

Developing a Family-Level Intervention for Families of Children With Cancer

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Purpose/Objectives: To determine the feasibility and effectiveness of a family-level intervention for parents of children newly diagnosed with cancer.

Design: A one-group, pretest and post-test, quasi-experimental design.

Setting: A university hospital in Iceland.

Sample: 10 families (19 parents) of children and adolescents newly diagnosed with cancer.

Methods: Parents were asked to answer questionnaires at baseline and then twice after the intervention, at 6 and 12 months.

Main Research Variables: Acceptability and short-term effects on parents' well-being, coping behavior, hardiness, and adaptation of an educational and informational home page, support offered on the Internet to parents, and one or two 60- to 90-minute support interviews.

Findings: Most of the families indicated that the intervention was important, helpful, and supportive, but the level of usefulness of the intervention varied. Information from the hypotheses testing, that parents' level of well-being increased significantly one month after the intervention and that fathers found it helpful to maintain social support and psychological stability after the intervention, are optimistic indicators and support a possible short-term effect of the intervention.

Conclusions: Offering a family-level educational and support intervention was feasible and may be effective for such families.

Implications for Nursing: Researchers and clinicians may want to enhance the intervention and test it on bigger samples and with a control group.

Key Points . . .

- ▶ A family-level educational and support intervention for families of children newly diagnosed with cancer can have an impact on parents' well-being.
- ▶ Healthcare professionals need to be aware of the usefulness of Web-based information for parents and the helpfulness of support interview(s) for families.
- ▶ Fathers use different coping patterns over time.

empowerment of healthy siblings of children with cancer (Murray, 2001), school reentry for children with cancer (McCarthy, Williams, & Plumer, 1998), crisis-intervention strategies (Hendricks-Ferguson, 2000), and reduction of child distress during invasive procedures in childhood leukemia (Kazak, Penati, Brophy, & Himelstein, 1998). Those phenomena are important to research and clinical practice, but the research literature on families of children with cancer needs to be broadened by including interventions for families as a whole when they are dealing with and adapting to childhood cancer. According to Kazak (2004), evidence exists in many healthcare centers that because of limited resources and cost containment since the 1990s, the amount and variety of psychosocial support provided to families have declined. At the same time, families in modern societies are growing more diverse and family life is becoming complex, emphasizing even further the need for informational and psychosocial support for family members when adapting to cancer in children.

Family relations and the impact that family members have on one another are of primary importance when interventions are offered to families dealing with tragic life experience such as cancer in a child family member. In a study on psychosocial needs of families of children with cancer, Ljungman et al. (2003) found that parents and adolescents with cancer rated paper-based, telephone, computer compact

Having a child diagnosed with cancer is one of the most difficult and painful life experiences for a family. From very early on, families of children diagnosed with cancer often have to be involved in complex treatment procedures and deal with their own feelings and insecurity at the same time. Involving families in health care requires collaboration between healthcare professionals and family members. Models of healthcare delivery, such as family-centered care, have become standard in providing high-quality health care for children undergoing cancer treatment. Such models emphasize providing information and fostering and supporting the active inclusion of parents in their children's treatment and management (Holm, Patterson, & Gurney, 2003; Landspítali University Hospital, 2005). To receive this standard of care, families of children with cancer need family-centered interventions that are effective and appropriate to the healthcare services offered (Polit & Beck, 2004; Whittemore & Grey, 2002).

Research focusing on surviving childhood cancer has emphasized interventions concentrating on the psychosocial

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Digital Object Identifier: 10.1188/06.ONF.983-990