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Experiences of Mothers having a Child with Leukemia in the West Bank, Palestine

Baraa Ghalib Yassin Taqatqa

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Experiences of Mothers having a Child with Leukemia in the West Bank, Palestine

Prepared by:

Baraa Ghalib Yassin Taqatqa

B.Sc. Nursing, Al-Quds University - Palestine

Supervisor: Dr. Kawther Al-ayasa

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Experiences of Mothers Having a Child with Leukemia in the West Bank, Palestine

Prepared by: Baraa Ghalib Yassin Taqatqa

Registration No: 22112308

Supervisor: Dr.Kawther Al-ayasa

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The names and signatures of the examining committee members are as follows:

1. Head of Committee: Dr.Kawther Al-ayas Signature:…….

2. Internal examiner: Dr.Salam Al-khateeb Signature:……..

3. External examiner: Dr.Mohammad Mar'i Signature: ……..

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Dedication

I extend my deepest thanks and appreciation to all those who contributed to my academic journey

To my dear husband Ahmad, who embraced me in my strength and my weakness

To my father, who taught me that dreams have no limits

To my mother, whose prayers sustained me and whose light guided me

To my brothers and sisters, the ones who share one heart and offer sincere prayers

To my precious daughter Maria, who gave my life a new meaning

To my homeland, to which I belong with pride and deep gratitude

To the soul of my father-in-law, may God bless his memory that still shines in my heart,

To my esteemed supervisor Dr.Kawther, who gave generously of her time and knowledge,

And to myself… who believed, persevered, and courageously overcame every obstacle.

To all of you, I dedicate this work — a token of love, gratitude, and loyalty.

Baraa Ghalib Yassin Taqatqa

Declaration

I certify that this thesis which is submitted for the degree of master is the result of my research, except where otherwise acknowledged, and that this study (or any part of the same) has not been submitted to any other university or institution for a higher degree.

Name: Baraa Ghalib Yassin Taqatqa

Signature: 

Date:29/4/2025

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First and foremost, all praise and gratitude are due to Allah, who granted me the strength, patience, and guidance to complete this academic journey.

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To my husband Ahmad, thank you for your patience, support, and constant presence by my side through every challenge. Your belief in me made the hardest days bearable.

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To my dear daughter, your smile gives me hope, and your existence reminds me why I must keep going.

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Abstract

Introduction: Leukemia is one of the most common childhood cancers. In Palestine, leukemias are the most common types of cancer with an estimated incidence rate of 2.6 per 100,000 children. Mothers who care for children with leukemia encounter numerous challenges in meeting their children's needs.

Aim: To explore the experiences of mothers who have a child with leukemia in the West Bank, Palestine.

Methodology: A qualitative descriptive design was used to explore the experiences of mothers with children with leukemia. Fifteen mothers were selected from the Huda Al-Masri Department in Bethlehem at Beit Jala Governmental Hospital. This included children from the cities of Bethlehem and Hebron in the southern West Bank. The mothers were interviewed via Semi-structured interviews. Sociodemographic data were analyzed using the Statistical Package for Social Sciences (SPSS 26), while the qualitative data were analyzed using content analysis to identify themes and subthemes. Ethical approval was obtained from the Ethical Committee at Al-Quds University, and permission was granted by the Palestinian Ministry of Health. All participants signed a consent form.

Results: The analysis revealed that mothers with children diagnosed with leukemia experienced significant challenges captured in the main Five themes that emerged from the analysis: emotional issues, the impact of child illness, hinders due to the political situation, mothers' needs for resilience, and the coping mechanisms mothers use to manage their challenges. Each theme highlights a specific aspect of their experiences. Additionally, nineteen sub-themes were identified to provide a more detailed understanding of the findings.

Conclusion: This study highlights the experiences of mothers caring for children with leukemia. It underscores the emotional and psychological challenges they encounter and emphasizes the necessity for comprehensive support systems that address the complex nature of their caregiving experience.

Key Words: Mother's experience, childhood leukemia, qualitive study, content analysis, coping mechanisms, challenges

Table of Abbreviations

Abbreviations	**Abbreviations Expansion**
ALL	Acute lymphocytic leukemia
WHO	World Health Organization
MIR	mortality-to-incidence ratio
HICs	high-income countries
LMICs	low- and middle-income countries

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Chapter 1.

Introduction

1.1 Introduction

Childhood cancer is a group of cancers that includes a wide range of diseases with varying patterns of occurrence (Steliarova-Foucher, Colombet, Ries, Hesseling, et al., 2017). Globally, an estimated 400 000 children and adolescents aged 0 to 19 develop cancer yearly. The most common types of childhood cancer are leukemias, brain cancers, lymphomas, and solid tumors such as neuroblastoma and Wilms tumors (Steliarova-Foucher, Colombet, Ries, Moreno, et al., 2017; World Health Organization, 2021). . Leukemia is the most common malignancy of childhood, accounting for 30% of cases of childhood cancer(Kaplan, 2019).Leukemia is defined as "a heterogeneous group of hematologic malignancies that arise from the dysfunctional proliferation of developing leukocytes. It is classified as either acute or chronic and as myelocytic or lymphocytic (Chennamadhavuni et al., 2022). In Palestine, leukemia is the most common type of cancer among children with an estimated incidence rate of 2.6 per 100,000 children (Halahleh & Gale, 2018).

Cancer care in Palestine is primarily divided into governmental and nongovernmental sectors. Treatment is provided at small oncology units located within hospitals in the West Bank and Gaza, but none of these facilities have specialized pathology laboratories or advanced diagnostic capabilities. While surgery and chemotherapy services are generally available, radiotherapy is not offered. The Augusta-Victoria Hospital Cancer Care Center

in East Jerusalem is the main and only comprehensive cancer center in Palestine. Additionally, advanced hematology and bone marrow transplantation services are still not accessible. Patients who require hematopoietic cell transplants for leukemia and other blood cancers must seek referrals to neighboring countries for treatment (Rimawi et al., 2024).

