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Iranian Parents' Supportive Umbrella during their Children Surgery: a Qualitative Study

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Abstract

Background
Being in a position of vulnerability, distress and uncertainty reduces the ability of the parents to protect their children and makes them need support from others. The first step to aid clients more is to identify their supportive sources. This study aimed to determine parents' experiences of supportive sources during their children surgery.

Materials and Methods
This is a descriptive qualitative research. Purposive and maximum variation sampling applied to select 21 parents of operated children in Ahvaz hospitals, Iran. Semi structured interviews, with open question were used to data collection. Audio recording interviews put into written form word by word and finally analyzed with qualitative content analysis approach.

Results
Parents considered the personnel's beyond-task-orientation performance, family comprehensive support, mutual facilitating of peers and the elixir of connection to God as the sources that supported them as an umbrella during their children surgery.

Conclusion
It is essential for the health service providers to check each family thoroughly in terms of other supportive sources while providing professional support, and to use the sources in an organized way for the successful transition of parents from the stress of their children surgery.

***Key Words*:** Children, Health care provider, Parents, Surgery.

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1- INTRODUCTION

The philosophy of family-centered care considers the client including both patient and family (1) and its objectives is to keep the integrity of the family and to provide individual care for each child (2). Parents are expected to be able to support their children during the hospitalization. However, when natural care is disrupted for reasons such as being in a vulnerable position and feelings of worry and uncertainty, the ability to support is also impaired (3). Child's surgery raises parents' emotional and mental efforts that should be allocated to the child care (4). In such situations the natural needs of parents like eating, resting, health, mental and psychological needs and economic conditions change (5). During their children surgery and pain, parents are challenging with complex emotions such as worry, distress, fear, frustration, depression (6) and anxiety (7). These reduce the ability of the parents to respond to their children emotional needs, to help children to apply effective coping strategies (8) and to fulfill their other tasks including subsistence of the family and decision-making (9). Moreover, parental anxiety is associated with increased anxiety in children (10) and leads to the weakness of surgery consequences (11, 12). The situation makes it necessary to find ways to prevent and minimize the development of the feelings towards negative experiences (13). In other words, although the family is the primary source of support for the patient, the families themselves need to be supported by others to provide such support (14). Aein et al. (2009) study confirmed the need of the mothers of the hospitalized children with chronic illnesses to the support and information (15). Identifying supportive sources is the first step to receive more support for the clients (16) and helping children and their families to cope with surgery stress is one of the main responsibilities of nurses (17). Studies have shown that most mothers need to be supported by nurses in order to satisfy their needs and caregivers must have a close relationship with them to recognize and meet their needs because some parents are unable or unwilling to express their needs which can have an adverse effect on child care (18). Furthermore, the amount of love, care, respect, attention, companionship and help that a person receives from another person or groups of people, such as family members, friends and other important people involved in their life is defined as social support (19). The study on supporting the family members waiting for the patient surgery by Sadeqi et al. (2014) showed that satisfactory reciprocal interactions with families, relatives of other patients, and professional caregivers would have positive effects such as family satisfaction and less stress during the waiting time for surgery (20). In order to facilitate parents' coping with their child surgery it is highly important for the nurses to have a deep understanding of subjective experiences of the parents and their perception of the received support. It is also particularly important for the nurses to know key cultural differences that might affect such experiences (12). Given the importance of this issue and with regard to the fact that no qualitative study has surveyed the issue so far in Iran, this study aimed to determine the supportive sources of parents during their children surgery.

2- MATERIALS AND METHODS

This qualitative descriptive research examined the lived experiences of parents of being supported during their children surgery. The research environment consisted of two pediatric surgery wards and five adults surgical wards (where children surgery services were provided too) at hospitals associated with Jundishapur University of Medical Sciences and two private hospitals in

Ahvaz. The participants were 21 parents. A purposive sampling technique was used to select participants for the study. In order to get detailed information and a deep and rich understanding of the various dimensions of the phenomenon under the study, maximum variation was applied in sampling, this means that participants were selected from both genders, with different education and ages and having operated children of both genders and different diagnoses. Parents were included in the study if their 6 to 12 year-old child was hospitalized after abdominal surgery and tend to participate in the research and expressing their own experiences. The parents with communication disorder and who can't communicate in Persian were excluded from the study. Sampling lasted since June 2014 to June 2015. The sampling was finished by the completeness of the data; in other words recruitment and data collection continued until new themes were not emerged from the interviews.

