



Experiences and Needs of Fathers of Children with Cancer in Coping with the Child's Disease

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Abstract

Background and Purpose: An increasing number of the populations are affected by cancer, which causes the rise in demand for quality care. However, the nature of expected care is currently unclear as nurses complain that their knowledge of how to address the relatives of a patient with a difficult diagnosis is limited. The aim of this study is to describe the experiences and needs of fathers of children with cancer in coping with the child's disease.

Design and Methods: Design of this study is qualitative, empirical, and descriptive research. The data were collected through semi-structured interviews and analyzed by an inductive content analysis method. Interviews were conducted in autumn 2020 four subjects participated in the research.

Results: Fathers' experiences of coping with child's disease encompassed experiences with information, social relationships, health care, changes in personal health and experiences regarding the child. Fathers' needs in relation to dealing with child's cancer included material, social, and spiritual needs.

Conclusion: The fathers emphasized the need for state assistance, and they also needed to be involved in the treatment process. The fathers need a simplified system, less paperwork, more financial benefits, deep prevention, and more home-like environment at hospital. Regarding spiritual needs, fathers expressed mixed feelings towards the need for external help.

Practice Implications: According to the research, too little attention is paid to men's mental health. Integration of research results into the curriculum of nurses allows nurses to understand men's mental health problems and their management with emotionally hard situations.

Keywords: Cancer; Child; Coping; Experience

Introduction

Children's morbidity and mortality from cancer is increasing in the world, according to the WHO there are about 400,000 children diagnosed with cancer every year [1]. There were 70.3 cancer diagnoses among children per 100,000 people in Estonia in 2019 [2]. Almost 80% of children diagnosed with malignant tumour survive in developed countries today. Despite of positive statistics, total healing is not always ensured, the treatment is very intensive and long-lasting [3]. More and more people in population are affected by cancer, therefore there is an increase in need for quality treatment, however the nature of expected care is currently unclear [4,5]. Current topic is important from the perspective of development of specialty practice because the nurses complain that their knowledge of how to address the close ones of the patients with difficult diagnosis are lacking, and they would like to receive additional information for coping with the situation [6].

Being a parent of a child with cancer diagnosis is often very stressful, it is influencing quality of life, mental and physical health, daily routine of every member of the family, functioning of family life, identity development, the role of a parent and the siblings, values, and spirituality [7,8]. The parents need to cope with many stressors, mainly painful and difficult treatment procedures, unexpected treatment results and possible side effects during and after the treatment. At the same time, the parents need to maintain financial and work-related safety and daily management of the family. Some parents have complained that the distress was ongoing even years after the end of the treatment. It can be especially challenging to adapt daily life if the child has side effects during

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post-treatment period, which causes the need of all-around care in the future [3]. Continuous tense state and stress may threaten the parents' mental and physical health by affecting their ability to be a caretaker of the child [9].

Not many authors have researched the differences of daily management and coping with between the mothers and the fathers when raising a child with a malignant tumor diagnosis [3]. Compas et al. [10] has emphasized in research that main coping mechanism of mothers after the acceptance of the disease is re-evaluation of cognitive events and changing their emotional reaction, positive thinking, and attitude. Unlike mothers, fathers look for more social support and interpersonal contact [10].

It is much unexpected for the fathers if their child is diagnosed with malignant tumor; it dramatically changes their daily functioning, relationships, and habits. There is a contradiction between the nature of father's role and identity, which causes aggravating circumstances. The culture and social environment are highlighting father's masculinity by forcing them to follow various stereotypes. Some of them try to manage the situation independently in their comfort zone; therefore they encounter difficulties with finding emotional support. Other fathers follow the "boys do not cry" stereotype by hiding their real emotions, taking the role of a dominant male protecting their family in current situation. Only a small number of people understand that the strategy of hiding their emotions is ineffective and damaging their health in the long term. In order to more effective coping with the child's disease and care, the fathers have to adopt the attitude and behavior that are often considered feminine in Western society [11].

Family's health and ability to function can be improved if the parents admit their problems, reduce stress, and enhance their capabilities on how to manage functional and mental crisis [12]. In order to improve the quality of treatment process and care, full cooperation with the parents should be implemented to identify their expectations and needs [13]. Since it is difficult for males to express themselves emotionally and search help [11], then it is essential to research, which are their experiences and needs when taking care of a child with cancer, in order to understand how the nurses could provide them with more effective support and need-based help.

