

THE EXPERIENCE OF PARENTAL CANCER FROM THE PARENTS' PERSPECTIVE: A QUALITATIVE STUDY

LA EXPERIENCIA DEL CÁNCER PARENTAL DESDE LA PERSPECTIVA DE LOS PADRES: UN ESTUDIO CUALITATIVO

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ABSTRACT

INTRODUCTION: Parental cancer is the experience of cancer at an early age in adulthood in people with dependent children, leading to changes in parent-child interaction, family dynamics, the performance of the parental role and socio-economic difficulties. **OBJECTIVE:** To analyze parents' perspectives who are undergoing cancer treatment to understand the impact this has on their parental role. **METHODOLOGY:** Qualitative study. Data were collected through semi-structured interviews based on a structured script founded on the Betty Neuman Model. The sample consisted of cancer patients in the treatment phase, with different types of cancer, monitored in a Portuguese cancer hospital, with teenage children aged 14 to 19. Data analysis was carried out using content analysis according to Bardin. The ethical assumptions associated with the study were safeguarded. **RESULTS:** From the analysis of the 13 interviews carried out, the domain Experience of parental cancer emerged, with two categories "Everything changed in us: the cancer diagnosis" and "Life goes on: repercussions of parental cancer on parent-child interaction" and respective subcategories. **CONCLUSION:** This study demonstrated the implications of the diagnosis of cancer and the repercussions of parental cancer on parent-child interaction. The results will support the design of a nursing intervention program for the dyad experiencing parental cancer.

Keywords: parents, parenting, adolescent, neoplasms, nursing, qualitative research.

RESUMEN

INTRODUCCIÓN: El cáncer parental comprende la vivencia del cáncer en edades tempranas de la vida adulta, en personas con hijos dependientes, provocando cambios en la interacción padres-hijos, dinámica familiar, desempeño del rol parental y dificultades socioeconómicas. **OBJETIVO:** Analizar la perspectiva de los padres sometidos a tratamiento contra el cáncer para comprender el impacto en el rol parental. **METODOLOGÍA:** Estudio cualitativo. La recolección de datos se realizó a través de entrevistas semiestructuradas, a partir de un guión estructurado, basado en el modelo de Betty Neuman. La muestra estuvo compuesta por pacientes oncológicos en fase de tratamiento, con diferentes tipos de cáncer, seguidos en un hospital oncológico portugués, con hijos adolescentes entre 14 y 19 años. El análisis de datos se realizó mediante análisis de contenido según Bardin. Se salvaguardaron los supuestos éticos inherentes a la realización del estudio. **RESULTADOS:** Del análisis de las 13 entrevistas realizadas surgió el dominio Experimentar el cáncer de los padres, con dos categorías "Todo ha cambiado en nosotros: el diagnóstico del cáncer" y "La vida continúa: repercusiones del cáncer de los padres en la interacción padres-hijos" y sus respectivas subcategorías. **CONCLUSIÓN:** Este estudio destacó las implicaciones que existen al

diagnosticar una enfermedad oncológica y las repercusiones del cáncer de los padres en la interacción entre padres e hijos. Los resultados apoyarán la construcción del diseño de un programa de intervención de enfermería para la diáda que experimenta cáncer parental.

Palabras clave: padres, responsabilidad parental, adolescentes, neoplasias, enfermería, investigación cualitativa.

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INTRODUCTION

The incidence of cancer is increasing worldwide, with a greater number of new cases in people aged 30 to 50⁽¹⁾, an age at which many have dependent children⁽²⁾. Parental Cancer (PC), referring to the experience of cancer in people with dependent children, is a growing phenomenon⁽²⁾ which is characterized by a distressing life experience for the family unit, inherent to the nature of the disease, bringing physical and psychological consequences, uncertainty about the future and a potential threat to life⁽³⁾. These consequences cause suffering, changes in routines and relationships, role reversals and socio-economic difficulties^(4,5).

Parents experiencing PC face additional challenges throughout the illness process. They are focused on protecting their children, but they also face difficulties in the performance of their parental role, namely in maintaining family dynamics and adequately supporting and communicating with their children^(4,6,7). Parental capacities are diminished due to the emotional and physical exhaustion characteristic of cancer and the difficulty in understanding their children's reactions to the PC⁽⁵⁾. This

can lead to feelings of failure in fulfilling their responsibilities as parents. Due to the illness process, the parents' care and support is compromised, so the children may have more emotional and behavioral problems⁽⁵⁾ when compared to adolescents who do not experience this reality.

