



Childhood cancer survivors' experiences in school re-entry in South Korea: Focusing on academic problems and peer victimization

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ABSTRACT

Childhood cancer survivors are confronted with numerous problems when they return to school after the completion of treatment. This study investigates the school re-entry experiences of childhood cancer survivors in South Korea. In-depth qualitative interviews were conducted with 31 childhood cancer survivors who were between 15 and 39 years old and had completed all cancer treatments at the time of the study. Participants reported being excited about school re-entry, but also being fearful and concerned about their academic performance and peer relationships. The participants' school re-entry experiences were mostly impacted by their relationships with their peers and teachers. They expressed having had psychosocial problems related to school re-entry, such as feeling a sense of loss and a lack of social skills. Our study findings emphasize a critical need for supporting childhood cancer survivors, both academically and socially, in their transition to school.

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1. Introduction

Schools are where children and adolescents develop social skills and prepare for their educational and career paths (Schultz et al., 2007). School re-entry after the completion of cancer treatment is an important milestone for school-age cancer survivors. It can be a serious challenge for these young people, (McLoone, Wakefield, Butow, Fleming, & Cohn, 2011; McLoone, Wakefield, & Cohn, 2013) especially after prolonged absences due to treatment (Anderson, Godber, Smibert, Weiskop, & Ekert, 2000; Gurney et al., 2007; Mabbott et al., 2005; Vance & Eiser, 2002). In a study by Sandeberg, Johansson, Björk, and Wettergren (2008), the longer the absence from school experienced by children diagnosed with cancer, the poorer their health-related quality of life. Pediatric cancer survivors often experience, upon school re-entry, hardships because of fatigue, anxiety, and poor communications within the school community (McLoone et al., 2011). Despite the significance of school re-entry and the potential challenges facing the survivors returning to school, few services are available to facilitate childhood cancer survivors' transition to the school life after treatment (Moore, Kaffenberger, Goldberg, Oh, & Hudspeth, 2009).

1.1. Academic problems of childhood cancer survivors

Numerous studies have found that childhood cancer survivors showed diminished academic outcomes, compared to their healthy peers (Buizer, de Sonnevile, & Veerman, 2009; French et al., 2012; Lähteenmäki, Huostila, Hinkka, & Salmia, 2002). Many studies have found that childhood cancer survivors are also more likely to repeat a grade (Barrera, Shaw, Speechley, Maunsell, & Pogany, 2005; Bonneau et al., 2011) and have lower educational attainment (Lancashire et al., 2010). Yilmaz et al. (2014) examined a range of academic outcomes from a sample of children and adolescents in Turkey. They found that cancer survivors had lower grade averages in several subjects, were enrolled in classes late, repeated a grade, and had more frequent absences, compared to healthy peers. School difficulty was significantly higher among childhood cancer patients (51.8%) than their healthy peers (14.3%).

Evidence also suggests that cancer survivors are similar in scholastic competence to their healthy peers (Gehardt et al., 2007). From a group of adult survivors of cancer who had been diagnosed in adolescence in Germany, Dieluweit et al. (2011) found that cancer survivors had even higher educational achievement and vocational skills than their peers; however, the late effects of their neuropsychological problems were also found to be associated with a reduced likelihood of graduating from universities and subsequently securing employment. Also, findings from Langeveld et al.'s (2003) study, using a sample of 500 Dutch young adult survivors of childhood cancer, suggests that, although

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many survivors function well and lead normal lives, a subgroup were less likely to complete high school, pursue post-secondary schooling, and be employed. Gurney et al.'s (2007) study demonstrates that childhood cancer survivors have similar high school graduation rates to those of their healthy siblings, but are more likely to rely on special educational services, and less likely to attend college.

It is important to understand cancer survivors' academic performance and adjustments because diminished academic performances can also adversely affect their employment attainment and outcomes. Childhood cancer survivors who subsequently experience academic difficulties are less likely to complete high school or go on to college (Gurney et al., 2007; Langeveld et al., 2003). Kirchoff et al. (2011) and Nagarajan et al. (2003) found that lower educational attainment was associated with higher unemployment rates. According to a meta-analysis of literature on studies among adult survivors of childhood cancer and unemployment (de Boer, Verbeek, & van Dijk, 2006), many studies report that childhood cancer survivors are at the higher risk for poor employment outcomes than healthy control groups. Indeed, compared to siblings, adult childhood cancer survivors are at an increased risk for unemployment. One study reported that 5.6% of cancer survivors reported unemployment, whereas only 1.2% of their siblings reported unemployment (Pang et al., 2008).