The aim of this research is to describe the experiences of fathers of children suffering from cancer and their needs when coping with the child's disease.

Methods

Study design

The research is empirical, descriptive, and qualitative. Empirical approach was selected by the authors because Hovén et al. [3] have written in their study that there is a lack of research using current method on daily experiences of parents and their needs when raising a child with a diagnosis of malignant tumor.

Qualitative research method was used to conduct interviews. The aim of qualitative study was to research human perspectives of current topic, whereby following the established rules human experiences, needs and views of the world are researched [14]. The use of qualitative research method is the most efficient according to the authors to describe the experiences of fathers of children suffering from cancer and fathers' needs in coping with the disease.

Sample and setting

Turner's [15] guidelines to conduct qualitative interviews and

Palinkas et al. [16] purposeful sampling technique were the basis for forming selection criteria for the subjects. Subjects' selection criteria were categorized for five groups: Diagnosis, language proficiency, residence, living situation, relationship. The diagnosis of researched child was confirmed, and at least a couple of months had passed since the initial diagnosis so that the subject had enough time to deeply analyze their experiences and needs. The subject was able to have a conversation in Estonian at communication level and he lived in Estonia. The subject lived with the child and was either the biological father or a stepfather of the child. In order to find the subjects, collaboration was carried out with Estonian Association of Parents of Children with Cancer and Tallinn Children's Hospital.

There were four subjects participating in the research. The youngest subject was 30 years old, the eldest was 39. The mean age of the subjects was 36. Two subjects were married, one was in a lawful non-marital relationship, and one was a single father without a partner. Three subjects had acquired specialized secondary education and one of them higher education. None of the subjects expressed spirituality/religiosity. Three children with cancer were actively treated, one of them had recovered and 13 years had passed since the initial diagnosis. Two children were diagnosed with leukemia, one with Wilms tumor and one with malignant germ cell tumour. The youngest child was 11 months old when diagnosed with cancer; the eldest was 4 years old. The mean age of children receiving their diagnosis was 32 months.

Data collection and analysis

Interviews with fathers of children suffering from cancer were conducted for data collection in autumn 2020. The subjects of the research were introduced the objectives of the research and participant's rights before conducting these interviews. The fathers were interviewed after signing the "Participant information and informed consent form of the interviewee digitally. The length of the interview was approximately 45 min; the shortest lasted for 24 min and the longest an hour and five minutes. Considering global pandemics caused by Coronavirus (SARS-CoV-2) and general recommendations of the Health Board, the interviews were conducted by using solutions of voice or video calls. Google Meet environment was used twice, Zoom was used once, and the subject was contacted by a phone call once. Appropriate time and platform were agreed with the subjects to conduct the interviews. Fathers' feedback demonstrated that it was more convenient for them that they were interviewed at the time and environment chosen by them. Most fathers desired to be interviewed in the evening when they were at home.

Qualitative research method and semi-structured interviews were used for data collection. Semi-structured approach was selected by the authors for interviews because it enabled to receive the most widely theme-related information about the experiences and needs of fathers. Turner's [15] guidelines for qualitative interviews were the basis for questions' structure. Questions formed by authors were used for interviews; the questions were adjusted to topics and were based on research compiled by Dean et al. [17] and Pishkuhi et al. [12]. The interviews included following topics: Introduction, introductory questions regarding the subject; questions regarding the diagnosed child; questions regarding the family; experiences of the interviewee in coping with a child's disease; needs of the interviewee in management of child's disease, and a summary.

Every interview conducted with fathers was recorded by using software Mirillis action! and OBS Studio. One of the authors

compiled general notes during the interview. Keywords were noted, also disturbing factors (crying child, barking dog, noise at work); emotions of the subject (laughing, thoughtful status) and the use of expressions (short answers, long pauses) when describing various topics. The interviews were transcribed as soon as possible. Non-verbal information was added to the transcription. Anonymity was ensured by coding the interviews using numbers (e.g., 1 - interview conducted with first father). The interviews were collected until the database was saturated, which happened after the last or fourth interview, when topics started to repeat itself and there were no new themes.