Adolescence is the most vulnerable age group in experiencing PC, as they have a stronger perception of parental illness. However, their needs are not always met⁽²⁾. Due to the burden of the disease, parents find it difficult to support them and expect the help of health professionals. Nonetheless, inexperience in the field, a gap in knowledge and the failure of health systems to include adolescents in the process of parental illness are barriers in supporting these families⁽⁴⁾. This gap highlights the need for a better understanding of the parenthood experience in cancer patients, including their difficulties and needs⁽⁸⁾.

Despite the relevance of this phenomenon and the impact on parents and children, there are no guidelines for nurses regarding intervention in the dyad experiencing PC. However, some authors point to the need to implement interventions in these families^(2,5,9).

The aim of this study is to analyze the perspectives of parents who are undergoing cancer treatment to understand the impact this experience has on their parental role.

METHODOLOGY

Qualitative study that considered the four dimension criteria for rigour: credibility, transferability, dependability and confirmability⁽¹⁰⁾. The preparation of the manuscript complied with the instructions offered by the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁽¹¹⁾. The study was conducted in a cancer hospital in central Portugal, between February and September 2021.

A semi-structured interview script was used, based on the concepts of the Betty Neuman Model⁽¹²⁾. Most of the interviews (nine), were conducted in a virtual environment via the Zoom Colibri platform, as a result of the pandemic period, in order to maintain the safety of the participants. Three interviews were conducted in a hospital room, previously booked, and one at the participant's home, according to their preference. All the interviews were conducted in a quiet environment, only in the presence of the participant and the principal investigator. The audio-video was recorded and deleted after transcription verbatim. The interviews were conducted until the data was saturated. In order to identify data saturation, data analysis took place at the same time as data collection.

The authors of this study have experience in qualitative research and are

experts in the field of pediatric nursing and the care of adults with cancer.

Using inductive reasoning, the data was coded and categorized into segments, according to Bardin's content analysis⁽¹³⁾, with support from the MAXQDA Analytic Pro 2022 software. Three researchers analyzed the data independently.

The research was approved by the Ethics Committee of the institution where the study was developed (process number TI25/2020). All participants signed an informed consent form and allowed the recording of the interview. The participants' statements were coded in order to safeguard anonymity and confidentiality, identifying the interviews by the letter I, then numbered in the order in which they were conducted.

RESULTS

The participants were adult cancer patients, at any stage of the disease, with children aged between 14 and 19, without cognitive deficits, who understood and spoke Portuguese fluently. Participants were recruited by convenience during their hospitalization. Thirteen parents participated, mostly mothers, with an average of 49.15 years of age, at different stages of cancer treatment (post-operative recovery, chemotherapy, radiotherapy, immunotherapy and hormone therapy). One of the participants was experiencing a second cancer diagnosis. During the interviews, the time since diagnosis ranged from two months to a year. As for their employment situation, all the participants worked, but at the time they participated in the study, they were all on medical leave. The

average age of the children was 15.77 years old (table 1).

Table 1. *Characteristics of the study participants. Coimbra, Portugal, 2021.*

Interview Code	Age of the parent	Parent with cancer	Type of tumor	Academic qualifications	Job	Civil Status	Age of children	Gender of children
I1	50	Mother	Breast cancer	University Degree	Teacher (1st grade)	Married	16	Male
I2	42	Mother	Breast cancer	University Degree	Nurse	Married	14	Female
I3	46	Father	Breast cancer	Master	Kindergarten teacher	Married	14	Male
I4	45	Mother	Cervical cancer	9th grade	Cleaning staff	Married	15	Male
I5	38	Mother	Breast cancer	12th grade	Educational assistant	Married	14	Female
I6	51	Mother	Breast cancer	12th grade	Catering staff	Married in fact	15	Male
I7	51	Father	Hepatic cancer	12th grade	Driver	Married	14	Female
I8	58	Mother	Retal cancer	4th grade	Retail worker	Married	16	Male
I9	44	Mother	Breast cancer	12th grade	Businesswoman	Married	18	Female
I10	46	Mother	Breast cancer	University Degree	Teacher (1st grade)	Married	17	Female
I11	62	Father	Retal cancer	9th grade	Locksmith welder	Married	17	Male
I12	49	Mother	Breast cancer	9th grade	Health operational assistant	Married	17	Male
I13	57	Mother	Breast cancer	University Degree	Kindergarten teacher	Divorced	18	Female

Source: authors, 2023.

