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The foster carer's experience: An integrative review

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Summary

Background: Foster carers have a significant responsibility in caring for children who are unable to live with their birth families and represent a key determinant in child outcomes. Difficulties in recruiting and retaining quality foster carers have resulted in an increase in research investigating foster carers and their experiences in recent years.

Aim: To synthesise current literature investigating foster carers and their experiences to enable a better understanding of their unique care-giving context.

Method: The electronic databases CINAHL, Health Source, MEDLINE, Pscyh-articles, PscyhINFO and sociINDEX were searched using the key terms; 'foster carer', 'foster parent', 'foster mother' and 'foster father'. Articles were included if they reported primary data about foster carers experiences in the English language. Papers published prior to 2000 were excluded in order to provide a contemporary perspective of the foster carer experience. Data was extracted, tabulated and thematically analysed.

Findings: The findings from this review revealed the provision of foster care to have both positive and negative effects on foster carers personal well-being. These effects are largely reliant of foster carers perception of their role as either parental or professional, the nature of their relationships with child welfare personnel, and their ability to manage children's difficult behaviours.

Conclusion: It is important for nurses to understand caregiving as it occurs in a variety of contexts. Nurses need to have an awareness and understanding of the value and role foster carers have in the lives of vulnerable children. In so doing, nurses are well positioned to assist foster carers to identify and express their needs in relation to their important caregiving role.

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Introduction

Internationally, the health and well-being of children³ living in foster care is a matter of concern (Council of Australian Governments, 2009; Woods, 2008). In Australia, a National Framework for child welfare provides opportunities for collaboration between government and non-government organisations within health, justice, education and welfare sectors to protect and promote the health and well-being of Australia's children (Council of Australian Governments, 2009). As health professionals, nurses play a vital role within this framework and are variously responsible, within their diverse roles, for monitoring, maintaining and managing the health and well-being of children in foster care.

It is well recognised fact that the children living in foster care experience an increased incidence of physical, mental and developmental health issues compared to the general population (Carbone, Sawyer, Searle, & Robinson, 2007; Nathanson & Tzioumi, 2007). Accordingly, children in foster care likely have more frequent interactions than other children with the health care system, and subsequently, nurses. In order to provide optimal care, it is imperative that nurses recognise and understand the context in which these children live and develop (Jackson & Borbasi, 2000).

Foster carers have a significant responsibility in caring for children who are unable to live with their birth families, many of whom experience significant behavioural, emotional and developmental problems (Orme & Buehler, 2001). In this caring capacity, foster carers represent a key determinant in child outcomes (Cashmore, Paxman, & Townsend, 2007; Cole, 2005; Leathers, 2006). Difficulties in recruiting and retaining quality foster carers, internationally and within Australia, have resulted in an increase in research investigating foster carers and their experiences in recent years (Ciarrochi, Randle, Miller, & Dolnicar, 2011; Colton, Roberts, & Williams, 2008; Smyth & McHugh, 2006). It is now timely to synthesise these studies to evaluate what is currently known about foster carers and their experiences of providing foster care. Such a review can serve to increase nurses' awareness and understanding of this important care-giving context, identify amenable factors contributing to foster carer attrition, and highlight areas for further research.

Purpose

This paper seeks to synthesise the peer reviewed literature describing the experiences of foster carers published between January 2000 and March 2012.

Method

As a summary of extant literature, integrative reviews have the potential to contribute to evidence based practice and are therefore subject to methodological standards regarding clarity, rigour and replication. Using the integrative literature review method outlined by Whittemore and Knafl

(2005), a comprehensive search of the literature was conducted for papers published between January 2000 to March 2012 using: CINAHL, Health Source, MEDLINE, PsycArticles, PsycINFO and sociINDEX. Key search terms included foster carer, foster parent, foster mother and foster father. Articles were included if they reported primary data about foster carers experiences in the English language. Papers published prior to 2000 were excluded in order to provide a contemporary perspective of the foster carer experience.

The initial search yielded 1214 articles (Fig. 1). Following the removal of duplicates, opinion pieces, discussion papers, reviews and case studies; articles were assessed based on the relevance of the title and/or abstract. Articles using multiple data sources were excluded if the findings relevant to foster carers were not separately presented. Articles focussing on the psychological construct of attachment between foster carers and children and articles measuring the effectiveness of foster carer training programs were excluded as these largely focus on child outcomes. This resulted in 77 articles which were independently considered for possible inclusion by three reviewers. Articles were excluded at this stage if they investigated specific sub-groups of carers or children or did not report foster carers experiences. A detailed list of excluded articles can be obtained, upon request, from the corresponding author. Studies which met the inclusion criteria were assessed for methodological rigour as described by Whittemore and Knafl (2005). As Whittemore and Knafl (2005) recommend, given the small number of relevant studies, none were excluded based on methodological standards.

Data analysis was an iterative process. Using a standardised form designed to enable the accurate and consistent extraction of data from individual studies, the first author compiled relevant study elements to facilitate analysis. Data was further reduced and entered into a table. Given the predominately qualitative nature of included studies, thematic analysis was used to identify commonalities between study findings.

Results

In total, 18 articles met the inclusion criteria (Table 1). Studies were conducted in several countries, namely; the United Kingdom/Ireland ($n = 6$; 33.3%), the United States of America ($n = 4$; 22.2%), Canada ($n = 4$; 22.2%), Australia ($n = 3$; 16.6%) and New Zealand ($n = 1$; 5.5%). The majority of studies were qualitative (56%; $n = 10$), while 4 (22%) used quantitative methods and 4 (22%) employed mixed methods. Given the diversity of methodologies, the findings of this review are presented in a descriptive summary (Whittemore & Knafl, 2005). Three major themes emerged from analysis of the included papers: (1) the foster carer, (2) the foster carer and the system, and (3) the foster carer's well-being. Each of these consisted of two sub-themes which are discussed below (Table 2).

The foster carer

For several decades, the literature has described the foster carer's role as both ambiguous and arduous (Colton et al., 2008). The ambiguity largely arises from the unique

³ "A child is defined as a person 0–17 years" (Australian Institute of Health and Welfare, 2011).

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