The researchers started the process of data analysis after finishing the first interview. After the interview, the authors discussed the topics arisen during it; also the notes were analyzed, as well as behavior, emotions and mood of the subject. Same process was repeated after every interview. Content analysis was started by authors after finishing last interview by listening to the recorded material repeatedly. All recorded interviews were written down word-to-word by the authors using Word application. When reading transcriptions of the interviews, the collections of ideas accordingly to the research objectives were separated and placed after in the table of abstraction formed in Google Sheets environment and substantive codes were formed. Substantive codes were grouped into 17 subcategories, which were grouped into 8 categories, which itself formed 2 main categories.

Two main categories were formed during abstraction process - fathers' experiences in coping with the child's disease and fathers' needs in management of the child's disease. The experiences mainly included the experienced events and needs specific shortages, wishes and dreams. Sometimes it was difficult to distinguish experiences and needs, e.g. availability of information fathers had experienced that the major issue had been lack of information, which itself increased their need for more information.

Ethical considerations

Principles of ethics have been followed for this research, harmonized by planning and writing the paper. There is no plagiarism in the paper, the ideas of the authors and perspectives of other authors are clearly distinguished, and there are appropriate in-text and full references.

Current research was compiled in the framework of applied research "The needs, experiences and coping strategies of parents with children that have a chronic disease". There is permission from Tallinn Health Care College to research (No 1-16/139, issued on 02.06.2020) and from Research Ethics Committee of the National Institute for Health Development (decision No 396, issued on 07.07.2020). The parties signed "Participant information and informed consent form of the interviewee", which included contact information of the responsible researcher so that the subjects could contact them if necessary. Before conducting the interviews once again the research objectives and participant rights were introduced to the subjects.

Only researchers had access to collected data, and the data were stored protected from third persons. All audio and transcription files were stored digitally in personal laptops of researchers protected by passwords. Anonymity was granted by coding audio and transcription files of interviews by using numbers. Full texts of interviews were never published nor uploaded on the Internet for public. Data files, including recordings and coding keys were erased after the end of the

research.

Results

Fathers' experiences in coping with a child's disease

The main category "Fathers' experiences in coping with a child's disease" was formed by relevant substantives codes, which were grouped into 11 subcategories and these again to 5 categories, which addressed experiences with information, social relationships, health care and a child. Fathers' experiences in coping with a child's disease are illustrated in Table 1.

Experiences relating to information: Fathers had experienced that major problem was lack of information. Most fathers noted that they had to look for information during the whole treatment process themselves. Fathers had experienced that ignorance was a major problem during the treatment process. It was highlighted that there was no preparatory information from the doctors; instead, unclear information was forwarded. Fathers would have liked more straightforward information.

"...more straightforward information is needed... better horrible end than endless horror... if it is that horrible and it is normal during this thing, then you have no stress because of that..." (3)

Fathers had experienced that major shortage is the skill to forward necessary information. Information was continuously elaborated; there was nothing specific nor relevant.

"...they are talking in elaborative way... no one tells you that when there will be chemotherapy, the child is unable to walk, stand up independently after that and is constantly throwing up... they rather do not publish this information to you..." (3)

However, there were more positive experiences regarding information forwarding. They found time for the father and forwarded more specific information.

"...we sat down in Oncology department and talked about stuff in detailed way..." (2)

Experiences relating to social relationships: One of the fathers mentioned that for him it was so difficult to be in the same room and see other hospital roommates in more grief conditions because this situation led his thoughts to more negative. Fathers experienced that support from other families experiencing cancer diagnosis was very important. Communication with recovered patients helped to keep the head straight and added lots of positivity.

Table 1: Fathers' experiences in coping with a child's disease.

Subcategories	Categories
Experiences with information availability	Experiences relating to information
Experiences in forwarding information	
Experiences with bystanders	Experiences relating to social relationships
Experiences with close ones	
Experiences in child's treatment	Experiences relating to health care
Experiences with health care workers	
Experiences with mental health	Experiences relating to changes in health
Experiences with physical health	
Experiences with values	Experiences relating to child
Experiences with raising a child	
Experiences with way of life	

“...it would have been easier if hospital roommate would have been almost recovered child... but if there is a child in more serious condition you look at them and start to wonder...” (1)

“...if you can communicate to the recovered ones, then it adds some positive hope...” (3)

Most fathers experienced that continuous contact with their partner and communication was vital. It was highlighted that they tried to save their female partners from irrelevant problems. In addition, it was mentioned that there were discrepancies and differences in coping with the situation; however it was a trigger to solve other problems deeply.

