

Grow In Adaptation: Family Caregivers' Experiences Of Caring For Neonates Undergoing Enterostomy In China—A Qualitative Study

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Abstract

Background: More than 100,000 neonates undergo enterostomy every year in China, and the incidence continues to increase gradually. Most neonates undergoing enterostomy are cared for by family after hospital discharge. However, there is a lack of qualitative studies on family caregivers' experiences in caring for neonates undergoing enterostomy in China.

Method: An explorative design was used in which qualitative semi-structured interviews with family caregivers were conducted. Family caregivers were selected using a purposive sampling method from a children's hospital until no new data were generated (n = 26). Reporting adhered to the consolidated criteria for reporting qualitative research checklist.

Results: The experience of family caregivers was described as growing in adaptation, where five main themes emerged: (1) complex emotional responses; (2) uncertainty about everything; (3) lack of confidence, anxiety, and helplessness; (4) eagerness for professional support; (5) active adaptation, harvest, and growth.

Conclusion: These findings increased understanding and added knowledge on this topic that is rarely studied in China. Healthcare authorities and professionals should recognise and understand the lives and situations of family caregivers (whose neonates undergo enterostomy) to better identify their difficulties and needs. Appropriate and effective support, both from government and society, should be planned and implemented for family caregivers caring for neonates undergoing enterostomy and maintaining the quality of their own lives.

Introduction

Neonate enterostomy is a common surgical method for treating acute and severe neonatal intestinal diseases [1]. It refers to a surgical opening into the intestine through the abdominal wall, creating a temporary artificial anus to treat acute abdomen caused by neonatal necrotising enterocolitis, intestinal perforation, intestinal necrosis, intestinal atresia, poor intestinal rotation, intestinal volvulus, and anal atresia [2]. More than 100,000 neonates undergo enterostomy every year in China, and the incidence rate is gradually increasing [3]. A temporary stoma is retained in the abdominal cavity after enterostomy, and when the infants' intestinal function returns to normal, generally after 5–6 months, the stoma is sutured [4]. Infants have tender skin and poor resistance to infection. The incidence of various infections and complications after enterostomy is approximately 28–70% [3]. Peripheral skin complications are the most common, particularly in extremely preterm neonates or those with extremely low birth weight (ELBW, <1000 g) [5].

Neonates with postoperative enterostomy are admitted to neonatal intensive care unit (NICU) for treatment and nursing by healthcare professionals for a period. To prevent cross-infection, the NICU restricts parents' visitation to their children. There are webcams in the ward and caregivers can use the hospital visiting machine to see their children. Compared with their peers, neonates undergoing

enterostomy require more care after discharge, which can be challenging and stressful for parents and other caregivers [6]. Parents of neonates who undergo enterostomy often experience negative emotional reactions and psychological pressures more severely than those experienced by parents of healthy newborns. Parents continue care for the enterostomy after the neonates are discharged from the hospital, but are often unprepared for their role as enterostomy caregivers and can have difficulties adapting [7-8].

The challenges of caregiving can directly affect the quality of neonatal care. Parents of neonates undergoing enterostomy often lack experience and relevant medical knowledge for providing stoma care, which leads to difficulties in caring for such infants [9]. Poor care can lead to various complications of stoma, affect the recovery of the child, prolong the closure time of stoma surgery, endanger the child's life, and affect the child's growth and development [10]. Hence, neonates require ongoing care and support [11-12].

Parents of neonates undergoing enterostomy have different concerns when they are transferred from the NICU to home [13]. Many of these concerns can be addressed with improved discharge information exchange and anticipatory guidance. Supporting parents during this stressful and often difficult transition may reduce family stress, improve care, and result in better outcomes for the infant.

This study aimed to understand the real experiences of family caregivers of neonates undergoing enterostomy in order to construct a nursing model for future family caregivers of neonates undergoing enterostomy.

Methods

Ethical Considerations

This study was conducted following the Declaration of Helsinki [14]. Ethical approval was granted by the ethics committee of the Children's Hospital of Soochow University (approval no. #2021ks001). Informed consent was obtained from all participants. Caregivers could decline to answer specific questions and were free to ask for a break or terminate the interview at any point. The researchers consulted with professional psychologists. Only the interviewer knew the identity of the participants, while the other researchers worked with anonymous data transcripts. All data were stored on a password-protected hard drive that was used only for this project. In addition, no one outside the research group had access to the data. Participants who wished to obtain the results were informed that they could do so later, but only as aggregated data [15].