These interviews lasted an average of 65.02 minutes (maximum: 150 minutes, minimum: 30 minutes).

From the analysis of the 13

interviews, the domain Experiencing parental cancer emerged. Figure 1 shows the categories and subcategories that emerged from the participants' discourse.

DOMAIN	EXPERIENCING PARENTAL CANCER	
Categories	Everything has changed for us: The cancer diagnosis	Life goes on: Repercussions of parental cancer on parent-child interaction
Subcategories	<p><i>Revealing the diagnosis to children</i></p> <p><i>Children's reaction to their parents' cancer diagnosis</i></p> <p><i>Children's behavior after their parents' cancer diagnosis</i></p> <p><i>Nurses' support</i></p>	<p><i>Changes in routines</i> <i>Socio-economic difficulties</i></p> <p><i>Distancing from family as a result of hospitalization</i></p> <p><i>Changes in relationship with children</i></p> <p><i>Compromising the parental role</i></p>

Figure 1. Domain, categories and subcategories. Coimbra, Portugal, 2021.

Source: authors, 2023.

The domain emerged from the aggregation of the categories: "Everything has changed for us: the cancer diagnosis" and "Life goes on: repercussions of parental cancer on parent-child interaction".

Everything has changed for us: The cancer diagnosis

This category emerged from the subcategories "Revealing the diagnosis to children", "Children's reaction to their parents' cancer diagnosis", "Children's behavior after their parents' cancer diagnosis" and "Nurses' support".

In the subcategory "Revealing the diagnosis to their children", some parents mentioned that they revealed the diagnosis themselves:

"I didn't tell him like it was the end of the world (...) I told him, like I would tell him about any other illness (...) that I had that problem, that I had to get

treatment and that it was going to be a long road (...)" (I1)

"I cried a lot and my daughter realized that something wasn't right (...) the moment to tell her was for fear of making her suffer, making her sad and destabilizing her (...) it wasn't easy" (I2)

"It was all very gradual (...) every time I went through a phase I would say it, I never hid it" (I10).

However, other parents said that they themselves did not tell their children about the diagnosis:

"I didn't tell him, he [son] found out from a neighbor (...) my son told me that I hadn't told him, he got upset (...) I told him not to worry and that he would be fine (...) it was difficult to tell him (...) it wasn't my choice not to tell him, but he ended up finding out from other people." (I4).

As for “Children's reaction to their parents' cancer diagnosis”, some parents said that they noticed their children's sadness and worry after knowing about the diagnosis:

“I felt that he [son] was sad (...) worried about his mother.” (I1)

“My son externalizes his emotions more and I noticed him worrying.” (I11)

“My daughter felt sad, she was very down (...) it was that initial shock (...)” (I2)

“It wasn't easy because she cried a lot.” (I9)

Other parents said that they had seen their children revolt:

“(...) I noticed that initially he was angry (...) he didn't want to go to school (...) he wanted to be around me.” (I4), however, some mentioned that their children reacted naturally to the diagnosis: *“He reacted calmly.”* (I6)

“(...) naturally (...) I explained that it was in the breast, that I had to have treatment, and he asked a few questions.” (I3)

“(...) he reacted well.” (I12)

Other parents also said that their children were not aware of the severity of the diagnosis: *“(...) I don't think she was ever aware of the seriousness of the illness.”* (I7), and others alluded that they had no idea of their children's perception of her diagnosis:

“She's very reserved and I didn't raise the subject (...) I don't know outside the home how she reacted with her

classmates, I don't know if she cried, if she didn't (...) I'm worried that she's not showing her feelings at the moment, and that later on she might show them or suffer from this situation.” (I10)

Concerning “Children's behavior after their parents' cancer diagnosis”, some parents said that they did not perceive any change in their children's behavior after knowing about the diagnosis:

“I don't think it's affected him, I haven't noticed any changes in his behavior.” (I7)

“(...) I haven't detected anything different (...) he's been doing very well at school.” (I9)

“(...) at school I haven't seen any changes.” (I10).

