Article

Safeguarding the Children:
The Cancer Journey of Young Mothers

Judith T. Strickland, RN, BN, MN, CON(C), Carla Foley Wells, RN, BScN, MN, PhD, GNC(C), and Caroline Porr, BScN, RN, MN, PhD

Among women worldwide, the two most common types of cancer are cancers of the breast and cervix (World Health Organization, 2015). In young women, breast cancer tends to be sinister, has a less than favorable prognosis, and requires more aggressive treatment (Anders et al., 2008; Lee & Han, 2014). Despite organized cervical cancer screening programs and the introduction of vaccines to prevent strains of cancer-causing human papillomavirus, invasive cervical cancer requiring aggressive treatment is prevalent among younger and older women (Spayne et al., 2008).

Being told that one has cancer produces psychological distress (Carlson, Groff, Maciejewski, & Bultz, 2010; Stadelmaier, Duguey-Cachet, Saada, & Quintard, 2014). Young women experiencing breast or gynecologic cancers are at a higher risk for psychological distress than older women (Gómez-Campelo, Bragado-Álvarez, & Hernández-Lloreda, 2014), particularly during the phases of diagnosis and treatment (Manuel et al., 2007). Many young women diagnosed with cancer are mothers, but little is known about how they manage their maternal roles and responsibilities during each phase of the cancer journey.

Background

A cancer diagnosis triggers fears of death. For many young women, cancer forces them to face their mortality for the first time. After this initial fear, they face threats to their femininity, including concerns about body image and sexual functioning (Ussher, Perz, & Gilbert, 2012). Systemic treatment can affect young women's sexual well-being and overall quality of life because it can induce premature and sudden menopause with symptoms of hot flashes, reduced libido, vaginal and vulvar dryness, and atrophy (Baucom, Porter, Kirby, Gremore, & Keefe, 2005; Katz, 2007). Young women's reproductive-related concerns are diverse. They include fertility, missed opportunities for childbearing, the

Purpose/Objectives: To investigate how young mothers manage their maternal roles and responsibilities during their journey as patients with cancer.

Research Approach: Semistructured face-to-face interviews and analysis.

Setting: Rural and urban communities in eastern Canada.

Participants: 18 mothers aged 27–45 years when diagnosed and who were concluding or had concluded treatment for breast or non-ovarian reproductive cancer.

Methodologic Approach: Glaserian Grounded Theory.

Findings: During the various phases of the cancer journey, mothers focus their efforts on protecting their children from psychological harm. Safeguarding the Children is the explanatory model generated from the interview data that consists of four strategies—customizing exposure, reducing disruption to family life, finding new ways to be close, and increasing vigilance—which mothers implement to protect their children.

Conclusions: Young mothers with cancer manage their maternal roles and responsibilities by strategizing how they can mitigate threats to their children's psychological well-being.

Interpretation: Nurses are ideally suited to address holistic needs and concerns of women with cancer who are mothers. Safeguarding the Children, as an explanatory model for practice, may equip oncology nurses with requisite knowledge and understanding to better anticipate resource, counseling, support, and referral needs of young mothers during their cancer journey.

Key Words: mothers with cancer; grounded theory; psychological coping skills

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safety of contraception, whether to pursue pregnancy after breast cancer, their ability to breastfeed (Connell, Patterson, & Newman, 2006; Corney & Swinglehurst, 2014; Lambertini, Pinto, & Del Mastro, 2014), and the possibility of cancer recurrence (Thewes et al., 2013).

Treatment for breast cancer includes surgery, chemotherapy, and radiotherapy (used alone or in combination), as well as other modalities, such as endocrine