2-1. Data collection

After institutional approvals were obtained, each participant who met the criteria for inclusion was discussed about the purpose of the study then parents were asked whether they tended to participate in the study and informed that their talks would be treated confidentially. The participants were assured that the researchers did not have any affiliation with related hospitals, the participation was voluntary and they could withdraw at any time of research or call for the elimination of the received information without any consequences. If the parents indicated willingness to participating in the study, the procedure and audio taping were explained. Written consent was obtained from the parents. Demographic data including age, education level, job, child gender, and types of surgery were collected and the time and place of interview, chosen by the parents, was coordinated with them.

2-2. Interviews

The interviews were conducted on the second to tenth day after the surgery day of each child. The interviews took place in the conference room of the wards and the participants' house or workplace. The average duration of interviews was 60 minutes, depending on the parent's discussion and stretching in response to the questions. Interviews started with an opening question permitting the parents to describe "the sake why the surgery was performed" followed by an open question about their "experiences when their child undergo a surgery". After that, the following questions were asked according to the study aim. "What conditions or who made the experience of your child surgery more comfortable for you?", "How were you supported?", "What were the effects of the support?" The other questions were raised based on the participants' words and by considering the purpose of the study. Exploratory questions like "What do you mean?", Could you tell me a little more about that?" and "How did you feel when . . .?" were frequently asked throughout the interviews to clarify and deepen the concept of the interview. At the end, participants were asked to tell if there is anything they like to indicate; finally the phone number was exchanged to next necessary contact about the research subject. All of the interviews were recorded using a digital MP3 player device.

2-3. Data analysis

Data were analyzed using content analysis (21). First after each interview its content was typed word by word with the Word software and saved as Rich Text Format to using in MAXQDA- 10 software for data analysis. Then the interview read and re-read to ensure familiarity with the data and to have a common understanding of the actual parents' discussions pertaining to the goal of the study. After that, the text was read again in search of words or, sentences which describing parents'

experiences of being supported during their children undergoing surgery. Then these words or sentences were condensed into meaning units and the initial codes were extracted. The data was reduced by collecting meaning units with the same or similar codes together. The reduced meaning units with the condensed the inductively formed subcategories function in this process as tools to thinking. The subthemes were abstracted in four themes. The process of abstraction continued until achieving the ultimate theme. The obtained data from each interview was a guide to next interview and were compared with each other and this process repeated for each interview to the last interview. In order to facilitate data analysis, sorting, and constant comparison and recovery of the quotations MAXQDA- 10 software was used.

2-4. Trustworthiness

In order to provide results credibility, transferability, conformability and audibility the following actions were taken.

- Individuals were selected to participate in the study with maximum diversity in the personal characteristics such as gender, age, education level, past surgical history and the child diagnosis.
- The researcher ideas and assumptions were determined before the research starting.
- Some of the transcripts, codes and themes were reviewed by participants to confirm the compliance with their experiences.
- Some of the codes and themes were reviewed by two peers and also two external checker and their comments were considered.
- The extracted codes and themes were discussed by research team to achieve an agreement.
- The study procedure was fully explained to enhance the transferability of the findings

2-5. Ethical considerations

The project was approved by the Jundishapur University of Medical Sciences (Ahvaz, Iran) (No. CDCRC-9306) and its Ethics Committee (ID: ajums.rec.1393.205).

3- RESULTS

Participants were 16 mothers and 5 fathers. They were 26–47 years old (Med = 35); their education level was in one case was illiterate, 8 elementary school, 8 high school and 4 academic. Fourteen participants had previous experiences of their own surgery and five had experiences of their child surgery. Their children were fourteen boys and seven girls that being operated with different diagnoses such as appendicitis, intussusceptions, volvulus, intestinal adhesion, hernia, abdominal blunt trauma and splenectomy.

Personnel's beyond-task-orientation performance, family comprehensive support, mutual facilitating of peers and the elixir of connection to God were the sources that supported parents as an umbrella during their children surgery. This perceived supportive umbrella helped parents to overcome their stress and to provide good care for their children.

3-1. Personnel's beyond-task-orientation performance

According to the participants' experiences, providing responsible care, appreciating parents' participation, empathy and constructive communication and flexibility by the professional caregivers leads to the participants' sense of beyond-task-orientation performance by the personnel as well as their sense of receiving humanistic care.