Design

This study used a descriptive qualitative research design through semi structured interviews [16]. This study is reported using the consolidated criteria for reporting qualitative research (COREQ) [17].

Participants and setting

Interviews were conducted between January and November 2021 at the NICU of three children's hospitals in Jiangsu province, China. Purposive sampling was used to enrol neonates undergoing enterostomy in the NICU.

The neonates' inclusion criteria were as follows: (1) neonates undergoing enterostomy for the first time; (2) age <28 days. The exclusion criteria were as follows: complications, including other serious diseases, congenital heart disease, malignant tumour, genetic metabolic disease, etc.

Caregivers' inclusion criteria were as follows: (1) caregivers' age ≥ 18 years; (2) the primary caregiver; (3) have normal communication and expression skills. Exclusion criteria for caregivers were as follows: (1) caregivers have a mental illness; (2) experienced major stress events within 3 months (bereavement, divorce, etc.). After applying the selection criteria, a total of 26 caregivers (16 mothers and 10 fathers) aged 18-38 years were enrolled in this study. Furthermore, 14 male neonates and 12 female neonates were included in the study. The general characteristics of the neonates and their caregivers are listed in Tables 1 and 2, respectively.

Data Collection

Participants were briefed about the study and informed of their right to withdraw at any point. Face-to-face interviews were conducted and the audio recorded in the participants' private hospital offices at a time convenient to them. Written informed consent was obtained at the beginning of the interviews [18].

A senior researcher (NZH) performed the interviews and trained less experienced colleagues. NZH is an experienced nurse with a PhD. All researchers in this study were experienced in conducting qualitative research.

An interview guide was developed, confirmed by the authors, and pilot-tested in the first three interviews, resulting in minor revisions. These three interviews provided relevant information, and were therefore included in the data analysis.

Each interview started with broad questions: (1) What did the caregivers already know about enterostomy? (2) Did the health professional tell the caregivers everything they needed to know, and did they want to know anything else? (3) How did caregivers feel during the care process? (4) What was the most challenging problem encountered during the care process? (5) How did they solve the difficulties encountered? All interviews were conducted in Chinese and were digitally recorded and transcribed by multiple research assistants fluent in Chinese. The recordings were transcribed verbatim within 24h. Interviewing skills, such as active listening and open-ended questions, were used. Furthermore, nonverbal information, such as obvious pauses, sobbing, and other speech features, were also recorded in the transcript.

To capture the caregivers' real care experiences at different time points, the responses of the interviewees were obtained using three separate interviews conducted in the diagnosis period, postoperative period,

and post-discharge period. Each interview lasted 30–40 minutes. Data were continuously collected until no new events occurred, thereby achieving data saturation [19].

Data Analysis

The audio recordings of the interviews were transcribed verbatim by the first author, and the third author double-checked the transcripts. To become familiar with the data and gain a deeper understanding of the content, all authors read the interviews multiple times. All authors independently extracted and highlighted the data in line with the study's purpose and then discussed them to reach a consensus [20].

The authors then continued data analysis by independently coding the data extracts from all interviews by writing notes and codes in the margins of the extracts. Several meetings were held among the authors to discuss and reach consensus on coding. An initial thematic map was created based on coding to form themes. Across the dataset, all authors found a sense of significance and relationship between the different themes. These themes were discussed, reviewed, and defined until an agreement was reached. Finally, five themes reflecting the content of the interviews were developed. Data analysis was performed using NVivo software (QST International, Cambridge, MA, USA) [21].

Methodological Rigour

To establish rigour, the criteria for trustworthiness described by Lincoln and Guba (1985) were used [22]. All researchers participated in peer-debriefing, examining each other's perspectives, and clarifying interpretations throughout the analysis process. Checking the accuracy of transcriptions against audio recordings established the congruence and credibility of data. A detailed description of participants and the use of verbatim quotes assured transferability [23]. Dependability was achieved through the description of each step taken, from the study commencement to the analysis and reporting. This audit trail, together with cross-checking codes for accuracy, further established confirmability.