“...we have talked to my partner... we cope with differently... we have different strategies that help us to deal with the situation ...” (2)

“...there is some tension... one wants another way, another differently... if we have had a fight because of that casually then it is a trigger to solve some other problems more deeply, too...” (3)

Experiences relating to health care: During treatment process fathers experienced controversial feelings. They found the hospital setting circumstances difficult and environment very uncomfortable. It was mentioned that treatment methods were shocking, cruel and unpleasant. In addition, one of the fathers mentioned that seeing his child’s sufferings he started to doubt in humanity of chemotherapy.

“...child’s all stomach was cut open, hands and legs were tied up... shouting all the time...” (1)

“...you actually let them to poison your child... it is pure poison that is inserted into the body of your child...” (4)

Most fathers noted that doctors were emotionally indifferent and there was lack of support. The doctors followed a certain treatment plan and did not try to approach patient-centered.

“...we had just found out the diagnosis and cried in the hospital room and the doctor came and said there was no need to cry...” (1)

“...they wanted our child to have a blood transfusion... we thought perhaps there could be another way... with nutrition we managed to get blood rates so fine that no blood transfusion was needed... they wondered how come such good blood indicators...” (1)

Experiences relating to changes in health: All fathers experienced stress, difficulties on focusing, distracted ideas and continuous tension. Some fathers found it unnecessary to relieve their tension, others found some relief in physical activities, doing something on their own, working or taking out their anger. The fathers marked continuous ignorance, excessive worrying, and fear of the future. Inner dilemmas were also mentioned and insecurity regarding child’s treatment.

“...you cannot beat anyone up for that... how do you express yourself then... at home my fist met the doorjamb for couple of times...” (1)

“...sometimes there was the question if it was correct what I let them to do to the child...” (4)

Some fathers pointed out the changes in their nutrition. Irregular mealtimes and junk food was mentioned, which caused changes in their weight. Excessive alcohol consumption was mentioned, and other health problems were noted.

“...I got heartburns then, I do not know if I ate badly or was just too

Table 2: Fathers’ needs relating to coping with the child’s disease.

Subcategories	Categories
Needs for state help	Material needs
Needs relating to surrounding environment	
Needs for driving force	Social needs
Need to be included in the treatment process	
Need for external help	Spiritual needs
Attitude to external help	

nervous... let’s be honest, some bottles of vodka were consumed...” (1)

“...I cook a lot of various meals for the child... but someone has to eat all of it... there is extra weight gain...” (4)

Experiences relating to child: Most fathers noticed changes in priorities. Little details were to be valued more, and way of life was changed into more child-centered. Most fathers considered it important to maintain as normal way of life for the child as possible. It was important for the fathers that despite of the diagnosis the child could experience a life of a child.

“...whatever you need to do... every little detail you could do is important...” (2)

“...I do not think that it is correct to show the child that oh, you are so sick now that we have to pet and pamper you a lot...I rather have a look at child’s physical abilities... if necessary, I will help more... I try to keep it as normal life...” (3)

Most fathers experienced changes in their way of life. They pointed out that the pace of life changed overnight, and it caused difficulties in adopting the situation. Most fathers highlighted that changed way of life forced them to live one day at the time.

“...you have to live somehow... one day at the time... you cannot have plans for the future more than one day...” (4)

Fathers’ needs relating to coping with the child’s disease

The main category “Fathers’ needs relating to coping with the child’s disease” was formed by relevant substantive codes, which were focused on 6 subcategories, which formed 3 categories, which addressed material, social and spiritual needs. Table 2 explains the needs of fathers relating to coping with the child’s disease.

Material needs: One of the fathers mentioned a shortage in disease prevention measures by the state. He expressed his opinion that screening should be launched for young children already to identify difficult diseases in their early stages. One participant complained about difficult system by pointing out excessive bureaucracy. Sick leave bureaucracy seemed too annoying because the document had to be renewed weekly.