Cancer patients from the West Bank and Gaza Strip who require services not available in hospitals within the Palestinian Authority areas must obtain special Israeli permits. These permits allow them to access comprehensive oncology services at a Palestinian-led hospital located in East Jerusalem (Halahleh & Gale, 2018).

In addition to their struggles with cancer, Palestinian cancer patients face numerous difficulties and challenges, including issues related to Israeli occupation. One significant challenge they encounter is the long wait—sometimes several weeks—to obtain the necessary Israeli permits, which are required to access high-quality and well-equipped cancer treatment facilities in occupied East Jerusalem (Salem, 2023).

Caring for children living with life-threatening and life-limiting illnesses can be challenging. Childhood leukemia is well recognized as a serious threat to life (Abate et al., 2018). Therefore, a childhood cancer can result in various impacts and challenges for entire all family members such as parent's roles shift, which has a significant impact on parenting styles (Arief & Rachmawati, 2019). In addition, the family dynamics are changed, because mothers' focus is on the ill child so they are unable to take care of the house, attend other healthy siblings and this shift in focus often strains relationships with healthy siblings and spouses and fragments the concept of the "family unit" (Van Schoors et al., 2018). Furthermore, family routines and relationship disruptions can impact families' psychological well-being and quality of life (Long & Marsland, 2011). Perceiving the disease as more uncontrollable and less manageable was associated with poorer quality of life for parents and children (patients and sibling) (Van Schoors et al., 2019). On the other hand, some parents reduce their hours work, take sick leave, even quit their jobs, and lose their jobs to take care of the patient and the patient's siblings. These differences can also lead to financial problems (Roser et al., 2019).Since mothers are the primary caregivers of their children, they face various challenges during their care and are more likely to be directly exposed to specific traumatic therapeutic events (Avrech Bar et al., 2016; Bourke-Taylor et al., 2013). Furthermore, the ongoing care of these children and the stress of the

treatment process, including ongoing therapeutic interventions and the unpleasant side effects of chemotherapy, may make it difficult for mothers to function psychologically and socially (Khodadadi Sangdeh & Ghomi, 2018).

Mothers of Leukemia children may face an alteration in all aspects of their life, including social, physical, psychological, and emotional disturbances, and faced financial challenges. A phenomenological study conducted by (Liu et al., 2021) in China among Chinese parents who have young children diagnosed with Acute lymphocytic leukemia (ALL)and treated in mainland China. This phenomenological study aimed to describe parental experiences of having a young child with ALL in China. The author found that caring for a young child with cancer is physically and emotionally challenging for parents. During treatments and care journeys, parents go through prolonged uncertainty, sorrow about being not able to relieve their child's pain, and financial problem., Living with a child with leukemia has a significant impact on the life of a primary caregiver, typically a mother. Caring for their child resulted in emotional exhaustion for the mothers, social isolation, and financial burden. (Cornelio et al., 2016). Furthermore, Mothers faced financial problems after the child’s diagnosis because of reducing working hours or ending their work (Roser et al., 2019).

The study conducted by Liu et al. (2021) recommends enhancing psychosocial support for parents, particularly through counseling and coping strategies. It highlights the significance of healthcare providers offering emotional support and improving communication with parents to help reduce their stress. Furthermore, the study advocates for the establishment of community-based support systems and increased financial assistance to ease the burdens faced by parents caring for children with Acute lymphocytic leukemia (ALL).

Shattnawi et al., (2021) found that mothers who have a child with cancer were negatively affected when their child was diagnosed with cancer and subsequently during the treatment journey. These mothers saw cancer as the “dreaded disease” they showed psychological distress as feelings of shock, sadness, anxiety, and loneliness.

1.2 Problem statement

When a child has leukemia, the entire family is affected, but the management of the illness most often becomes the responsibility of the child's mother as they are the primary caregivers in Arab countries including Palestine. Being a mother can be challenging on a daily basis without additional complications such as chronic illness with unanticipated and frequent crises.

Most previous studies that focused on the experiences of mothers whose children have leukemia were conducted in Western and East Asia countries (Cornelio et al., 2016; Kastrinos et al., 2022; Lee & Lee, 2021). Sociocultural and political contexts, family dynamics, religion, politics, and healthcare systems vary across societies. The social structure of Arab society is inspired by social values, norms and religion, which are considered to exert their effects on the society's structure and practices. Further, the sociocultural background influences individuals' beliefs, behaviors, and attitudes toward health and illness (Saca-Hazboun & Glennon, 2011). Therefore, there is a need to further explore the experience of mothers of children with leukemia.

1.3Significant of the study

In Palestine, leukemias are the most common type of cancer with an estimated incidence rate o2.6 per 100,000 children (Halahleh & Gale, 2018). When a child has leukemia, the role of the child's mother expands to include the extra burden of hospitals visits, sleepless nights, and general case management. When little is known about a phenomenon, the need for nurse educators who can develop appropriate nursing interventions and plan care is difficult to substantiate. In addition, there is lack in qualitative studies about the experience of mothers who have children with leukemia in Palestine and Arab countries. To the author's best of knowledge, there are no qualitative studies that address the experiences of mothers of children with leukemia in Palestine. Therefore, this study will fill the gap as it could increases knowledge and provides insight for health care providers and policy makers to achieve a better understanding of the challenges and needs of the mothers who have a child with leukemia and coping strategies that these mothers use during their everyday life. Furthermore, understanding the experiences of mothers who have a child with leukemia will help policy makers in Palestine in planning appropriate services to overcome challenges and difficulties that face these women. Nurses can gain a better

understanding of the mothers' perceptions by listening to their stories and assisting them rather than hindering them as they attempt to deal with It. If nurses are to assist successfully and offer sufficient resources, it is imperative that they comprehend the mother's experience.