Results

Through data analysis, we identified the following five themes: (1) complex emotional response; (2) uncertainty about everything; (3) lack of confidence, anxiety, and helplessness; (4) eagerness for professional support; (5) active adaptation, harvest, and growth (Table 3). Each theme is described below with supporting quotes from the participants.

Diagnosis period (preoperative period)

Theme 1: Complex emotional response

Panic and worry

During this period, parents usually experience ambulance transfer, emergency surgery, and transfer to NICU. The severity and unknown aspect of the disease causes panic and worry, and parents face the

difficulty of adapting to the change associated with the caregiving role.

'The doctor said that my child had intestinal perforation and needed surgery. I was very worried and panicked because the child was only 6 days old and undergoing surgery at such a young age.'—Caregiver #1.

'I felt very anxious at that time; I was worried whether the child could stand the operation.'—Caregiver #2.

'The doctor said that my baby's disease was very serious and if it gets worse, my child will die; I am scared, I did not know what to do.'—Caregiver #6.

'At that time, I felt that my baby's illness was very serious, and I was very flustered. I wanted to save my baby's life. The child must survive.'—Caregiver #22

Guilt and remorse

At the initial stage of hospitalisation, owing to insufficient understanding of the disease, parents often blame themselves, resulting in a deep sense of guilt and doubts about whether they are competent to take on the role of parents.

'Our twins are test-tube babies. I think it may be my poor health that my babies suffer as soon as they are born.'—Caregiver #20.

'I am not a qualified mother. I had a bad appetite; I ate less, and I was often in a bad mood when I was pregnant; I think it caused my child to be born prematurely and with a weak physique?'—Caregiver #16.

'When the doctor told me that the child had a congenital imperforate anus, I thought I must have done something immoral in my last life, and this retribution is on my child.'—Caregiver #18.

Postoperative period

Theme 2: Uncertainty about everything

Uncertainty of disease prognosis

After neonates undergo enterostomy their condition is alleviated; however, there may be complications in the temporary stoma of the abdomen after the operation which often makes parents feel uncertain about the prognosis of the child.

'The doctor told me that the operation was successful, and my mood improved immediately at once, but he said that there were many complications. Now I am still worried about whether my child will get better.'—Caregiver #8.

'I do not know if the child's stool will be normal. What should I do in case of faecal incontinence? I am worried that it will affect my child for a lifetime.'—Caregiver #17.

'The doctor said that a large section of the baby's intestines was broken and surgically removed. Will the baby's digestive function be affected?'—Caregiver #9.

'The child will undergo a second operation in a few months. Can such a young child stand it, and there will be a long time in the process. The doctor said that there would be many uncertain factors. I do not know how much pain the child will experience.'—Caregiver #15.

Uncertainty about the child's current situation

After an enterostomy operation, neonates are often transferred to the NICU for further treatment. Parents cannot accompany their children. They hope to know the condition of the children at all times and see the children. Parents lack relevant knowledge about the progression of the disease, and they hope to receive professional explanations from healthcare professionals to alleviate their anxiety.

'The doctor made a hole in the child's belly and stuck a bag to collect stools. How long will the bag be stuck, and how can I change it if it is dirty? We do not understand. The healthcare professionals must be professional in this regard, so I hope they can tell us more.'—Caregiver #2.

'What does the stoma on the baby's stomach look like? Will the baby feel pain? Now I hope to know the child's condition at any time.'—Caregiver #13.

'The baby is treated in the NICU. I cannot see the child. I am very worried. I hope healthcare professionals can take more photos or videos of the child so that our whole family can have a look and my family's anxiety can be relieved a little.'—Caregiver #19.

'The baby has suffered so much; I cannot accompany him. I feel so sorry for him. I hope I can go in and see and hug him, let him know that his mother is always there.'—Caregiver #5

Theme 3: Lack of confidence, anxiety, and helplessness

Lack of care confidence

Neonates with enterostomy generally need stoma closure surgery after about 6 months. Parents should perform the nursing work of enterostomy for a long time after discharge. At this stage, with the approach to discharge, parents worry about their ability to take care of their children and even doubt that they are competent for the role of caregiver.

'We are confused as to how to do it when we get home. The nurse has told us clearly, but we are still worried when we go back to take care of the baby because it is too difficult for us.'—Caregiver #12.