3-1-1. Providing responsible care

Most parents believed that responsible care of their children had priority over their own needs. In other words, the assurance of responsible care of children was a kind of support for parents. According to the results, timeliness of care, pursing the affairs, prompt responses, experience and skills in providing cares by the personnel made the parents feel that their children were safe and receiving responsible care.

A father said about providing timely care: "Everything like serum, medicines and wound dressing was done in time. So I was relaxed and didn't expect them anything else" (Participant 3).

A mother said about the importance of nurses' experiences: "The nurses are very good and experienced. They know their work quite well. That is why I trust them", (Participant 19).

3-1-2. Appreciating parents' participation

Parents believed that it was obviously their duty to accompany their children in the hospital and tried to take care of their children themselves for their comfort. Providing the chance for parents to be with children, educating and providing information to parents about the surgery and care for children, getting help from parents and answering their questions were the behaviors that indicated the personnel appreciated parent's participation in their children care.

A father stated about the parents chance to be with their child in the recovery room: "After the surgery was finished, her mother was told to go beside our daughter and talk to her until she gets conscious", (Participant13).

A father said about the provision of information and training: "I told them that my son was suffering from pain. They saw him and told me his abdomen was bloating and annoyed him. Help him to walk", (Participant 3).

3-1-3. Empathy and constructive communication

Cheerfulness, relaxing behavior, comforting, encouraging and paying attention to the parents needs by professional caregivers led to the sense of empathy and constructive communication between parents.

A mother said about the peaceful behavior and the cheerfulness of the nurses: "I asked the nurses many questions, and they answered cheerfully although they were very busy. They were not bad-tempered or didn't answer harshly", (Participant 18).

A mother said about professional caregivers' consolation and hope: "When my son was ill, I was crying too much. The nurses told me: "Don't cry, he will be fine. We help him. Don’t be disappointed. They really sympathized me" (Participant 4).

A non-native mother says about the nurse's kindness and caring for her needs: "There is a very kind nurse here. I feel very comfortable with her, like my sister. For example, there is food just for the patients, but as I didn't have anybody to bring me food, she asked them to bring me extra food", (Participant11).

3-1-4. Flexibility

The staff's lenience about some administrative regulations such as wearing special dress, visiting out of the permitted hours, and permission to accompany the child in cases tailored to the parents' needs, and keeping calm when parents are angry made the parents feel that the staff understand their conditions and have the necessary flexibility for the comfort of parents and their children.

A mother stated: "When I wore special companion clothes, I felt I was chocking. Some of the personnel were lenient and didn't ask me to wear the dress. Or even if our relatives came to visit at night, they let them come in to don’t make us upset", (Participant 4).

A mother whose son was hospitalized in the intensive care unit the first two days after the surgery said: "The patients do not have any companion in the intensive care unit, but when the nurses found that I was pregnant and I should not be stressed out, they cared for me. They let me stay with my son", (Participant 19).

A mother said about the staff calmness against the parental anger: "When the nurse was moving my son, he screamed and cried. I got very angry and asked her not to do anything and to leave there. Although I talked to her badly, she was very nice and didn't tell me anything", (Participant 20).

3-2. Comprehensive support by the family

Family collaboration and help in making decision, reassurance, providing comfort, and reducing other concerns made parents have a sense of comprehensive support during their children surgery.

3-2-1. Help to make decision

The parents stated that family members had an important role in their decision making and their consent for the child surgery.

A mother stated: "The doctor had told us that the success rate was 50%. My husband said he would prefer to have his child die naturally than to be cut into pieces and then die in front of his eyes. Then my father talked to him and asked him to trust God and not be afraid, and let them do the surgery. Finally he was satisfied", (Participant 11).

Another participant stated: "My sister is a doctor; I called and told her that my daughter had a stomachache. I took her to the hospital and they said it was because of appendicitis. What should I do? She told me if they have diagnosed it as appendicitis she needs to be operated. Don't be afraid, it is not a hard surgery, so I consented to the surgery", (Participant 16).

3-2-2. Reassurance

Participants stated that the family members tried to raise the spirit of parents and their children through moderating their stress, consolidation and encouragement, phone calls and visiting them in the hospital.

