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Parenting Foster Children with Chronic Illness and Complex Medical Needs
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BACKGROUND

Current estimates show there are more than 520,000 children in the U.S. foster care system. Most children entering foster care have behavioral, 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 create a situation in which biological parents are unwilling or unable to provide care for their 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 fragile or complex 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).

FINDINGS

Five interwoven, 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 needs

Choosing to foster parent

Influencing factors

Accepting medical complexities

Counseling with a child

Advocating for a child

Theme 2: Caring to know the needs of the child

Categories

Learning as student

Caring as novice

Experiencing the child

Adapting to change

Theme 3: Intervening

Effectiveness interventions

Physical support

Emotional support

Ineffective interventions

Health care coordination

Continuity of care

Antitudes of professionals

Theme 4: Sensing the loss of a foster child

Reframing experience

Feeling

Preparing for reframing

Remembrance

Theme 5: Becoming

Self

Identity

Foster

Voting

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

And both that morning equally lay

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

REFERENCES