1.4Study aim:

To explore the experiences of mothers who have a child with leukemia in the West Bank, Palestine.

1.5 O bjectives:

1. To explore the experiences of mothers who have a child with leukemia in the West Bank, Palestine.

2. To explore the challenges, difficulties and burden that face the mother during the course of therapy and the hospitalization.

3. To highlight the factors that helped or hindered the coping of mother during the course of therapy and the hospitalization.

1.6 Context:

A long history of colonization, resistance, and cultural resilience profoundly shapes Palestine's sociocultural and political landscape. Palestinian society is characterized by strong family and social structures where kinship ties play a central role in daily life (Salameh, 2017). Education holds significant importance, with Palestine boasting one of the highest literacy rates in the Arab world despite ongoing political instability (Rouhana & Sabbagh-Khoury, 2019). The arts, including literature, music, and visual expression, serve as powerful means of expressing cultural identity and resistance (Sabbagh-Khoury, 2022).

According to the Palestinian Central Bureau of Statistics, as of mid-2024, the estimated population of Palestine is approximately 5.48 million people, comprising about 2.78 million males and 2.70 million females (PCBS, 2024). The population is divided between the West Bank and the Gaza Strip, with around 3.25 million people residing in the West Bank and about 2.23 million in the Gaza Strip (Yemen Alghad, 2024). Palestine has a total area of approximately 6,025 square kilometers. The West Bank covers roughly 5,660 square kilometers, while the Gaza Strip spans about 365 square kilometers (PCBS, 2024).

Politically, Palestine faces considerable challenges due to the Israeli occupation, which imposes severe restrictions on movement, economic activities, and access to basic services (Sabbagh-Khoury & Rouhana, 2014). The division between the Palestinian Authority in the West Bank and Hamas in Gaza further complicates internal governance (Sabbagh-Khoury, 2021). International recognition of Palestine remains a contentious issue, as full sovereignty is hindered by Israeli control and global political dynamics (Rouhana & Sabbagh-Khoury, 2019). The economy is heavily constrained by Israeli policies that limit access to resources, trade, and employment, exacerbating humanitarian crises, particularly in Gaza (Salameh, 2017). Palestinian resistance takes various forms, including armed struggle, diplomatic negotiations, and grassroots activism (Sabbagh-Khoury & Rouhana, 2014).

Chapter 2.

LITREATURE REVIEW

Introduction:

This chapter discusses childhood cancer, including definitions and statistics from around the world and specifically Palestine. It covers aspects such as diagnosis, treatment, and the effects of the disease, as well as survivorship and long-term consequences of cancer. Moreover, it highlights the experiences of mothers of children with cancer and their coping mechanisms. Finally, it summarizes previous studies related to the experiences of these mothers.

A systematic search strategy was used to collect relevant studies for the literature review, utilizing multiple academic databases, including PubMed and Google Scholar. Key search terms included phrases such as "Mothers of children with leukemia," "Parental experiences and childhood cancer," and "Psychosocial impact or emotional impact of childhood leukemia on mothers," along with coping strategies that mothers employed to address challenges. Studies were selected based on specific inclusion criteria: they needed to be peer-reviewed, focus on mothers of children with leukemia, and be published within the last ten years. This search resulted in several articles, whichwere then analyzed in-depth. The analysis focused on themes such as emotional and psychological impacts, coping strategies, and available support systems for mothers.

2.1 Cancer definition

Childhood cancer refers to a group of cancers that occur between birth and 19 years of age. Childhood cancers originate from embryonal tissues that have undergone mutations, leading to uncontrolled division of abnormal cells. If not treated, these abnormal cells can rapidly spread throughout the body (metastasize), causing additional harm and potentially resulting in death (World Health Organization, 2021).

2.2Epidemiology of cancer in children

According to the WHO, each year, an estimated 400,000 children and adolescents aged 0 to 19 develop cancer (Organization, 2021). The yearly incidence rate of ALL in children is around 3–4 cases/100,000 compared to fewer than 1 case/100,000 in adults(Zahnreich & Schmidberger, 2021). In Palestine, the incidence rate of cancer among children in the West Bank in 2023 was found to be 130.4 cases per million. For the age group of 0 to 17 years, the most common types of cancer diagnosed were leukemia, brain and nervous system cancers, and bone cancers(Palestinian Ministry of Health. (2023).

Childhood cancer is a significant health concern in the Middle East, with varying incidence and survival rates among different countries. For example, in Jordan, there has been an increase in cancer incidence, including childhood cancers, between 1990 and 2019. The mortality-to-incidence ratio (MIR) is higher in low-income countries, indicating greater challenges in survival rates. In Syria, the situation is complicated by political instability, which has hindered cancer registration efforts and made it difficult to assess cancer incidence and mortality rates accurately(Shukla et al., 2024).

In 2018, the World Health Organization (WHO) established a global target to achieve a 60% survival rate for children with cancer by 2030, with the aim of saving an additional one million lives. This ambitious goal underscores the urgent need to address disparities in cancer outcomes. (Lam et al., 2019).While over 80% of children with cancer in high-income countries (HICs) now survive for more than five years, survival rates in low- and middle-income countries (LMICs) remain as low as 10% (Stein et al., n.d.). This disparity is particularly concerning, as 89% of the world's children aged 0 to 19 years live in LMICs, which account for 95% of cancer-related deaths in this age group globally. Furthermore, incidence rates of many childhood cancers are increasing by approximately 1% annually in countries with population-based cancer registration (Lam et al., 2019). Avoidable deaths from childhood cancers in low- and middle-income countries (LMICs)

occur due to factors such as lack of diagnosis, misdiagnosis or delayed diagnosis, obstacles to accessing care, abandonment of treatment, toxicity-related deaths, and relapse (World Health Organization, 2021).