However, others mentioned that they noticed changes in concentration and school performance:

“(...) he [son] could perform better in his studies.” (I1)

“(...) the change was more evident in terms of school performance.” (I6)

“(...) his grades dropped a bit, and even in swimming he stopped being so focused (...)” (I13)

“(...) sometimes on the days of my appointments, my son would refuse to go to school because he couldn't concentrate.” (I4)

Some parents said that they observed their children adopting protective behaviors towards them:

“Even if my son could go out, he wouldn't go out, he was afraid of bringing something home that would

affect me (...) he always protected me”. (I1), as well as noticing changes on an emotional level:

“Sometimes he’s focused on his own things (...) he’s quite sensitive, but he doesn’t always show it (...).” (I3)

“It disturbed him a little, because he [son] was scared, even when I went to the hospital (...) his fear was that I wouldn’t wake up (...) it really shook him that I had cancer (...) he’s not very expressive, he doesn’t talk to anyone (...) I could see he was very agitated and nervous.” (I4)

Other parents noticed a regression in their children’s development:

“At the beginning [diagnosis] it seemed that there was a regression [in adolescence].” (I2), as opposed to others, who noticed their children maturing: *“My son was scared, but over time he matured. I didn’t want him to grow up because of this, but it helped him.”* (I1). Some parents have also noticed changes in their relationship with their family: *“(...) she [daughter] used to pick on her brother a bit, and she’s tried not to pick on him so much.”* (I10).

About “Nurses’ support”, the parents reported that they had received no support from the nurses in communicating the diagnosis and managing the illness situation with their children:

“The nurses didn’t ask me anything, if I had children, how they were coping, if any support was needed.” (I9)

“The nurses could ask how things are going at home, how we’re going to tell our children (...).” (I9)

“The nurses could ask how things are at home, how we’re going to tell our children (...) how the family is reacting (...).” (I13)

Subsequently, some parents made suggestions about the interventions that nurses could carry out to support them:

“The transmission of information to their children being accompanied by nurses would be beneficial”. (I5)

“If it’s me telling them [children], they understand in one way (...) if it’s the nurses it’s different (...) they have a better understanding of the disease, of what’s going on.” (I6)

“Nurses could help with the best way to tell children, to be aware of small changes and what we can do.” (I8)

“I think it would be beneficial to have support appointments, first just with my daughter, then just with me and at the end a joint appointment, so I can better understand what’s going on in her head (...) because we have this news and we’re alone.” (I13)

Life goes on: Repercussions of parental cancer on parent-child interaction

This category emerged from the subcategories “Changes in routines”, “Socio-economic difficulties”, “Distancing from family as a result of hospitalization”, “Changes in relationship with children”, and “Compromising the parental role”.

Some parents pointed to "Changes in routines", particularly in the redistribution of household tasks:

"My son has to pick up his clothes and do other things (...) there had to be a redistribution of household chores." (I12).

"Socio-economic difficulties" were mentioned by some parents, emphasizing financial losses:

"If I can't get off sick leave, I'll have to start working in order to provide for my son and [meet] all the expenses (...)." (I6)

"(...) my eldest daughter was studying at university and had to interrupt her studies because I was the only financial support in the family (...)." (I7)

"(...) let's see now if I can pay for my daughter's college (...) this situation torments me." (I13).

As a result of the PC experience, some parents experienced "Distancing from family as a result of hospitalization":

"It was hard for me because of my son, he missed me terribly. He told me 'when you were in hospital, I'd come home and I wouldn't study, I wouldn't do anything, I'd just wait for you to call.'" (I1)

"(...) the hardest thing was that my son wanted to see me and I couldn't." (I12)

"(...) I had a hard time not being able to see him [son]." (I4).

The "Changes in relationship with children" were described by the parents in

different ways. Some showed an inversion of roles:

"When it was worse, my daughter was in charge of the situation." (I1)

"It's changed the relationship (...) I always went to kiss my daughter in bed, now she's the one who comes to kiss her mother (...) she's the one who comes to help me pull up the bedclothes, put the pillows on (...) there's been a bit of a role reversal here (...)." (I2).