Most participants, especially women reported their spouse presence and companionship as the main factor to keep their spirits. A participant stated: "My husband always was beside me in all difficult moments of my child surgery. My husband himself was unhappy and even crying away from my eyes, but tried to comfort me; he told me not to be worried. Our child would be fine and this lifted my spirit", (Participant 19).

A mother said about the role of family in reassurance and improving the care: "My family is all are around so that I don't need anything, when I see they are thinking about and care of me I feel relaxed, my spirit be lifted and can stand strongly and do my tasks", (Participants 20).

3-2-3. Providing comfort

Participants stated that family members had an important role in providing their comfort by supplying the primary needs of parents and helping to accompany the children and doing their related affairs.

A mother said: "Here there is no food for the companion; those who come to visit bring us food. My sister-in-law brings me food every day. We really bother her", (Participation 4).

A mother said about her family's helping her to relax and do her own affairs, "I was with my daughter two nights in a row. I was really exhausting. My sister stayed with my daughter the whole day and I went home, took a shower and slept. It really helped me", (Participant 5).

3-2-4. Reducing other concerns

Participants stated that family members reduced their concerns and made them feel relaxed by their helps such as taking care of the other children, financial support, and assistance in doing job affairs.

A mother stated: "My other child is now at her uncle's home, his wife is very nice and I really trust her. I sent my daughter there, because I know she is a good mom and provides a good care for my daughter", (Participant 20).

A father said: "I was going to work and my wife was not able to stay much in the hospital, because of our little child. My brother-in-law and my sister's husband helped us. We stayed with my son in turn. My brother-in-law had even deposited money into my bank account. There was really no problem spiritually and financially; family is very effective, you feel they back you", (Participant 14).

3-3. Mutual facilitating of peers

Participants stated that interaction with other parents facilitated their compatibility with the child surgery through dealing with their child problem; tolerate the hardships of staying in hospital and exchange child care experiences.

3-3-1. Dealing with the problem

Interaction with other parents whose children had severe problems or whose very little children were operated made the parents accepts the disease and the surgery of their own children more easily.

A mother stated about accepting the operation of her 12 year-old child: "I didn't like that my son be operated. When I came here I saw a mother whose two-month-old infant had been operated and told me not to be worried ,your son is much older than my child and this encouraged me to accept that my son can bear the surgery", (Participant 20).

A mother said about her child problem in comparison with other children: "I always said why it happened to my son. Then I came here and saw the families whose children had more serious problems than my son's. Then I thanked God and found that my son's problem is nothing special", (Participant18).

3-3-2. Tolerate the hardships of staying in hospital

Parents stated that speaking and socializing with other parents, their assistance to satisfy each other's needs and to take care of the children helped them tolerate the discomfort and hardship of staying in hospital.

Non- native participants, who didn't enjoy the support of their family and relatives due to distance, took more advantage of their peers support to meet their personal needs such as nutrition, rest, and fixing the sense of nostalgia.

A participant stated: "When I came here I was alone, I was feel as a prisoner, then I made friend with another mother, we talked together and helped each other and shared whatever we had; then I was less annoyed", (Participant 4).

A mother said about the mutual assistance of mothers to each other: "When my son sleeps I help other mothers whose children are very little. I feel they get very tired. My roommate also helped me get my kid out of the bed, and walk him. She really helped me", (Participant 9).

3-3-3. Exchanging experiences

Participants stated that parents exchange their experiences with each other to provide better care of children and it made them feel they can get help from someone and mutually to compensate for their help.
A mother stated: "The other mothers taught me many things to take better care of my child. For example the first time I wanted to move my son, my roommate told me to hold him this way (lying in the

arms) so that his wound is not hurt", (Participant 15).

Another mother said about guiding other mothers: "Once my roommate's kid was crying, she shouted at her child. I told her not to shout. Try to entertain her calmly and with policy so that the child won't cry more", (Participant 7).

3-4. Elixir of connecting to God

According to the participants' experiences the healing and the calming resulting from connection with God and doing religious affairs made them feel they have achieved an elixir which is the healing of all pains and feel the sense of being supported by the superior power.

3-4-1. Calming

Prayer and trust in God, vows and resort to holy Quran and Ahl al-Bayt (Household of the Prophet) would cause parents feel that their children and they themselves were in the shelter of a superior power that would destine the best for them and make them feel calm and comfortable.