2.3 Treatment of leukemia

Since it is generally not possible to prevent cancer in children, the most effective strategy to lessen its impact and improve outcomes is to focus on prompt and accurate diagnosis. This should be followed by effective, evidence-based therapy, along with tailored supportive care. A correct diagnosis is crucial for prescribing the appropriate treatment based on the type and extent of the disease. Early detection of cancer increases the likelihood of effective treatment, improving survival rates and reducing costs and suffering. This is especially important for children, as timely diagnosis and care can significantly enhance their quality of life (*Childhood Cancer*, n.d.)

The treatment of childhood cancer is often a lengthy process that requires significant time and effort from medical teams, families, and patients. Treatment for childhood cancer primarily depends on the specific type and stage of the cancer. (American Cancer Society, 2024)

It is a serious condition that necessitates intensive treatment. Fortunately, most pediatric cancers are treatable. Recent advancements in medical therapies have made it possible to cure many types of childhood cancer through various treatments, including surgery, radiation, and chemotherapy. (Boston Children's Hospital, 2024). In some cases, childhood cancers may be treated with high-dose chemotherapy followed by a stem cell transplant. Additionally, newer treatment methods, such as targeted therapy drugs and immunotherapy, are becoming increasingly important in the management of certain types of childhood cancer. (American Cancer Society, 2024).

2.4Physical impact during treatment journey ON THE MOTHER

A qualitative study conducted by (Lee & Lee, 2021) in Korea aims to investigate mothers' experiences caring for their child being treated in a hospital for leukemia. Study included 11 mothers who visited a hospital for their child's follow-up care after treatment for leukemia. The author observed that many mothers felt both mentally and physically drained due to their disappointment with family members who did not offer help. They were juggling the roles of an ordinary mother and a guardian for a child with leukemia. At times, they felt overwhelmed as they cared for their sick child while also balancing the

responsibilities of being a wife and mother to another child. This dual burden left them feeling tired and anxious, as their children, often needing care similar to that of an infant, relied heavily on their mothers' support.

The authors recommend that mothers receive intensive emotional and psychological support through hospitals and healthcare centers. They suggest implementing regular family counseling to help manage the relationships between mothers and their children, as well as interactions with other family members. This support can reduce stress within the family and strengthen the mother’s support system.

Additionally, the authors advise providing training programs for mothers to help them manage their child's medical needs. This training could cover essential topics such as medication management, nutrition, and the ongoing care required for a child with leukemia.

Finally, the authors emphasize the importance of encouraging mothers to prioritize their well-being through activities that promote physical and emotional health. This includes ensuring adequate rest, engaging in exercise, and seeking social support, all of which are vital for maintaining their strength and mental health.

A hermeneutic phenomenological qualitative study was conducted by Maharjan1 et al., (2020) with participants selected from the Kanti Children’s Hospital records in Kathmandu. This study aimed to explore the lived experiences of mothers with children diagnosed with leukemia. Ten mothers whose children were receiving treatment at Kanti Children’s Hospital were purposively enrolled in the study. The authors discovered significant physiological effects following the diagnosis of leukemia in their children. Participants reported a deterioration in their physical health, with many choosing to hide their struggles. Common issues included weight loss, severe headaches, gastritis, increased uric acid levels, weakness, fatigue, leg pain, swelling, whole-body aches, anorexia, and a bitter taste in the mouth, heartburn, and low blood pressure.

Here are the key recommendations from the study by Maharjan, Rai, and Acharya (2020):

1. Strengthening Family and Community Support: Enhance support networks to reduce feelings of isolation and stress for mothers caring for children with leukemia.

2. Providing Psychological and Counseling Support: Implement counseling programs to help mothers navigate the emotional challenges of caregiving.

3. Educating Mothers about the Disease and Treatment: Provide essential education about leukemia and its treatments to empower mothers in managing their children's health.

4. Improving Communication with Healthcare Providers: Foster clear communication between mothers and healthcare providers to ensure consistent and supportive information regarding treatment plans.

5. Supporting Self-Care for Mothers: Encourage mothers to prioritize self-care through rest, exercise, and seeking emotional support to maintain their well-being.

A qualitive study conducted by (Pishkuhi et al., 2018).Aims to clear the feelings of parents who experience the phenomenon of caring a child with cancer among 13 parents with an average age of 33.2 and we continued sampling until data saturation. Information was collected by in-depth interviews. In a qualitative study conducted by (McEvoy & Creaner, 2021).Aimed to explore the experiences of mothers who had a child diagnosed with cancer. Many mothers expressed their struggles with administering or consenting to treatments that, while essential for saving their child, can also result in significant side effects. These treatments, such as chemotherapy and steroid medication, can lead to hair loss, changes in weight, and shifts in behavior or mood (Sous et al., 2020).

One mother shared her feelings by saying, "There was a sense of losing aspects of him and his personality changing." Another mother expressed her grief, stating, "I had lost [child's name] that I knew," while yet another participant remarked, "I kind of grieved my dreams for him or grieved the loss of a healthy child." This feeling of loss became more complicated for some mothers since their child was physically present. As one mother said, "It's not grief; she's still here, you know?"

Many mothers also experienced feelings of guilt and resentment associated with administering corticosteroid medications that altered their children's appearance and personality. The necessity of giving life-saving but potent drugs seemed to conflict with their maternal instinct to protect their child from harm. One mother reflected on this conflict: "At times, I did, in the beginning, think about which is crueler—putting him through this or letting him go because of what the medication does? I'm not even allowed to touch it or breathe in particles of this, and I'm feeding it to my child daily."

