2007

Parenting Foster Children with Chronic Illness and Complex Medical Needs

Lori S. Lauver, PhD.
*Thomas Jefferson University-Geisinger Campus, lori.lauver@jefferson.edu*

Let us know how access to this document benefits you
Follow this and additional works at: http://jdc.jefferson.edu/nursfp

Part of the *Nursing Commons*

Recommended Citation
http://jdc.jefferson.edu/nursfp/25
Parenting Foster Children with Chronic Illness and Complex Medical Needs

Lori S. Lauver, PhD, Assistant Professor, School of Nursing
Thomas Jefferson University, Philadelphia, PA - Geisinger Campus

BACKGROUND

Current estimates show there are more than 520,000 children in the U.S. foster care system. Most children entering foster care have behavior, developmental, medical, or physical problems, many of which are chronic. In some instances, a lack of resources and support or the child’s unique health problem, such as a genetic defect or chronic medical condition create a situation in which biological parents are unwilling or unable to provide care for these children. As a consequence, a child who needs specialized care may require foster home placement with parents who have specific training and skills to provide hands-on care. Many foster parents are similar to biological parents in their reluctance to accept the responsibility associated with parenting medically fragile children, and most do not possess the necessary skills. The unwillingness and inability of foster parents to provide care to medically complex or fragile children presents an already overburdened foster care system with even more difficult and pressing concerns. As a result, child welfare agencies advocate enrolling foster parents in training programs to facilitate technical skill development, and the placement of these children into “medical homes.” However, research fails to capture the knowledge that foster parents need in order to be successful in parenting these children. Further, nurses’ misconceptions about foster parenting continue to hinder the application of a family-centered care approach to these families.

PURPOSE

The aim of this study was to explore the lived experience of parenting chronically ill foster children with complex medical needs.

METHODOLOGY

Phenomenological inquiry using van Manen’s method, which focuses on description, interpretation, and meaning, was employed. The guiding theme of phenomenology is to go “back to the things themselves” (Husserl). It is the study of essences; and, the description of experiential meanings we live as we live them (van Manen).

PARTICIPANTS AND SETTING

Purposive sampling using criterion and snowball techniques served as the mechanism to obtain participants. The number of participants in the study was based on repetition of discovered information. Thirteen foster parents met the essential criterion of parenting foster children with chronic illness and complex medical needs for at least six months and described the day-to-day experience of parenting chronically ill foster children with complex medical needs. All were married and White, and lived rural areas of one state in the northeastern U.S.

FINDINGS

Five intrawoven, interconnected, essential themes emerged from the data. Each major theme contained one or two theme clusters and several meaning units that compose the broad theme.

Theme 1: Committing to parenting a child with complex medical needs

- Choosing to foster parent
- Influencing factors
- Accepting medical complexities
- Connecting with a child
- Advocating for a child

Exemplars:
- “When she first came to us, they said she was a pretty normal child. I think they really pulled the wool over our eyes because they didn’t long after for her she ended up getting a brain tumor. It was one thing right after another after another.”

Theme 2: Knowing the needs of the child

- Categorizing:
  - Learning as student
  - Caring as service
  - Experiencing the child
  - Adjusting to change

Exemplars:
- “He lives in danger all the time. You really need to get to know the child. They give you cues, but if you don’t know the language, you can’t respond in the right way. That can be detrimental.”

Theme 3: Intervening

- Emotional interventions
- Physical support
- Emotional support
- Spiritual support

Exemplars:
- “It’s hard with getting good nurses and keeping nurses. There’s a lot of turnover. One nurse, I said, you don’t need to come back. I took one nurse and as soon as she knows what to do she gets a job at a hospital...”

Theme 4: Sustaining the loss of a foster child

- Reintegration experience
- Footing
- Preparing for reintegration
- Remembrance

Exemplars:
- “The first one was a terrible experience for me. I couldn’t prepare my mind for her passing away... I hope thinking this can’t be happening, I remember standing for her then I held her in my arms and cried...”

Theme 5: Becoming a foster parent

- Identity
- Future
- Violating

Exemplars:
- “It’s taught us about people who are more needy. We can’t miss a fraction or two. It taught us to be less selfish and it’s yielding our characters that way.”

REFERENCES


**Road Not Taken**

Two roads diverged in a yellow wood
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth

Then took the other as just as fair
And having perhaps the better claim
Because it was grassy and wanted wear
Though as for that, the passing there
Had worn them really about the same
In leaves no step had trodden black
Oh, I kept the first for another day!
Yet knowing how way leads onto way
I doubted if I should ever come back
I shall be telling this with a sigh
Somewhere ages and ages hence
Two roads diverged in a wood
And I took the one less traveled by
And that has made all the difference

Robert Frost