A mother said about the effect of praying when her son was in the surgery room: "I was very upset, anxious, I felt I had nobody except God and Ahl al-Bayt (Household of the Prophet), I prayed a lot, I read holy Quran Verse (Ayat al-Korsi: verse 255 of Surah Baqarah), and I sent greeting to the Prophet (Salavat). These made me feel relaxed", (Participant 7).

A mother said about resorting to Ahl al-Bayt (Household of the Prophet): "When they took my son into operating room, I was crying all the time. I begged Imam Hussein to bring back my son. Then I suddenly stopped crying. It seems as if someone told me not to be upset. I felt relieved. After half an hour one of the staff came out of the operating room and told me my son was ok. Now I always say God gave me back my son just for the sake of Imam Hussein", (Participant 11).

3-4-2. Healing

Parents believed that the success of the surgery and saving the children from the risk of disease resulted from their resort and their covenant with God and they felt that God has cured their children. They tried to fulfill their vows (Nazr) as soon as possible.

A mother stated: "I was praying behind the operating room while crying, I sent greetings to the Prophet and did whatever I could, I vowed to be fast for one day. When my daughter came out of the operation room safe I thanked God too much. I was fast yesterday. It was very hard, but I told myself that as God has helped my daughter and she is healthy I must fulfill my vow", (Participant 5).

Another mother said about her demands being met by the help of holy Quran: "I read holy Quran Verse (Ayat al-Korsi: verse 255 of Surah Baqarah), for my son who was really helpful. The surgery was done quite well and he became conscious quickly. Thanks God", (Participant 20).

4- DISCUSSION

Parents referred to the presence of a supportive umbrella during their children surgery which is created by personnel beyond-task-orientation performance, family comprehensive support, mutual facilitating of peers and the elixir of connection to God. By spiritual and informational supporting and providing comfort for them these sources enabled parents to take care of their children with peace of mind and play their supportive role for their children quite well.

Parents acknowledged that one of their supportive sources was professional caregivers. Parents paid special attention to the technical aspects of the care given by the personnel. If they found such cares appropriate, the parents were sure about the safety of their children by feeling the sense of receiving responsible care. In the

study of Danita and Joushua (2013), the nurses caring behaviors were the most effective factors in satisfaction and creation of the sense of security and peace of mind for mothers (22). The study of Salmani et al. (2015) showed that the main concern of the parents in satisfaction with nursing care was the influence of insecurity (23). According to the results, professional caregivers support included emotional and informational aspects. In the study carried out by Olshansky et al. (2015) the parents' needs to information, participation, and support were emphasized for the sense of security and control (12). Informing parents about the surgery procedure, recovery process and pain relief techniques will reduce their anxiety (6) and makes the parents feel they play an important role in their children recovery (24). In fact, nurses by offering necessary resources and information play their supportive role (25) and provide holistic care (24). Parents' information and knowledge also provide introductions for experiencing participation (3). It seems that providing informational support and the possibility of parents' participation in child's care make the sense of being supported and as its result satisfaction to the health care providers.

Professional caregivers' attention to the physical and emotional needs of parents makes them feel the sense of beyond-task-orientation performance of the personnel and receiving humanistic care. Parents see themselves as caregivers not care receivers (26) and therefore may not pay attention to their own needs (27). Despite the fact that parents presence in hospital is incredibly useful and reassuring for children, professional caregivers should support the parents who do not care for their own needs and encourage them to take care of themselves (28, 29). Parents should be encouraged to provide opportunities for their sleep, rest, and exercise as well as to meet the needs of their other children by using strategies such as entrusting child care to someone else temporarily (29). Empathy and constructive communication are the other components of feeling the sense of professional caregivers' support in this study. Effective communication can lead to increased satisfaction and better acceptance of caring recommendations (30). Therefore, clinical nurses must show their kindness and empathy when communicating and providing care, so that parents understand it which enhances confidence. Confidence is the factor that helps parents to follow medical recommendations (12). Parents perception of being supported and cared by professional caregivers and paying attention to features such as empathy, constructive communication and flexibility towards parents indicate that in addition to technical abilities, artistic aspects of care are also important from the parents points of view. Although the parents tended to endure any hardship for the sake of their children recovery, when the caregivers paid attention to their needs the parents felt that they were emotionally supported by them. Therefore, the staff should accept that such cares have equal and even more values than technical cares for providing family centered care.