“...state could provide cancer screenings... even randomly to notice more and earlier... for example before school age to examine children deeply...” (3)

“...sick leave documentation is a bit... the document expires then another one starts...it is confusing... paperwork all the time...” (4)

All fathers mentioned the importance of home environment for the child. Fathers felt the need for separate hospital rooms that could have been adjusted more home-like based on child’s needs. Privacy was considered very important.

“...privacy would have allowed the situation where you do not have to see all the time when some other child is in more grief condition maybe...” (1)

Social needs: Fathers arose the need to unite parents who have just received the diagnosis and the parents that have experienced similar situation in the past. It was considered important to share your experiences and to discuss new issues. In addition, the need for regular meetings was mentioned between the family and the doctors to have a common understanding of child’s treatment process.

“...if there would be an option for parents just received the diagnosis to meet with the parents with experiences of cancer and children... to discuss what will happen and what is normal...” (3)

“...there could be monthly meetings in a bigger group with the doctor to have a common understanding of things ...that there would be no questions what the child can do at home and what is forbidden...” (3)

Fathers felt the need for more comprehensive collaboration to have compromises and to find out the best solutions for both parties.

“...going to the hospital is very annoying... it takes a whole day... I understand it is common to doctors... they simply ask us to come back tomorrow for one test only... the child absolutely does not want to return to hospital...” (4)

Spiritual needs: All fathers were distrustful regarding higher powers. None of the fathers visited the church nor did their express their wish to need spiritual or professional help.

“...if anyone turns to me to talk about some gods... it is such commercial for me like Christmas... I do not need it...” (3)

“...some people would like to confess to the stranger, but we are pagans, our family do not visit the church... we rather discuss it ourselves...” (1)

One father highlighted that after their situation they would like to be open and talk openly about their story.

“...we have discussed with my wife, once it will be over, we would like to write our story to the website of Pardilapsed (Duck children) ...or whatever to share it with anyone...” (2)

Discussion

Various authors have noted in their research that not many have researched changes in mothers’ and fathers’ daily life and differences in their coping with in raising a child with a diagnosis of malignant tumour [3,4,7,8,10-12]. According to Hess & Pohl [4] and Shah et al. [5] need for quality cancer treatment is increasing but it is unclear at the moment, which treatment are expected. Comprehensive collaboration with parents is necessary to improve the quality of treatment process and care.

Fathers participated in current research emphasized that during the treatment process they had experienced problems regarding availability of information and health care workers skills to forward necessary information. Available information was insufficient, and it was unclear, therefore they had to look for additional information during the treatment process. Pishkuhi et al. [12] have highlighted in their study that availability of specific information is of vital importance for the parents. Jones [7], Keiza et al. [13] and Carlsson et al. [8] noted that it is essential for the health care employees to

forward honest and true information because it helps the parents feel themselves more included in their child’s treatment process.

Fathers’ experiences relating to social relationships were divided into two; it included experiences with close ones and experiences with bystanders. Fathers emphasized that having a supporting network is essential. Similarly to Carlsson et al. [8] study, it was noted that supporting friends had a positive effect on fathers by helping them to lead their thoughts away from the situation. Most fathers experienced how vital continuous contact and communication with their partner was, although sometimes there were differences in coping with the situation. Also, Polita et al. [11], Pishkuhi et al. [12] and Carlsson et al. [8], have written that relationships with their partner had strengthened due to child’s illness but more insecurities had also occurred when solving these problems.

Fathers experienced that support from other families with cancer diagnosis helped to keep their head straight and gave many ideas how to cope with the situation. Also, Carlsson et al. [8] marked that communication with other parents with a child with cancer was highly valued. Several options to meet other families with cancer diagnosis were created by the Estonian Association of Parents of Children with Cancer and Estonian Cancer Association but the research demonstrated that not all fathers knew about these opportunities. Initial causes why fathers were uninformed should be investigated in order to understand how to approach the fathers and improve the efficacy of communication. Positive attitude towards the employers occurred in the research; it allowed all the fathers to work from home. Yet, Pishkuhi et al. [12] has written in their study that there was negative attitude by fathers to their employers, which caused losing their jobs and experiences of financial difficulties due to that.