'We are really afraid to go come home with that stoma bag attached to the baby. If it does not operate correctly, will the child be infected?'—Caregiver #14.

'This is our first child. We do not have care experience. Now we must be in a hurry to face this enterostomy care.'—Caregiver #3.

Anxiety comes from multiple role conflict

Parents began to worry and feel pressure about their ability to take care of the baby after returning home and returning to work.

'After the baby is discharged from the hospital, I need to get back to work. Only my mother and my wife take care of the baby. The baby's problem is quite difficult, and I am afraid they cannot handle it.'— Caregiver #26.

'After the baby comes home, we have to do many care tasks, but my mother-in-law has no knowledge and does not understand anything. My husband has to go to work and cannot ask for leave anymore. After giving birth to a child, I am in poor health and feel that I do not have enough energy, and I am so tired!'— Caregiver #24.

Post-discharge period

Theme 4: Eagerness for professional support

Lack of skill and eagerness for professional support

Home care for children after discharge requires parents to master highly professional nursing skills, such as replacement of the stoma bag, which can be challenging. Owing to care pressure, parents are not fully qualified for the role of caregiver and are eager to receive diversified and continuous professional support.

'Replacing stoma bags requires excellent technology. When I first changed the stoma bag, it took a long time and the bag still did not stick well. I hope someone could guide me.'—Caregiver #4.

'It is really difficult. At one time, I changed the stoma bag, but the order of stoma powder and skin protective film was reversed. The bag could not stick. The baby cried loudly, and I felt so stupid.'— Caregiver #7.

'At one time, there was blood in the baby stoma, and I was so scared. I hope someone could give me more guidance, even by telephone and video.'—Caregiver #10.

'I really hope that healthcare professionals can do a home visit to supervise what our families have done so far and how the children are recovering and also give me some guidance.'—Caregiver #21.

The heavy burden of care

Caring for neonates with enterostomy requires more energy and financial resources than what is involved with caring for healthy children, placing a heavy care and economic burden on parents and other family.

'My child's surgery cost a lot of money, and this stoma bag is not cheap. I think the financial burden is heavy.'—Caregiver #23.

'I do everything for the baby myself. I am really tired, but I feel indebted to him. I just hope he that he gets better soon.'—Caregiver #25

'My husband works in another city. My mother-in-law is old. In addition to the baby, there are many more things. No one can help me, I am really tired, I also do not want my husband to come back to work, but we need money. My child needs a lot of money for future treatment.'—Caregiver #11

High social pressure and intentional concealment of the disease

Owing to the child's disease, parents may refuse visitors (relatives and friends); they do not want to tell others about their child's disease.

'My child has not been out since he came home. We are worried that others will know about the child's illness.'—Caregiver #7

'I told my relatives that the children had health problems and their immunity was low. I asked them not to come home as much as possible.'—Caregiver #3

'I dare not invite my friends to my house. They may see the bag on the baby's stomach; I am afraid others will know about the child's illness.'—Caregiver #1.

Theme 5: Active adaptation, harvest, and growth

Actively adapt to the role of caregiver

At this stage, parents actively adjust their mentality, gradually adapt to the role of caregivers, and actively find and learn relevant medical knowledge, hoping to provide better care for their children.

'I gradually gathered information on the nursing knowledge website and learned how to take care of the baby.'—Caregiver #23.

'At the beginning, I was not good at handling the stoma bag. I went to the nursing clinic of the hospital to learn about it. Now I have a very good technique to change the bag.'—Caregiver #2.

'I cannot be hurried when taking care of the child, The child will have stoma closure surgery after a few months.'— Caregiver #15.

Harvest growth experience

Parents have gradually changed from anxiety, tension, and lack of confidence to a positive face and gratitude. Many people feel that they have gained self-growth by taking care of children.

'I am the only child in my family. I do not need to worry about it since I was a child. This time, I feel that I have experienced great ups and downs in my life. My baby has suffered a lot since birth. My parents are old and lack energy. I have to take on family responsibilities.'—Caregiver #18.

'I do not know how difficult it is to be a parent before I have children, but I really think it is not easy to raise a child when I start taking care of my baby. When I think of my parents' efforts, I really need to be grateful for them.'—Caregiver #8.

'After this experience, our family became more united. I have become more and more responsible. My knowledge and skills in care are also increasing. I must make my child grow up healthy.'—Caregiver #16.