Comprehensive support of parents by the family and relatives was reported as one of the most important supportive sources during their children surgery. The need for coordination of mass of information at a time when parents may experience intense feelings and decide about surgery is often hard and stressful for them. In addition, emergency surgery makes parents not have enough time to make decision (31). Therefore, in cases when parents are unable to make decisions professional caregivers can identifying key and important individuals in family members and relatives to help parents make the right and timely decisions. In this study, the majority of mothers stated that the

presence of their spouses was one of the most important supportive sources to boost their spirit. Andersson et al. (2012) concluded that both parents should be given the opportunity to be beside their child together and support each other. Parents believe that the support received from the nurse is not enough and can never replace parental support for each other. The presence of the other parent is essential for emotional supporting and regaining a sense of control and security, so that they can show their support for their children in the best possible way (3). Thus it is necessary to provide the possibility of the parents' presence together beside their child for enhancing their sense of being supported. Communication with nuclear and expanded family was still one of the ways to look for emotional support. Moreover, the participation of expanded family members can provide an appropriate opportunity for the health care providers to teach necessary instructions to the other caregivers of children (32). Therefore, it is essential for the professional caregivers not to restrict the presence and participation of other family members beside the children and their parent and to identify and train the individuals who would participate in child care at home.

In this study, parents support by the family and relatives had also other aspects such as assisting parents to do their physical needs as well as their job affairs. In Iranian culture people are deeply attached to traditions, and there are strong emotional relationships among family members. This makes Iranians feel more committed to their relatives (33). This traditional structure makes the family relationships a supportive source not only for the patients, but also for their family (20). The reason of such findings in addition to strong emotional relationships between the members of Iranian families might be due to fewer activities of social and supportive institutions for patients' families. In fact, the comprehensive support of the family and relatives is a compensatory and alternative source for the supportive defects of social institutions, health professionals and organizations.

Participants stated that interaction with the other parents whose children were hospitalized and their mutual support facilitated their compatibility with the child surgery and influenced their feeling well. Peer support is a kind of informal, flexible, non-hierarchical, and non-medical social support (34). Mothers compare their children with other children in the ward and when they see other children with similar problems their anxiety decrease, and make them being hopeful that their children get better. They also try to resolve their problems and doubts by asking the other mothers some questions (4). Peer support is the important source of emotional and informative support; parents are willing to share their experiences and they seek for information through social networks like family, friends, and peers (12) as much as they seek for information and guidance of professional people (35). Therefore, peer support can be a complement for the guidance and supports of professional caregivers and can partly overlap with them and absent of conflicts should be assured in this regard (36). In the study conducted by Olshansky et al. (2015), the parents stated that the information they received through their social network about the risks, side effects, and suggestion for the use of pain killers were in conflict with the information they received from health caregivers (12). Therefore, consulting with and getting help from social network might have negative aspects too, and this raises the need for more supervision and direction by healthcare providers. That is, the professional caregivers need to control parents support and interaction to some extent, so that the information and skills be

exchanged between parents properly and accurately. According to the participants experiences, calming and healing resulting from trust and belief in God's support and performing religious rituals make parents feel that a superior power is supporting them and their children. In the study carried out by Martinez and Torregosa (2014), mothers reported the contact with a superior being through praying and social support of the members of the church as the ways to cope with the stress during their children surgery (32). In the study conducted by Campbell et al. (2009) the participants considered God as a source of pain relief (37). Spirituality and spiritual wellbeing are among the predictors of human health and provide important information within a holistic approach about health needs and abilities of individuals to cope with stress and necessary interventions to deal with health crises (38). Given the predominance and efficiency of spiritual and religious support perceived by parents, the health professionals need to pay more attention to the religious and divine beliefs of parents and use them to enhance their supportive and care giving programs.

4-1. Limitation

Fewer number of men in the study due to lack of their presence in the pediatric wards may limit the generalizability of the results for men.

5- CONCLUSION

Parents perceived the caregivers beyond-task-orientation performance, comprehensive support by the family, mutual facilitating by the peers and finally, the elixir of connection to God as a supportive umbrella during their children surgery. Health caregivers can encourage parents to receive support from their social network to reduce some part of parents caring burden. Moreover, health caregivers can get help from these sources to enhance their own supportive role. Since the supports made by other sources sometimes interfere with the roles of professional personnel, it is necessary for the professional caregivers to be aware of supportive sources of parents and to supervise and direct their support in order to ensure the suitability of such support.

6-CONFLICT OF INTEREST: None.

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