And others reported a closer and stronger relationship:

"We've become a bit closer (...) she sometimes comes to kiss me." (I7)

"(...) this situation has brought us closer together (...)." (I8)

"My relationship with my children has strengthened. It's brought us much closer together. We're all working towards the same goal. It's not just a process for me, it's for the whole family." (I1)

"I think we've become closer [family], it's strengthened the relationship." (I12).

The "Compromising the parental role" was reported by the participants:

"I didn't want my children to lose the quality of life they had. I'm a mother who accompanies my children in their studies, but at times I didn't give them the support they were used to. This situation compromised my role as a mother." (I1)

"Things I'd like to do with them [children] and I can't (...) I'd love to go

everywhere with them (...) now we can't, because I don't even have the strength." (I8)

"I think this situation, at least for a while, compromised my role as a mother (...) I was in such a bad way that I didn't support her [daughter] (...) the parental role was affected in that respect." (I2)

"I feel helpless and powerless (...) my daughter, in addition to having a mother with cancer, has been left without a mother (...) without a mother who will buy the sanitary towel, the cream she likes best (...)." (I13).

Some parents mentioned feelings of guilt associated with committing to the parental role:

"I feel a bit guilty (...) I didn't have the strength, and at times my son had to manage on his own. I wasn't there to support him." (I1).

DISCUSSION

Revealing the diagnosis of cancer to their children is a complex moment, as evidenced by most of the participants. This finding is mentioned by other authors⁽¹⁴⁾ as one of the greatest challenges of PC, stating that communicating the disease, namely the diagnosis, treatments, feelings and needs is difficult for parents. This difficulty may be related to the fact that some participants had not disclosed the diagnosis to their children. However, sincere family communication is essential for adolescents to understand and adapt to PC, minimizing its impact⁽¹⁵⁾.

The need for information is most frequently reported by children affected by

PC⁽¹⁴⁾. Therefore, considering the uncertainty and unpredictability associated with PC, it is essential to promote information sharing within the family. In this context, professional intervention is justified, with some authors⁽²⁾ suggesting therapeutic and recreational approaches, complemented by psychosocial support.

Regarding the children's reaction to their parents' cancer diagnosis, some participants noted their children's sadness and worry, and others their anger. These feelings seem to be common in adolescents experiencing PC, as they feel not only fear and sadness at the diagnosis and the repercussions of the disease (including death), but also anxiety, hope and acceptance⁽⁷⁾. Another reaction of the adolescents reported by the participants was that their children reacted naturally to the diagnosis. This may be associated with the sick parent's ability to accept the disease, the previous existence of positive relationships⁽⁶⁾ and the quality of the dyad's communication⁽¹⁶⁾, helping the adolescent to cope effectively with PC. Yet, other parents reported that their children were not aware of the seriousness of the diagnosis, and others stated that they did not understand their children's perception of their diagnosis.

It is known that in the absence of information, children construct their own meanings and responses to the PC phenomenon, which can lead to erroneous and inaccurate cognitions⁽⁴⁾. This reinforces the importance of honest, age-appropriate parent-child communication⁽⁴⁾. However, the fact that parents were unaware of their children's perception of

their diagnosis could be related to a lack of communication within the family. Scientific evidence also suggests that adolescents do not always express their feelings within the family, keeping their fears a secret to protect their parents⁽⁷⁾, a fact that cannot be overlooked when interpreting the findings of this study.

Regarding the lack of change in the children's behavior after learning of the parent's cancer diagnosis, as reported by the participants, this finding could be explained by the fact that the children do not express their emotions in the family or by the lack of an adequate relationship and communication between the dyad^(6,16).

As in other studies⁽¹⁷⁾, which describe that adolescents who experience CP are more likely to have low levels of school performance, the parents in this study noticed changes in their children's concentration and school performance after the diagnosis was revealed. The same authors⁽¹⁷⁾ consider that compromised academic performance may be due to the difficulty adolescents have in finding support resources when doing their work. The responsibility of supporting the sick parent, the increase in household chores and the pressure related to having a parent with cancer⁽²⁾ can also compromise school performance, as was found in this study, as adolescents have less time to devote to schoolwork and greater difficulty concentrating in class⁽¹⁷⁾. In the long term, this can have consequences in their professional life, resulting from difficulties concentrating and learning at school, low ambitions for education and planning for the future⁽⁹⁾.