2.5 Psychological IMPACT ON THE MOTHER

Parents who have children with cancer may experience psychosocial effects such as anxiety depression, and post-traumatic stress disorder due the severity of the disease and level of treatment(Sultan et al., 2016). This has been shown in many previous studies as follows:

A qualitative phenomenological study conducted by (Yuan et al., 2024) in two tertiary hospitals in mainland China aimed to investigate the lived experiences of resilience in the parents of children with cancer from a qualitative perspective, complementing existing findings from quantitative studies. Twenty-three parents participated in the interviews, including 15 mothers and 8 fathers of children with cancer. The study found that depressive symptoms and anxiety were the most common emotions experienced by the parents. They often felt easily irritated due to the demands of caring for their children or due to misbehaviors exhibited by the children. Additionally, many parents were reluctant to communicate with others and had reduced contact with their friends. During their children's treatment in the hospital, they seldom interacted with other parents of children with cancer in the same ward and generally preferred to be alone.

Another qualitative study was conducted in Iran by (Shaygani et al., 2024). Among mothers who referred to the pediatric and adolescent cancer department of Imam Reza specialty and subspecialty clinic aimed to explore the lived experience of mothers of children with leukemia. The author found that having a child with cancer is a shocking experience for families, particularly for mothers. This situation often leads to numerous psychological challenges, including anger, anxiety, fear, depression, sadness, denial, loneliness, hatred toward others, insomnia, and introversion. These emotional struggles can have significant consequences for the mothers and their families.

Here are the recommendations provided by the authors in the study by (Shaygani et al., 2024).. These recommendations focus on enhancing the emotional, psychological, and social support for mothers, ensuring they feel empowered and well-supported throughout their caregiving journey. The authors suggest that mothers should receive increased psychological support through counseling services, which can help them cope with the emotional and mental stress of caring for a child with leukemia. Additionally, mothers should be provided with accurate information, coping strategies, and motivation to continue treatment through phone counseling. Furthermore, relevant organizations should

be informed of any economic difficulties faced by the family so that appropriate assistance can be provided.

2.6 Emotional Disturbance

Many studies have shown the emotional imbalance of mothers in different stages of their children's illness. A qualitative, phenomenological study was conducted by (Cornelio et al., 2016). The study aimed to explore the experiences of mothers in parenting children with leukemia. Explained that the response of the mothers at this stage was different and ranged between shock and deep sadness until they reached the point of accepting the disease and making changes in the lifestyle having to live with a child with leukemia. This was represented in many previous studies in this manner.

The study recommends providing comprehensive care for families, with a focus on emotional, social, and financial support for mothers caring for children with leukemia. It highlights the importance of healthcare professionals offering counseling to help mothers manage the emotional and physical challenges of caregiving. Additionally, enhancing community support and strengthening social networks can reduce feelings of isolation and alleviate stress. Ensuring that healthcare facilities are equipped to meet the diverse needs of families is also a crucial recommendation for improving the overall care experience.

A descriptive phenomenological study was conducted by (Chen et al., 2020) in China, included twelve mothers who were recruited from a medical center in Central Taiwan. The study aimed to explore the meaning of maternal caregiving within Chinese culture for children recently diagnosed with acute lymphoblastic leukemia (ALL). The authors observed that these mothers faced the fear of losing their child and experienced pain while watching them suffer during treatment. They reported a profound sense of hopelessness and struggled to find meaning in their lives, feeling shock and anguish upon receiving the diagnosis.

The authors suggest integrating traditional caregiving practices with modern support systems to ensure that mothers receive sufficient emotional and psychological support throughout their caregiving journey.

A qualitative study conducted by (Carlsson et al., 2019.) aimed to explore psychological distress experienced by parents who express a need for psychotherapy after curative treatment for their child’s cancer. with 15 parents (eight mothers and seven fathers) of

children treated for cancer (median time since the end of curative treatment: two years) were recruited via a pediatric oncology center. Each parent was interviewed twice and data was analyzed with inductive latent qualitative content analysis. the author found that the mothers described the diagnosis period as chaotic, filled with unexpected and overwhelming emotional distress. The treatment phase proved to be emotionally and physically exhausting, leading to sleepless nights, difficulties with eating, and frequent nightmares. The situation felt profoundly unfair, and there was uncontrollable anger directed towards others who were perceived as ignorant and careless.

The study recommends enhancing psychological support for parents, especially during and after their child's cancer treatment. It suggests that tailored interventions should be developed to meet the specific emotional needs of each parent. The emphasis is on coping strategies that can aid both immediate and long-term mental well-being. These recommendations aim to reduce psychological distress in parents, fostering resilience and improving mental health outcomes.

The hermeneutic phenomenological qualitative study was conducted by(Maharjan1 et al., 2020). with participants selected from the Kanti Children's Hospital records in Kathmandu. This study aimed to explore the lived experiences of mothers with children diagnosed with leukemia. Ten mothers whose children were receiving treatment at Kanti Children's Hospital were purposively enrolled in the study. Mothers experienced emotional disturbances and tension. Many began to forget things, faced sleep problems, felt fear, and were preoccupied with thoughts even during their leisure time. They often felt restless when leaving their children in the hospital with other family members. Additionally, they struggled to communicate and had difficulty answering questions from their children and others.

2.7 Financial Challenges

The financial challenges were represented in several aspects through previous studies as follows:

2.7.1 FINANCIAL BURDEN IN RESPONSE TO TREATMENT PROCESS

Many studies have shown the financial burden as a result of the treatment process. Mothers have shown that the reasons for this burden are that the parents' financial situation is not sufficient for the amount required to be spent on the child (Cornelio et al., 2016).