Research showed two divisions of experiences relating to health care—experiences relating to child’s treatment and experiences related to health care workers. Fathers experienced hospital situation very difficult, and the environment was extremely uncomfortable by causing controversial feelings to the fathers. Unpleasant treatment methods were mentioned. Similar perspectives were expressed by participants of Pishkuhi et al. [12] research. In addition, most fathers mentioned that the doctors and nurses were emotionally disinterested. Yet, Keiza et al. [13] and Carlsson et al. [8] have found that some fathers experienced expected help and support from health care workers. Authors consider that disinterested attitude and lacking support from the nurses may derive from their inability to be emphasized with men, lacking knowledge of men’s mental health and coping with emotions. Therefore men’s mental health should be focused during first years of nursing training to provide future nurses with basic knowledge to understand men’s mental health problems and their coping with difficult situations.

Fathers’ experiences relating to health were divided between mental and physical health problems. All fathers experienced changes and problems in mental health when coping with the child’s disease. Mainly there were difficulties in focusing, the ideas were everywhere, continuous tension, excessive worrying, ignorance and fear for the future. Jones [7] and Carlsson et al. [8] have described uncontrolled fears of fathers and worries about child’s treatment and family functioning.

Most fathers considered their resilience high and yet there were differences in easing their tension. Some fathers found it unnecessary to alleviate their stress; others were physically active or worked

on their own, went to work or expressed their anger. The need for tension relief was also mentioned in Jones [7] and Carlsson et al. [8] researches. Authors find that individual approach is necessary when alleviating stress because every father is different in that matter. In order to offer need-based help to the fathers, men's needs should be understood at first, their attitudes and manners when coping with emotionally difficult topics.

Some fathers that could not stay in hospital 24/7 emphasized that it was difficult to be at home alone and their mental health suffered from it. They would have liked to spend time with their child in hospital. Compas et al. [10] has written that fathers search more social support and interpersonal contact in coping with than mothers. One of the fathers said that even at hospital he felt lonely continuously because he was surrounded by mothers mostly.

Research cleared that in addition to mental problems the fathers experienced physical problems. It mostly meant constant tiredness, irregular sleeping habits and decrease in sleep quality. Pawl et al. [9] and Carlsson et al. [8] studies also demonstrated that fathers experienced sleeping problems and nightmares, which caused tiredness and weakness. The fathers additionally described problems with weight and negative changes in eating habits - nutrition was irregular and unhealthy. Excessive alcohol consumption was mentioned and occurrence of other health problems. Carlsson et al. [8] have found similar problems regarding nutrition and health issues.

Fathers' experiences relating to their child included values, changes in a way of life and experiences regarding raising the child. Most fathers noticed changes in priorities and increased need to dedicate on their role as a father. Little details were valued more, way of life changed more child-centered and one's wishes were sacrificed for child's well-being. Maintaining dignity and not blaming oneself in the situation was considered important. Pishkuhi et al. [12] and Carlsson et al. [8] have found that fathers' attention and dedication was completely on the sick child, values changed, and daily problems were not focused on a lot.

Regarding raising the child, the fathers experienced changes in the nature of a father's role and difficulties completing the role. Since the child spent most of the time at hospital with their mother, then some fathers were concerned that perhaps the father may become a stranger for the child. Limitations were experienced resulting from the child's disease on common activities of the child and the father together. Polita et al. [11] recorded that fathers also expressed their fear to become a stranger to the child and to lose an important role in the family.

Most fathers experienced changes in a way of life. Similarly to Hovén et al. [3] study, the researchers confirmed that unexpectedly changed way of life resulted in difficulties in adapting the situation. It was very important for the fathers that despite of the diagnosis their child could live like a child, therefore normal way of life was considered important to maintain as much as possible. Considering changed physical and mental abilities of the child, it was found important to implement the raising methods used so far. Polita et al. [11] dated that fathers tried to maintain daily routines and a way of life as similar to the prior as possible.

Fathers participated in research felt the need for material help. All fathers pointed at shortages in state financial help. Fathers desired enabling accommodation, reimbursement of transportation costs,

more paid leave or health days. It was found that taking care of the child is a full-time job and benefits offered now are almost zero, the system is complicated and there is excessive paperwork. Hovén et al. [3] mark that socioeconomic limits are a burden for the whole family and need solutions at the state level. Surely, material help would help the parents to focus on child's treatment process without any limitations.

