Parenting Foster Children with Chronic Illness and Complex Medical Needs

Lori S. Lauver, PhD.
Thomas Jefferson University-Geisinger Campus

Follow this and additional works at: https://jdc.jefferson.edu/nursfp

Part of the Nursing Commons

Let us know how access to this document benefits you

Recommended Citation
https://jdc.jefferson.edu/nursfp/25

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in College of Nursing Faculty Papers & Presentations by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
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 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.

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

Data were collected via an unstructured interview strategy that was guided by one broad interview question, probes, and open-ended clarifying questions. Interviews were audio recorded, then transcribed verbatim. A seven-phase abstraction process was used to identify significant statements, formulated meanings and key elements as well as meaning units, theme clusters, and essential themes.

The findings of this study are presented as a series of essential themes. Each theme contains 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
- Consulting with a child Advocating for a child

Exemplars
- “When she first came to us, they said she was going to be normal...”
- “She really pulled the wool over our eyes...”
- “I didn’t long after we got her she ended up getting a tube. It was one thing right after another after another.”

Theme 2: Caring to meet the needs of the child

Caring
- Learning as student
- Caring as novice
- Experiencing the child
- Adapting to change

Exemplars
- “He lives in danger all the time...”
- “They give you care, but if you don’t know the language, didn’t learn the language, you can’t respond in the right way...”

Theme 3: Intervening

Effective interventions
- Physical support
- Emotional support

Ineffective interventions
- Health care coordination
- Continuity of care
- Antidotes of professionals

Exemplars
- “It’s hard to get good nurses and keeping nurses. There’s a lot of turn over. One nurse, I said, you don’t need to come back. I told her one name and as soon as she know what to do she got a job at a hospital...”

Theme 4: Sensing the loss of a foster child

Reframing experience
- Footing
- Preparing for reframing
- Remembrance

Exemplars
- “The first one was a terrible experience for me because I had prepared my mind for her passing away...”
- “I’m still thinking that she was the reason for my success in changing...”

Theme 5: Becoming still

Identify
- Foster
- Potential

Exemplars
- “It’s taught us about people who are not so easy. We can’t resist a function or two. It taught us to be less self-centered...”
- “It’s unfolding our characters that way.”

The 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