The adoption of protective behaviors by children towards their parents was pointed out by some participants, which corroborates the findings of other studies^(9,18), which report that adolescents feel the need to protect and care for their parents. Despite the anxiety that the PC experience brings to adolescents, they understand that the situation is physically and psychologically painful for the sick parent⁽¹⁸⁾, so they feel the need to give them more support and protection, as described by the study participants.

Confronting their parents' physical and emotional suffering is distressing for adolescents⁽⁷⁾ and can lead to emotional changes in their children, as reported by the participants. Adolescents facing PC can develop high levels of anxiety, depressive symptoms and post-traumatic stress^(2,4,19), which can probably dissipate over time, but some may remain vulnerable in the long term⁽⁴⁾.

Regression in their children's behavioral development after a diagnosis of PC was also pointed out by the participants. This finding has been little reported by other researchers, but some⁽²⁰⁾ state that, although it is not very common for adolescents to show behavioral regression during the diagnosis phase, they can nevertheless show adaptation problems.

On the other hand, some participants mentioned their children maturing as they experienced the parental illness. This finding corroborates the literature, insofar as adolescents can experience axiological growth by

behaving in a way that meets the family's expectations⁽¹⁸⁾. Adolescents' need for physical and emotional support from their parents^(15,21) contributes to their axiological growth⁽²¹⁾.

In adolescents who are children of parents with cancer, relationships with the family can be compromised^(2,22) by the experience of the situation and changes in family dynamics, as reported by the participants in this study.

Parents with cancer expect health professionals to advise and guide them through their new condition, especially when it comes to communicating the diagnosis to their children and how the disease affects the family⁽¹⁴⁾. However, the participants in this study reported not having support from nurses in communicating the diagnosis and managing the illness situation with their children.

Parents believe that nurses are capable of intervening in the dyad⁽⁷⁾, so the participants suggested a nursing intervention, aimed to supporting and helping them with the challenges of the parental role. Other researchers⁽⁵⁾ recommend that caring for cancer patients should include the whole family system, particularly the younger children (children and adolescents). Encouraging open communication from the moment of diagnosis and exploring parental concerns in the process of adapting to the disease should be a priority^(5,7), and parents need to be accompanied through specific intervention programs⁽⁵⁾.

When a parent is diagnosed with cancer, the family nucleus experiences changes in its dynamics, such as changes

in routines, particularly chores. The scientific literature points out that families impacted by PC suffer interruptions in routines, role reversals and responsibilities^(4,5).

Participants mentioned financial losses associated with the disease, with socio-economic implications for the family. In fact, the physical and psychological consequences of cancer lead to changes in working life. All the participants in the study reported being on sick leave, facing financial difficulties to meet family expenses, in addition to treatment-related costs (therapy, support materials, transportation to health institutions). Many studies^(4,5,8) indicate that there are few resources available to deal with the demands of cancer, and families may feel financial pressures and difficulties in maintaining adequate social support. Socio-economic changes are one of the most critical parental concerns when living with PC^(15,23).

These families are particularly vulnerable to financial difficulties and may need support for prolonged periods. Raising a child has become more expensive in recent years, with rising prices for food, housing, healthcare and education⁽²³⁾. At the same time, the amount of money spent by cancer patients has also increased, with families struggling to maintain their standard of living after a cancer diagnosis⁽²³⁾. Some participants also mentioned this concern.

As in other studies⁽²⁴⁾, the parents in this study felt distanced from their families due to hospitalization. When face-to-face interaction is not possible, nurses should maximize efforts to promote

video calls and messaging. To do so, they should develop an in-depth understanding of parents' needs, providing support and helping them prepare for their child's visit⁽²⁴⁾. It should be noted that the participants' hospitalization took place during a pandemic period, preventing them from receiving visits. Nurses should ensure that parents can spend time with their children during treatment/hospitalization, regardless of the stage they are at, as these moments are vital for their recovery⁽²⁴⁾.

Another repercussion of PC reported by the participants was changes in the relationship with their children. Parents with cancer experience negative emotional states, with depressive moods, symptoms of anxiety and stress, which make them less available and can influence their relationship with their children⁽⁴⁾. Changes in the parent-child relationship can have emotional and behavioral consequences for adolescents, as seen in these parents' testimonies.

