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Disease-Related Experiences of Mothers on Parenting Children With Type 1 Diabetes

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Purpose:

Raising and parenting a school-age child with type 1 diabetes is not easy. Primary caregiver, the mother, needs to plan and monitor many diabetes care-related practices so the child can have a better glycemic control. However, the literature has seldom investigated primary caregivers' disease-related parenting experiences for children with type 1 diabetes at the co-regulation stage. Hence, this study aimed to understand the disease-related parenting experiences of mothers of children with type 1 diabetes.

Methods:

A phenomenological approach was used and in-depth interviews were performed with ten mothers of 6-12-year-old school-age children with type 1 diabetes selected by purposive sampling. Interviews were transcribed verbatim and were analyzed using the Giorgi's phenomenological analysis method.

Results:

This study interviewed a total of 10 mothers of children with type 1 diabetes. Their mean age was 39 years old. The educational background of most of the mothers was at the university level. Most of them were working women, and their family type was mainly a small family. All of them were married, and most of them had 2 children. The children participating in the interviews were mainly 2nd and 6th graders. Most of them were their family's firstborn. The mean years of disease onset were 4.5 years, with a minimum of 3.5 years and a maximum of 6.1 years.

Results showed mothers' parenting experiences is a children-centered process, in which adjustment parenting behaviors and promote the child's inner strength are crucial to enhance the child's everyday self-management. When faced with the emotions provoked from the parenting process, mothers tended to seek strategies to achieve an inside balance and ultimately integrate the children's diabetes care-related practices with their daily routines in order to maintain a normalized life. Four major themes were emerged: adjusting external life, promoting inner strength, seeking balance, and returning to a normal life. (1) Adjusting external life: Primary caregivers attempt to use 9 methods, such as appropriate rewards, reasonable punishments, and experiencing symptoms, to help children develop a proper attitude, good living habits, and health-promoting behaviors or to prevent the occurrence of complications during their parenting of children with type 1 diabetes; (2) Promoting inner strength: It is difficult to control blood sugar

level and to maintain one's health for children with type 1 diabetes. Children tend to experience frustrations or depression due to their disease. Therefore, primary caregivers adopted strategies, including mutual sharing and offering hope, to enable children to think about the future and increase their perception of reality and inner confidence so as to further strengthen external disease control behaviors; (3) Seeking balance: during the parenting of children with type 1 diabetes, primary caregivers faced conflicts about blood sugar level control, such as children's emotions and children's dietary preferences. During these moments, mothers implemented various strategies, such as catering to children's needs or transferring their attention to relieve the conflicts during parenting and to achieve harmony in the parent-child relationship; (4) Returning to normal life: mothers perceived that type 1 diabetes is a long-term chronic disease, and children suffering from it still need to experience a normal school life. Therefore, they used different methods, such as integrating resources and doing everything on their own, in order to help children return to a normal life, to make up for the deficiency of children's self-care, to monitor children's conditions at school, and to reduce the occurrence of dangers.

Conclusion:

An understanding of the disease-related parenting experiences of mothers of children with type 1 diabetes will motivate health professionals to promote the philosophy of family-centered nursing care so individualized interventions and measures can be developed and implemented.

Title:

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References:

Nurmi, M., & Stieber-Roger, K. (2012). Parenting children living with type 1 diabetes. *The Diabetes Educator*, 38(4), 530-642.

Anne, W., Anita, I., & Inger, H. (2009). Everyday experience of families three years after diagnosis of type 1 diabetes in children: a research paper. *Journal of Pediatric Nursing*, 24(3), 222-230.

Abstract Summary:

The main purpose of this study is to understand mothers' disease-related parenting experiences for children with type 1 diabetes in Taiwan. The research results including 4 themes: adjustment of external life, spiritual approaches, maintenance of balance, and return to normal life.

Content Outline:

1. Introduction

For parents, parenting school age children with type 1 diabetes involves continuous planning various area associated with diabetes management to achieve the major goal of maintaining blood sugar in normal range. However, exploration of disease-related parenting experience among mother's of school-aged children with type 1 diabetes have been less addressed.

2. Body

Main Point #1

To understand the disease care-related parenting experiences of mothers on children with type 1 diabetes.

Supporting Point #1

Provide references for developing nursing intervention in caring the children with type 1 diabetes and their families.

3. Conclusion

The research results contribute to a deeper understanding of disease care-related parenting experiences of children with type 1 diabetes.

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