(Maharjan1 et al., 2020). In his qualitative study that aimed to explore the lived experiences of mothers with children diagnosed with leukemia found that all the mothers participating in the study were facing financial challenges. Most of the participants viewed leukemia treatment as a long and costly process. One participant reported feeling distrust from friends and relatives, as help was often unavailable. In cases of leukemia, mothers were perceived as unable to repay any financial aid they received, which resulted in limited support. Additionally, three participants mentioned that financial assistance from the hospital was not consistently available.

In a descriptive phenomenological study conducted by (Mensah et al., 2023).Aimed to explore the experiences of family caregivers of children and adolescents diagnosed with cancer in Ghana, it was found that the primary economic strain they faced was the financial burden associated with the cost of their child's treatment and the loss of economic livelihood.

Although the national health insurance scheme (NHIS) covers certain aspects of children's treatment, many related costs are not included. Participants reported that some medications were not in the health insurance benefit package. Additionally, various laboratory tests and scan services required out-of-pocket payments by family caregivers. This situation exacerbates their healthcare expenses and rapidly depletes their finances

2.7.2 QUITTING A JOB IN RESPONSE TO CARE FOR THE SICK CHILD.

A qualitative study conducted by (Peikert et al., 2020) in Germany aims to investigate experiences of parents of pediatric cancer survivors in cancer-related changes in the parents' daily life (work life, family life, partner relationship and social life) during and after intensive cancer treatment and to examine the reintegration process with its impeding and facilitating factors. The author found that at least one parent had to take sick leave during treatment for the child's illness in over half of the families. Of the parents, 35% cut back on their working hours, quit their jobs, or changed careers in order to have better working conditions. Occupational reintegration gradually occurred for many parents following a FOR or the conclusion of rigorous cancer treatment. At the time of the interview, 91% of the employed moms and 15% of the employed fathers were part-time employees. There was only one mother looking for work. Regarding their current job situation, the majority of parents indicated a generally optimistic outlook. Given that the

child still needed more care and clinic follow-ups after receiving a cancer diagnosis, many parents valued flexible work schedules and part-time employment.

Shaygani et al., (2024) conducted a qualitative study in Iran aimed to develop an understanding of the lived experience of the mothers whose children suffer from leukemia in Shiraz, Iran. The author showed the increasing economic burden, coupled with interruptions and closures of the father's work, has highlighted significant economic tensions within families. Many mothers participating in the study reported that the costs and time required for obtaining medications and treatment have been particularly challenging. These difficulties have, at times, resulted in the loss of work or interruptions in the father's employment. Consequently, families have sought assistance from charity foundations to help cover the costs of medicine and treatment

2.8 Social life challenges

A descriptive phenomenological approach study aimed to explore the experiences of mothers of children diagnosed with cancer in Jordan. Conducted by (Shattnawi et al., 2021).Among eleven mothers showed that nearly all mothers reported experiencing social isolation. They noted a significant breakdown in their relationships with others, primarily because their attention shifted towards caring for their sick child. Additionally, they mentioned that people stopped offering help, which further contributed to their isolation. As a result of this lack of support, they found it difficult to participate in social events or maintain regular contact with family and friends. This situation led to feelings of loneliness and disconnection.

In an explorative study conducted by(Carlsson et al., 2019.) among 15 parents (eight mothers and seven fathers) of children treated for cancer (median time since the end of curative treatment: two years) were recruited via a pediatric oncology center. Aimed to explore psychological distress experienced by parents who express a need for psychotherapy after curative treatment for their child’s cancer. The author explains social life after the hospital; discharge relationships with those in their closest social network changed significantly. In many cases, connections with family members improved and became closer due to shared experiences during the treatment period. However, some strains in family relationships were also noted, including arguments, conflicts, and frustrations in daily life. Additionally, difficulties arose in relationships with partners, characterized by communication challenges and a lack of participation in shared activities.

In a qualitative study conducted in Iran by (Shaygani et al., 2024). The authors showed another reason for social isolation, which is having a child diagnosed with leukemia often, leads many mothers to limit or cut off communication with others, resulting in feelings of loneliness and silence. Many of these mothers' report experiencing impatience and a fear of being pitied or judged by others in this situation. Due to their isolation, they tend to spend more time in virtual spaces. Additionally, they have noted that this situation has made them more aggressive and stubborn.

2.9 Support and coping strategies

2.9.1 Support System

A qualitative study conducted by (Seyoum et al., 2024) at the pediatric oncology unit of Tikur Anbessa Specialized Hospital and Tesfa Addis Parents Childhood Organization aimed to look further into the lived experiences of Ethiopian mothers with children suffering from childhood cancer. The authors showed that the mothers who participated in the study received social support from family members, friends, neighbors, hospital staff, and even strangers. This support is crucial for mothers, as it helps them maintain hope and continue seeking both medical and spiritual solutions. Emotional support plays a key role in alleviating feelings of anxiety, helplessness, impatience, regret, and other emotional stresses that arise from their children's medical conditions. Such support can come from various sources, including family, friends, healthcare professionals involved in their child's treatment, and occasionally, even strangers.

The study recommends a thorough(Seyoum et al., 2024) investigation of the emotional, mental, and social factors that influence caregiving. These factors include financial pressures, inadequate access to quality medical care, emotional challenges, and coping strategies. It calls for the establishment of counseling and support programs to assist mothers in managing their child's cancer treatment. Furthermore, the study suggests organizing community awareness campaigns to enhance understanding, reduce stigma, and promote early treatment for childhood cancer.

Another qualitative study conducted by (Chen et al., 2020). in China to explore the significance of maternal caregiving within Chinese culture for children newly diagnosed with acute lymphocytic leukemia (ALL). The study involved twelve mothers recruited from a medical center in Central Taiwan. showed that the mothers of children diagnosed with Acute Lymphoblastic Leukemia (ALL) found strength in their relationships with

trusted healthcare professionals, which helped them mange challenges. These relationships provided emotional support, and required information, making the mothers feel accepted and understood. Guidance from nurses and doctors enhanced their caregiving skills and raised their confidence. As a result, these mothers felt empowered and prepared to care for their children, ready to face challenges.

