoba Health Research Council, Canada

^c Faculty of Nursing, University of Manitoba, Winnipeg, Manitoba R3T 2N2, Canada

A B S T R A C T

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Purpose: The objective of this study was to explore the process of decision-making in mothers with cancer when they are mothering young children. The purpose of this article is to describe the core category that emerged from the study as well as the conditions precipitating decision making and the consequences of decision making for mothers with cancer.

Methods and sample: A qualitative methodology based on the tenets of constructivist grounded theory was used to conduct ten interviews with eight mothers with cancer.

Key results: Data analysis revealed the core category, the conditions of the decision situation as well as the consequences of decision making. The core category was the meaning that mothers made of decisions, specifically that each decision was made to maintain the mother–child bond. The conditions of the mothers' lives influenced the meaning mothers assigned to decisions. The consequences of decision making were displayed by these mothers through coping strategies to facilitate maintaining the mother–child bond in times of distress.

Conclusions: The conditions of the mothers' lives created a context in which mothers made meaning of decisions. Mothers aimed to maintain their bonds with their children in the decision making process and used various coping strategies as a consequence to distress from decisional situations. The results have implications for future decision making research in cancer care.

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Introduction

Over 6 million women are estimated to be diagnosed with cancer each year worldwide (Ferlay et al., 2010). This accounts for nearly 3.5 million women in developing countries (Ferlay et al., 2010; American Cancer Society, 2011) and over 2.5 million in developed countries (Ferlay et al., 2010; American Cancer Society, 2011). This includes approximately 1.6 million women in the WHO Euro Region (Ferlay et al., 2010), 692,000 women in the United States (Ferlay et al., 2010), and 80,000 women in Canada (Ferlay et al., 2010).

How many of these women are young women? Although the young age range is ill-defined, some generalizations can be made by examining data repositories and the reports stemming from those. GLOBOCAN (Ferlay et al., 2010) attributes over 10% of all new female diagnoses in the European Region to the age 15–44 age

range. Similar proportions can be seen for this age range in other regions such as 9% of diagnoses in the United States and 11% in Canada (Ferlay et al., 2010). Women may be experiencing a variety of roles during their young adult lifetime, one of which may be mothering. The number of women with a cancer diagnosis parenting young children is largely unknown however inferences can be made by generalizing the reproductive age group to a specific age range. Survey data from the United States has also been analyzed to reveal that approximately 2.85 million minor children in that country are living with a parent with a cancer diagnosis (Weaver et al., 2010) indicating that cancer may have a profound influence on many young families.

The arrival of cancer in the life of a young parent poses unique challenges to the diagnosed individual and their families (Weaver et al., 2010) from European countries (Billhult and Segesten, 2003; Elmberger et al., 2005; Helseth and Ulfset, 2005; Semple and McCance, 2010; Young et al., 2002), as well as in the Australian (Coyne and Borbasi, 2006) and North American (Faulkner and Davey, 2010; Fitch et al., 1999; Haber, 1994; Weaver et al., 2010) contexts. In the cases of mothers with cancer, the mothers may experience distress (Coyne and Borbasi, 2006) while attempting to

* Corresponding author. Tel.: +1 204 488 1217; fax: +1 204 453 3952.

E-mail addresses: hcampbellenns@gmail.com (H.J. Campbell-Enns), Roberta.Woodgate@umanitoba.ca (R.L. Woodgate).

balance their personal needs with the needs of their families (Billhult and Segesten, 2003); mothers struggle with the identities they have created for themselves through societal and cultural expectations of motherhood (Elmberger et al., 2005; Semple and McCance, 2010). It has been shown that for women with breast cancer, those mothering minors are at an increased risk of psychosocial vulnerabilities while they struggle with the interruption of cancer as it affects their role of caring for others (Coyne and Borbasi, 2006; Elmberger et al., 2005). Cancer may have negative impacts on young children, particularly when mothers struggle with distress and adjustment to their disease (Osborn, 2007). Prior research has shown that children of parents with cancer may experience distress interfering with various levels of their functioning (Haber, 1994; McCue, 1994; Osborn, 2007). For all family members, adult and children alike, a cancer diagnosis brings a shift in roles among family members (Coyne and Borbasi, 2006; Fitch et al., 1999) and this unwelcome change upsets the normal life of a growing family.