Discussion

This study explored the experiences of family caregivers in China who care for neonates undergoing enterostomy. The results showed that the parents of neonates developed complex emotional responses before the neonates underwent enterostomy, which is consistent with the results of other studies [3-4]. In Chinese tradition, it is important to have a healthy child in the family [24]. In the diagnosis period, when neonates with enterostomy are admitted to the hospital, they often need urgent surgical treatment owing to their serious and life-threatening condition, and their families often experience panic.

During the postoperative period, the neonates are hospitalized in NICU, which adopts a closed management mode. The separation of parents from neonates leads to separation anxiety and varying degrees of psychological stress [25].

The diagnosis of children's diseases, changes in their condition after surgery, and their recovery after surgery affect parents' emotions. During the hospitalisation of children, healthcare professionals must provide timely and objective answers to parents' questions on the progress of the children's condition so that the parents can obtain the encouragement and strength offered by healthcare professionals, and improve their coping abilities. The study found that parents often voluntarily undertake the care of their children but appear anxious and uneasy when facing complex stoma nursing and are unable to judge whether their care is correct. These results are consistent with a previous study by Kim et al [26]. In addition, the mothers of neonates experienced varying degrees of self-blame and guilt [27]. They believed that they were somehow responsible for their children's ill health. This finding is in line with the findings reported by Lundqvist et al. that showed that more than 90% of mothers of children discharged from the hospital feel uneasy in their parenting life [28].

In this study, parents said that they could not tolerate long-term separation from their children. They hoped that the visiting time could be extended, and they could see their children often. Although NICU has visitation machines, parents prefer seeing the treatment of their child in a more intimate manner [29].

This study found that in the post discharge period, parents often feel that their stoma care ability is insufficient and lack of confidence in their ability to care for their children. Neonatal enterostomy is

mostly temporary, and the stoma is closed after 6 months. Parents must learn stoma care skills after discharge. Studies have confirmed that parents' stoma care ability is inversely proportional to the incidence of stoma complications in children [30]. Good care ability is an important factor in reducing stoma complications, improving children's health outcomes, and promoting their growth and development [31]. Therefore, healthcare professionals should focus on improving the parents' ability to care for the stoma. To date, availability of information and skill guidance for parents of children with enterostomy is limited to communication during hospitalisation and follow-up after discharge. This study found that parents had a strong desire to obtain enterostomy knowledge and skill guidance after their child is discharged, and receive feedback from a healthcare professional regarding their stoma aftercare. Parents also hope for more diverse forms of teaching stoma care, and wish to be provided with continuous professional care guidance [32]. Therefore, healthcare professionals should formulate corresponding guidance plans for different stages of neonatal enterostomy, and provide stoma knowledge and skills guidance to help parents adopt the role of caregiver. After the child is discharged from the hospital, medical staff should make full use of networking platforms to connect with parents, such as establishing a WeChat group to promote nursing knowledge and uploading nursing videos for parents to watch and learn aspects of care, such as replacing stoma bags [32]. Additionally, health professionals should provide guidance and evaluation to caregivers through a stoma specialist clinic and family visits. Providing diversified forms of education regarding guidance on enterostomy knowledge and skills can improve the nursing ability of parents.

The benefit finding refers to the individual, social, psychological, and spiritual benefits perceived by an individual experiencing stress or posttraumatic events [33]. Studies have shown that when children suffer from serious diseases, their parents can gain self-growth rapidly and become mentally stronger [34]. To do this, we encouraged caregivers to reappraise challenging situations, whether real or hypothetical, in positive ways and in as many ways as possible. Improved patience and mental strength helped them face other challenges in life. Evidence suggests that psychological and social resources may ameliorate the negative impact of caregiving and even lead to positive effects, life satisfaction, and benefit finding [35].

The study found that in addition to a series of negative feelings, parents also gained a positive growth experience in the process of taking care of their children; they learned to be grateful and cherish life, had the courage to assume family responsibilities, and had a closer family relationship. The sense of benefit can help caregivers reconstruct their cognition and improve their resilience to negative events to reduce caregivers' negative reactions and promote their physical and mental health [36]. Positive growth can also help caregivers establish confidence in overcoming diseases, improve the quality of care, and hence, improve the quality of life of children [37-38], this is consistent with the results of our study.