There is another type of support shown by the results of a study conducted by (Maharjan1 et al., 2020) Who found that the mother and child supported each other; by taking good care of the child emotionally, physically, mentally and child, and by providing reassurance to the mother when she felt tensed. Almost mother strengthened their inner power to control themselves and accepted the child's condition as well.

2.10 COPING STRATEGIES

A phenomenological study conducted by (Liu et al., 2021) aimed to describe the experiences of parents who have young children with Acute Lymphoblastic Leukemia (ALL) in China. The study involved ten parents recruited through purposive sampling in central China. The findings highlighted various positive coping strategies employed by the parents. The parents identified multiple support systems, including healthcare professionals (HCPs), family members, the internet, and connections with other parents of children with ALL. Their optimistic coping strategies included making both upward and downward comparisons: “We were lucky. My child did not experience delays in diagnosis, while some children had to wait a long time to receive the correct diagnosis. Other children experienced relapses.” Additionally, parents utilized confrontive coping strategies to gain a sense of control by becoming more involved in their child's care and taking things one step at a time.

A qualitative hermeneutic study was conducted by (Ghaljeh et al., 2024) to explore the lived experiences of mothers with children diagnosed with cancer and their adaptation to their child's illness. The findings revealed that one of the key coping strategies employed by these mothers is to truly accept the reality of their child's cancer and adapt accordingly. Additionally, the mothers utilized resilience strategies to counteract cultural misconceptions surrounding the illness. A significant and positive factor in these mothers' acceptance of their child's cancer was their reliance on spiritual beliefs. By seeking solace in the divine, having faith in a higher power, and believing in divine providence, these mothers were better able to navigate the challenges posed by their child's illness.

The study by Ghaljeh et al. (2024) emphasizes the need to enhance support for mothers of children with cancer through the provision of psychological counseling and peer support groups. It highlights the importance of involving healthcare providers in recognizing and addressing the emotional and mental health needs of these mothers. Furthermore, the study advocates for the development of interventions that focus on building mothers' resilience, promoting effective coping strategies, and offering practical support to help them manage the challenges of caregiving.

In a study conducted by (Al Omari et al., 2021a). To explore the lived experiences of Omani mothers who are parenting children with leukemia, using interpretative phenomenological analysis design. The authors showed other forms that make these mothers adapt during the treatment journey, they found that mothers who have a child with leukemia often face intense emotional, social, and physical challenges. They experience anxiety and grief from the diagnosis and treatment journey, and many struggle with maintaining their mental health while managing caregiving roles. Support from family, friends, and healthcare providers significantly helps them cope and adapt to their child's medical needs.

The study by Al Omari et al. (2021) recommends enhancing psychological support for mothers of children with leukemia. It suggests providing counseling services and establishing support groups to enable mothers to share their experiences. Additionally, the authors highlight the importance of improving communication between healthcare providers and mothers to strengthen their coping mechanisms. They emphasize the need for both emotional care and practical assistance to help alleviate the physical, emotional, and social burdens that mothers face.

Chapter 3.

Methodology chapter

This chapter will describe the methodology which includes study setting, study design, sampling process that used in this study, selection criteria, and study instrument. Furthermore, the ethical considerations had been taken.

3.1 Research design:

A qualitative descriptive design was used to explore the experiences of mothers who have a child with leukemia. This approach encourages mothers of children with leukemia to share their experiences, describe their feelings, and discuss their challenges. A qualitative descriptive approach is the method of choice when straightforward descriptions of experiences and perceptions are desired (Sandelowski, 2010). This design also acknowledges the subjective nature of the issue under research, as well as the varied participant experiences, and it will present the results in a way that directly reflects or closely reflects the terminology used in the initial research question (Bradshaw et al., 2017).

A qualitative descriptive design was utilized for this study since there had been no prior research in Palestine that focused on the experiences of mothers with children diagnosed with leukemia. This approach offers a comprehensive understanding of these mothers' experiences, allowing them to articulate and share their feelings in detail. Consequently,

this design was chosen due to the lack of existing background on this particular experience.

Nursing and midwifery research have primarily employed qualitative description study approaches to give direct descriptions of phenomena (Sandelowski, 2000). Qualitative description research gives a voice to those experiencing the phenomena of interest. It can transform nursing and midwifery practices, as well as healthcare services in general, by developing effective and culturally sensitive interventions and making policy recommendations to those who are the focus of the research. (Sullivan-Bolyai et al., 2005).

3.2 Study population

The population of this study was consisted of all the mothers who have a child with leukemia and seeking treatment at huda-almasri department,

3.3 Study setting

This study was taking place in the West Bank of Palestine including Bethlehem Governorates.

This study was conducted at the Huda Al Masri Pediatric Cancer Department at Beit Jala Governmental Hospital -Bethlehem. The Huda Al Masri Pediatric Cancer Department at Beit Jala Hospital, located near Bethlehem in the West Bank, Palestine, is the first public pediatric cancer center in the region. Established in April 2013 by the Palestine Children's Relief Fund (PCRF), this department provides free cancer treatment to children who may not have access to such care otherwise. The department is named in honor of Huda Al Masri, the founding head social worker of PCRF, who sadly passed away from leukemia in 2009. In April 2015, PCRF opened the Huda Al Masri Healing Garden at Beit Jala Hospital. This garden and playground were designed to offer patients a relaxing environment during their treatment. In June 2021, PCRF expanded the department to accommodate even more children in need of treatment. The department boasts a dedicated team of healthcare professionals, including pediatric oncologists, pediatricians, general physicians, and nurses, all committed to providing comprehensive care to young cancer patients.