Throughout the cancer trajectory diagnosed individuals must make decisions that affect a variety of areas of their lives, including the social, emotional and physical dimensions of living. It is known that mothers with cancer struggle with decisions surrounding cancer genetic testing (Peshkin et al., 2010) communicating her illness to her children (Hamilton, 2007; McCue, 1994) as well as deciding her level of participation in the world around her (Billhult and Segesten, 2003). Although this current work is valuable, there is still much to be learned about how individuals process decisions in a highly complicated context, particularly a context that may involve a mother's questioning her life meaning and purpose (Coyne and Borbasi, 2006). Accordingly, a qualitative study was undertaken that explored the process of decision-making in mothers with cancer when they are mothering young children. The purpose of this article is to describe the core category that emerged from the study as well as the conditions precipitating decision making and the consequences of decision making for mothers with cancer.

Method

Study design

In order to fully explore the decision-making process for mothers with cancer, a qualitative inquiry was used based in the principles of grounded theory (Charmaz, 2006; Creswell, 2007). This methodology provided focused tools, a systematic process and guidelines for analysis that provided rigor within a complicated social process. Grand theory development was not expected as an outcome. Instead, this study was designed to develop themes in which further in-depth studies could be based upon in this context.

Sample

Study participants were patients of CancerCare Manitoba (CCMB). Participants were recruited through purposive sampling (Creswell, 2007), seeking predefined groups via posters as well as through CCMB staff who contacted potential participants known to the staff through their participation in CCMB programs.

Women who wished to be included in the study must have been diagnosed within the past five years with cancer of any type and stage and be a mother of one or more children under the age of seven years at the time of diagnosis. Mothers with a child older than 11 years at the time of diagnosis were excluded. This exclusion was on the basis of the independence typically achieved by children of this age and the increasing likelihood that they will be helping to care for younger children in the home.

Data collection

Ten interviews were conducted with 8 mothers with cancer (Table 1). Two mothers were interviewed at the beginning of the data collection and again at the end in order to explore the developing categories and sub-categories. The average interview duration was 52 min in length. The mothers' average age at diagnosis was 36 years. Five of the mothers had been diagnosed within the year prior to the interview while three were diagnosed one to four years prior. In total, these women mothered 19 children younger than age 11 at the time of diagnosis.

Individual interviews were conducted by the first author and occurred at a time and place of the participant's choosing. The data was collected via demographic questionnaire, field notes and semi-structured interviews (Table 2). Participants were asked about their experience of making decisions in the context of cancer and mothering.

This study received ethical approval from The University of Manitoba as well as CCMB. Written and informed consent was obtained from all participants prior to the data collection.

Data analysis

All interviews for this present study were audio recorded and transcribed verbatim, taking care to exclude identifying information. Line-by-line coding (Charmaz, 2006) was carried out by the first author after each transcript was complete and prior to the next interview. Focused coding (Charmaz, 2006) began after the third interview and memos were made to describe the developing categories. Interviews were compared by both authors, codes were organized, and question guides were revised (Charmaz, 2006) as category development occurred. Categories were established after the fifth interview and saturated after the eighth interview for the purposes of this study. The authors agreed that the final two interviews verified the findings and it was decided that recruitment would be discontinued at that time.

Findings

To summarize the findings, an overview is provided in Fig. 1 with participant quotations linked to categories in Table 3. Data analysis showed that mothers with cancer made decisions according to their decision aim. This aim related to directly to mothering and was influenced by the conditions of these mothers' lives. After a decision was processed, mothers with cancer moved forward with their lives and displayed strategies of coping that are consequences to the aim of decision making.

Table 1
Demographic profile of participants.

Age ^a	Cancer ^b	Marital status	Employment status	Number of child(ren)		
				Aged: 0–3	4–6	7–10
42	Breast	Married	Fulltime ^c	1	1	
33	Breast	Married	Part-time ^c	1	1	1
33	Leukemia	Single	Fulltime ^c		1	
35	Brain	Married	Fulltime ^c	1	1	
39	Breast	Married	Part-time ^c		2	
40	Breast	Married	Part-time		2	
28	Breast	Married	Unpaid	1	2	
35	Breast	Married	Part-time ^c	1	1	2

^a At diagnosis, in years.

^b Stage/type not recorded, self-reported descriptions varied.

^c Indicates leave of absence at time of interview.

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