The nursing of enterostomy neonates involves several disciplines, such as neonatal surgery, stoma specialty, nutrition, and psychology. The setting of best practice for enterostomy must be jointly determined by a multidisciplinary team with professional knowledge and healthcare professional skills to ensure the nursing quality of stoma management. During the interview, it was found that parents faced

many problems in the care process: how to feed, how to judge whether defecation was normal, how to correctly replace the stoma bag, how to adjust their mentality and reduce the sense of shame. They were eager to get the help of professionals in many aspects. Therefore, health professionals should play an active leadership role and build a multidisciplinary team continuous nursing plan, including discussing and formulating a stoma management plan and follow-up plan with ostomy therapists, surgeons, nutritionists, and psychological counsellors [39] to truly realise the continuity of nursing intervention. In addition, we should actively create a multidisciplinary joint clinic, strengthen the hospital community cooperation model, establish a perfect social support system, and provide more high-quality continuing care to parents of children with enterostomy.

Limitations

The limitation of the study is the small number of interviews performed. We interviewed the caregivers of neonates undergoing enterostomy in the diagnosis period, postoperative period, and post-discharge period. In future studies, we will conduct a long-term study with parents of the neonates undergoing enterostomy. However, caregivers from different cultures and social backgrounds have not fully voiced their different care experiences.

Conclusion

The complex emotional response, uncertainty about everything, lack of confidence, anxiety and helplessness, eagerness for professional support, active adaptation, harvest and growth, resulted in caregivers growing in adaptation as caregivers of neonates undergoing enterostomy in China.

Healthcare authorities and professionals should recognise and understand the experiences of family caregivers of neonates who underwent enterostomy, to better identify their difficulties and needs. Appropriate and effective support should be planned and implemented for family caregivers caring for neonates undergoing enterostomy, to improve their care skills and ensure the quality of life of neonates undergoing enterostomy.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the Declaration of Helsinki. We confirm that all methods were performed in accordance with the relevant guidelines and regulations. Informed consent was obtained from all participants. Ethical approval was granted by the ethics committee of the Children's Hospital of Soochow University. (Approval no. #2021ks001)

Consent for publication

Not applicable.

Availability of data and material

The data that support the findings of this study are available from Children's Hospital of Soochow University, but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission of Children's Hospital of Soochow University.

Competing interests

The authors declare no conflict of interest.

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Authors' contributions

All authors participated in the study design. NZH collected the clinical data, and data analysis was conducted by all the investigators. DS wrote and revised the draft and subsequent manuscripts. WJH assisted with drafting and revising the manuscript. All authors read and approved the final manuscript.

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Abbreviations Not applicable.

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Tables

Table 1. Demographic data of the neonates

Variable	N	F (%)
Gender		
Male	14	61.5
Female	12	38.5
Birth weight (grams)		
<2000	5	19.2
2001–2500	13	50.0
>2500	8	30.8
Diagnosis		
Neonatal Necrotizing Enterocolitis	11	42.3
Intestinal Necrosis	6	23.1
Intestinal Atresia	5	19.2
Anal Atresia	4	15.4

Table 2.Demographic data of the caregivers

Variable	n	F (%)
Education		
Middle school	5	19.2
Junior college	10	38.5
University	11	42.3
Age		
<25	6	23.1
26-30	9	34.6
>31	11	42.3
Occupation		
Unemployed	4	15.4
Company worker	8	30.8
Agricultural worker (poor)	5	19.2
Office clerk	9	34.6
Residence		
City	11	42.3
County	15	57.7
Caregiver		
Mother	16	61.5
Father	10	38.5

Table 3. Superordinate and sub-themes identified in the analysis

Themes	Sub-themes
(1) Complex emotional response	Panic and worry
	Guilt and remorse
(2) Uncertainty about everything	Uncertainty of disease prognosis
	Uncertain about the child's current situation
(3) Lack of confidence, anxiety and helplessness	Lack of care confidence
	Anxiety comes from multiple role conflict
(4) Eagerness for professional support	Lack of skill and eagerness for professional support
	The heavy burden of care
	High social pressure and intentional concealment of disease
(5) Active adaptation, harvest and growth	Actively adapt to the role of caregiver
	Harvest growth experience