Considering that positive paternal influences are fundamental, it is important to preserve family relationships⁽²⁴⁾ in order to minimize the consequences of PC. The findings of our study are supported by others^(4,5,8), who mention that PC condition relationships due to the additional challenges that parents experience, such as the concern to adequately support their children and maintain routines⁽⁴⁾.

Role reversal is one of the consequences of PC⁽²⁾, which can mean that the adolescent takes on responsibilities that were once the responsibility of the sick parent, a situation

mentioned by the participants in the study, and which can affect the dynamics and quality of family life on an emotional, social, physical, spiritual and financial level⁽²⁵⁾.

Some participants reported feeling some distancing from their children. Other studies⁽¹⁸⁾ mention that adolescents sometimes choose to maintain this distance due to their parents' physical and emotional condition. Notwithstanding, some participants reported a closer relationship after the diagnosis of the disease, a finding also in line with other authors⁽⁴⁾, who add that relationships, family dynamics, communication⁽¹⁶⁾ and family involvement⁽⁷⁾ are essential for their well-being. Strengthening existing relationships favors the psychological health of parents and of their children⁽⁶⁾. Consequently, getting closer to the sick parent is essential for coping with the illness, because children are a source of strength in helping parents through difficult treatments⁽²⁴⁾. This may justify the importance that parents attach to being close to their children.

The continuous responsibility of caring for children and family, together with the confrontation with the illness itself, can influence the performance of the parental role⁽²⁶⁾ and consequently the interaction of the dyad. According to scientific evidence⁽⁴⁾, maladaptive parenting behaviors are a consequence of psychological maladjustment, given the disparity between the demands of being a parent and the resources available to overcome them. In our study, participants also mentioned that their parental role was

compromised. As in other studies⁽²⁶⁾, some parents reported feeling guilty for having overburdened their children or for not being able to meet their needs. Parents can sometimes find it difficult to share the tasks of caring for and supporting their children with other people, wishing to continue playing their parental role for as long as they can, so nurses should understand their feelings and respect their wishes, helping them through this transition⁽²⁴⁾.

Although scientific evidence points to barriers and difficulties for nurses in dealing with PC^(15,19), ignoring the implications of cancer in the parental role can compromise the dyad's adaptation to the new condition.

A study that aimed to map intervention programs for children, adolescents and parents experiencing PC concluded that the most prevalent interventions are psychoeducational⁽²⁷⁾. These interventions aim to provide social support to families and increase parental skills, namely emotional availability, communication skills, reducing fear, helping with the process of role reversal, reducing anxiety and developing coping mechanisms⁽²⁷⁾.

During the PC experience, a differentiated nursing intervention should be considered together with the dyad, adapted to the patient, taking into account the stage of the disease and time since diagnosis, and the child(ren). Considering that the repercussions of PC occur during the course of the disease and that the consequences may be long-term, interventions should extend to follow-up⁽²⁷⁾.

The limitations of this study are related to territories. It is suggested that further research be carried out in other cancer hospitals, in different populations and in different stages of illness diagnosis, early and late stages. Knowledge of the implications of cancer on the parental role, from the parents' perspective, will support the construction of a nursing intervention program aimed at the dyad experiencing PC.

CONCLUSION

This study made it possible to understand the impact of cancer, namely the experience and challenges that the disease brings to the parental role and the parent-child relationship.

This study highlights the impact of PC on cancer patients and their children, reinforcing the importance of developing nursing intervention programs for the dyad experiencing PC.

The parents listed the different implications of the disease, cancer, on their parental role, from the transmission of the diagnosis to their children to the repercussions of PC on parent-child interaction, namely changes in their children's behavior after the news, changes in family routines, socio-economic difficulties, the distancing that hospitalization implied for the family, changes in their relationship with their children and the impairment of their parental role. They also mentioned the importance of the nurses' support and that they wished they had had it, particularly when revealing the cancer diagnosis to their children.

It is believed that this study can provide nurses with the opportunity to reflect on the impact of PC and the desire to include the parental role in comprehensive care for cancer patients. It is hoped that this study will contribute to the implementation of public policies that enable holistic care for families experiencing PC, in hospitals where parents are monitored, through nursing intervention programs aimed at the dyad.

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