The subjects additionally revealed shortages in state disease prevention measurements. Fathers expressed their opinion that first level health care should be included, nurses working at school and GP centers. Screening should be launched as early as possible to identify difficult diagnoses in the earliest stage. Similar problem was raised by Kuusepalu et al. [18], where was found that children with health problems were not often identified on time; therefore many children lacked the treatment compatible with their needs.

All subjects found that home environment was very important for the child during the illness. Privacy was considered extremely essential. Fathers felt the need for separate hospital rooms in hospital that could have been adjusted more cost depending on child's needs. One of the fathers constantly redesigned their home by changing it more child-centered. Keiza et al. [13] and Polita et al. [11] found that fathers have greater need to change hospital environment more private to the child and the whole family.

Subjects felt the need for social help, they found social support essential, and it added extra strength to cope with the situation. It was found utterly important to unite parents with the diagnosis with parents that had earlier experienced a similar situation, so that the parents could share their personal experience and to discuss raised issues. As a solution, fathers opted for possibilities to communicate via social media, joint events and by the support person. Fathers recognized the Pardirolli (Duck race) organized by Estonian Association of Parents of Children with Cancer, which had a significant meaning for the fathers. Carlsson et al. [8] noted that the options to communicate with parents with similar experiences are highly valued.

Fathers needed positive news. Lots of joy was offered by progress in child's treatment and the child's ability to perform various activities again. Therefore, the fathers felt the need to be included in the treatment process of the child to have a follow-up on all changes. Most fathers found that when raising a child, it is important to share responsibilities because it helps to ease taking care of and to maintain the feeling of equality. Jones [7] and Polita et al. [11] marked that fathers also needed to be involved in the child's treatment process.

Several fathers needed more honest and detailed information. A more specific treatment plan was desired, which would allow to observe course of a child's treatment and based on that plan activities within the family. As a solution the fathers would like to have more clear inclusion in the treatment process and finding compromises that would satisfy both parties. Similar difficulties in communication with health care employees were described by fathers in Jones [7], Compas et al. [10] and Carlsson et al. [8] studies.

Spiritual needs are not considered important by the subjects. Most fathers felt there was no need for external or professional help because support from the family was sufficient enough. Several fathers did not find it necessary to share their problems and kept everything in themselves. Only one of the fathers felt the need to share the whole story by writing it down as time goes by and to share it with

people later. Polita et al. [11] recorded that fathers had difficulties in expressing themselves emotionally and looking for help.

The participating fathers had a skeptical view regarding spirituality and higher powers. All fathers had distrustful attitude towards religion and higher powers. None of the fathers participating in the research visited the church; neither expressed their wish for spiritual help. Polita et al. [11] and Pishkuhi et al. [12] recorded the important role of spirituality and religion by offering support, consolation and force to the fathers in coping with the situation. Jones [7] highlights that some fathers find support and help in religion, but some lose their earlier views and have hatred against the God.

Practice implications

Authors find that men's mental health is not focused on enough. Polita et al. [11] confirms that it is difficult for men to express themselves emotionally and to look for help. Hiding emotions is ineffective and damages health in the long term. Hess and Pohl [4] and Pishkuhi et al. [12] claim that it is extremely essential to find out men's experiences and needs in coping with emotionally difficult situations to understand how the nurses could provide them with more effective need-based help. Integration of research results into the curriculum of nurses allows nurses to understand men's mental health problems and their management with emotionally hard situations.

Conclusion

Regarding information, the subjects expressed their negative experiences with availability of information and skills to forward necessary information. The fathers desired it to be more honest, specific and timely suitable for both parties. Regarding social relationships, the fathers highlighted that supporting network and continuous contact and communication with their partner were vital. Regarding health care the fathers noted that hospital environment was uncomfortable and health care workers were emotionally disinterested. In their personal health the fathers experienced negative changes in physical and mental health. Regarding their child the fathers highlighted experiences relating to values and raising a child. Changes in priorities and increased need to dedicate themselves to their fatherly role were emphasized.

The fathers need a simplified system, less paperwork, more financial benefits, deep prevention, and more cost home-like environment at hospital. Having social support and positive news are extremely essential for the fathers, but they need more detailed and honest information. Regarding spiritual needs they expressed controversial feelings if they need external help. Their attitude towards higher power and religion was doubtful. Also, the fathers had no need for professional help since they claimed that support from their families was sufficient.

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