1.2. Peer victimization and social isolation

Peer relationships are critical for establishing healthy self-identity among childhood cancer survivors. In a qualitative study that examined Australian childhood cancer survivors' experiences in school re-entry, McLoone et al. (2013) found that one of the most frequently reported challenges was peer socialization. Although, to date, there appears to be a dearth of empirical evidence investigating the issues of peer relationships among cancer survivors, peer victimization and social exclusion are potentially salient problems for childhood cancer survivors returning to school. A recent study found that this population reported academic satisfaction, but expressed less satisfaction with their relationships among peer in school (Winterling, Jervaeus, Sandeberg, Johansson, & Wettergren, 2015). Also, higher rates of peer victimization and social exclusion have been documented among children and adolescents with chronic illnesses, compared to students without such conditions (Aukema, Schouten-van Meeteren, Last, Maurice-Stam, & Grootenhuis, 2013; Carroll & Shute, 2005; Horwood et al., 2005; Pittet, Berchtold, Akre, Michaud, & Suris, 2010; Sentenac et al., 2011). To illustrate, in a sample of 85 adolescents (ages 9–16), Carroll and Shute (2005) found that those with craniofacial disfigurement were frequently victimized by their classmates and peers. Nadeau and Tessier (2006) also reported that peer victimization was significant among children with cerebral palsy who are in mainstream classrooms. Further, Lähteenmäki et al. (2002) documented that about 31.7% of childhood cancer patients in Finland reported being bullied, compared to just 10.9% of non-cancer patients and 8.3% of the patients' siblings.

Compromised academic performances and peer socialization are challenges for many childhood cancer survivors who receive treatment, and consequently miss time from school. In South Korea, these challenges might be even worse, given the highly competitive academic environment (Seth, 2002) and high rate of societal prejudice and discriminatory attitudes toward cancer patients (Cho et al., 2013). Thus, understanding the perceptions of South Korean childhood cancer survivors with regards to the school adjustment process is especially important.

Although a majority of the existing studies have examined school adjustments of adolescent cancer survivors quantitatively (Pini, Hugh-Jones, & Gardner, 2011), there are a few qualitative studies that shed light on the educational trajectories and school experiences of these students upon re-entry (Dumas et al., 2015; Fottland, 2000; McLoone et al., 2011). Even fewer studies have investigated South Korean childhood cancer survivors' school experiences (Jin, 2001; Nam & Choi, 2013), a

country with a 5-year survival rate of childhood cancer is 80.4% (Korea Central Cancer Registry & National Cancer Center, 2015).

To address these research gaps and add the knowledge for developing effective interventions to improve their school re-entry adjustment, our study explores the experiences and challenges of school re-entry among 31 South Korean childhood cancer survivors.

2. Method

2.1. Participants and procedures

For this study of childhood cancer survivors, we selected information-rich cases through a purposive sampling method. Study participants included 31 cancer survivors (16 males and 15 females) with a mean age of 24.1 years ($SD = 4.5$). All of the participants had been diagnosed with cancer and had completed cancer treatment prior to age 19. The characteristics of the participants are presented in Table 1. The ethics committee of the university affiliated with the first and second authors at the time of research approved the study. Participants were recruited through announcements on the websites of advocacy foundations and support groups for childhood cancer survivors and their caregivers in South Korea. Between June and July 2010, the first two authors conducted semi-structured, in-depth interviews, each of which lasted approximately 1 hour. Prior to the interviews, the authors gathered information on potential participants' demographics and cancer experiences. When data saturation was achieved, recruitment was discontinued.

The authors focused on the themes that were relevant to the participants' school re-entry based on data from a larger project on the impact of cancer (Kim & Yi, 2012; Kim, Yi, & Kim, 2014; Yi, Kim, & Sang, 2016). Our semi-structured interviews began with the question, "Tell me about your school re-entry experiences," followed by related probes. During data collection, the interviewers constantly double-checked with participants to ensure that they understood what the participants said. Upon completion of the study, the participants and the interviewers discussed the themes that stood out in the interviews. After each participant finished his or her interview, the participant was given a bookstore gift certificate, with a value equivalent to \$20 USD.

2.2. Analysis

The authors independently coded each of the transcripts of the 31 interviews, using Atlas-ti, a qualitative analysis software. When reading the interview data, the authors used thematic analysis (Braun & Clarke, 2006) to derive codes, using a bottom-up approach. The text of each

Table 1
Participant characteristics ($N = 31$).

Characteristic	n (%)
Age ($M \pm SD$ years), range	24.1 \pm 4.5 (17–36)
Gender	
Male	16 (51.6)
Female	15 (48.4)
Marital status	
Never married	30 (96.8)
Married	1 (3.6)
Educational level	
Less than college	18 (58.1)
College or university	10 (31.2)
Graduate school	3 (9.7)
Diagnosed cancer type	
Hematological cancers	22 (71)
Solid or soft tissue tumors	5 (16.1)
CNS or brain tumors	4 (12.9)
Recurrence, yes	10 (32.3)
Age at diagnosis ($M \pm SD$ years), range	11.8 \pm 2.8 (5–17)
Time since diagnosis ($M \pm SD$ years), range	12.3 \pm 6.0 (5–25)

CNS = central nervous system.

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