3.4Sampling frame

3.4.1Inclusion criteria

1. Mothers who have a child with leukemia and live in the West Bank

2. Mothers whose children had been diagnosed with leukemia at approximately 4 months because the researchers thought that this was a suitable time period for the interviews since the mothers'' initial distress and shock may have ameliorated.

3. Mothers who agree to participate in this study during the period of data collection

3.4.2Exclusion criteria

1. Mothers whose children had been diagnosed with leukemia with a duration less than 4 months.

2. Mothers who have a child with leukemia from Gaza Strip.

3. Mothers who refuse to participate in the study

3.5Sampling method

A purposive sampling technique was used to recruit mothers whose children were diagnosed with leukemia and who could provide in-depth and detailed information about the phenomenon under study. ش along with all their villages and camps. Different age groups of mothers were also taken into consideration to achieve sample variability.

3.6Study Sample and recruitment process

The sample for this study consists of 15 mothers whose children have been diagnosed with leukemia. This qualitative sample size was adequate to ensure coverage of the important perceptions related to the topic. In most qualitative research, the sample size should adhere to the concept of saturation, which means that data saturation is typically achieved when no new analytical information emerges. This approach allows the study to provide comprehensive insights into the phenomenon being examined (Moser & Korstjens, 2017). In this study, saturation was reached with the inclusion of 15 mothers.

As part of the recruitment process, letters containing information about the study and consent forms were sent to the Palestinian Ministry of Health to request approval for recruiting participants from Beit Jala Hospital. Once approval was received, participants were identified with the assistance of the head nurse and senior nurse

in the department. Mothers who met the eligibility criteria were provided with information about the study and a consent form.

Initially, the head nurse contacted the mothers and those who agreed to participate were informed by the researcher. The researcher explained the nature of the study and arranged a date and location for the interview, which sometimes occurred on the same day. The mothers then signed the consent form.

3.7 Data collection

Data was collected via face-to-face interviews with the fifteen mothers who have a child with leukemia. The researcher herself conducted the interviews. In the location preferred by the participants, which was mainly in a quiet and private room in Huda Al Masri Pediatric Cancer Department at Beit Jala Governmental Hospital. The interviews were audio-recorded with the permission of the participants.

During my data collection through interviews with mothers of children with leukemia, I encountered several challenges and developed strategies to address them.

The first challenge I noticed that some mothers appeared stressed or emotionally overwhelmed. In response, I approached them with empathy and patience. I aimed to create a safe and non-judgmental environment by actively listening, maintaining a calm tone, and allowing them to express their emotions freely. I reassured them that their feelings were valid and that they could take their time during the interview. When necessary, I offered to pause or reschedule the interview to alleviate any pressure. My role was not to provide solutions, but to respect their experiences and ensure they felt heard and supported throughout the process

The second challenge was emotional Sensitivity. Many mothers experienced strong emotions while discussing their child's illness, which sometimes made it difficult to proceed with the interview. To manage this, I adopted a supportive and empathetic approach. I allowed mothers time to express their feelings and provided breaks whenever they needed them.

The third challenge was fear of Judgment. Some mothers were hesitant to speak openly due to concerns about judgment or stigma associated with their child's illness. To alleviate this, I focused on building trust by assuring them that their responses would remain

confidential. I emphasized that their insights were valuable and necessary for improving support systems for families in similar situations.

The fourth challenge was lack of Focus or Fatigue. Mothers often felt exhausted or distracted because of their caregiving responsibilities, making it difficult for them to maintain focus during the interviews. I addressed this by allowing breaks as needed and scheduling interviews at times when they might feel more rested or have a moment of peace.

These strategies helped ensure that the data collection process was effective and respectful.

3.8 STUDY TOOL

An interview guide was developed based on the objectives of the study and on previous literature. The interview guide was included the introductory questions related to socio-demographic of mother and child, and open-ended questions to give in- depth information on the mothers' experiences of having a child with leukemia.

The interview guide was constructed by the researcher, the interview guideline was designed by reviewing the previous literature and based on the research objectives that were to be reached. Minor modifications were added based on the study pilot. and the interviews were conducted in Arabic language, as the participants and the researcher share this language in common. In addition, all interviews were audio-recorded with the permission of the participants.

The guideline contained four main sections: Questions related to pre-diagnosis, and its main question was: Can you tell me about the family situation before and after you found out that your child has the disease (leukemia)? The second section was after diagnosis, and it contained a main question: What are the challenges you face in helping your child manage his/her disease? (Prompted: financially, socially and medically). The third section was access to health services, and its main question was: Can you describe the challenges and barriers you faced in dealing with your child's illness with leukemia, such as access to medications, hospitals or health care providers? The fourth section expressed coping strategies, and its main question was: Can you describe the strategies/methods/means that you find most effective in dealing with these pressures, as in the case of your child having leukemia.

Certain types of questions were used to elicit in-depth and meaningful responses in my study. These questions fall under the "PROP" framework, which includes provocative, reflective, open-ended, and probing questions. For instance, provocative questions such as "What do you mean by that?" were employed to encourage interviewees to elaborate on their responses, providing further clarification. Reflective questions, like "How do you feel about that?" helped mothers contemplate their feelings and experiences, allowing for a deeper understanding of their psychological states. Additionally, probing questions such as "Can you give me an example?" encouraged mothers to share specific instances or details that illuminated their unique experiences, offering richer insights into their daily challenges and coping mechanisms. These types of questions were instrumental in guiding the conversation, ensuring that the responses were not only rich in content but also reflected the emotional and psychological complexities faced by mothers of children with leukemia**.Annex1: INTREVIEW GUIDLINE**

The interview guide was comprehensively reviewed by three researchers in the field of qualitative research. The first reviewer was the academic supervisor of this study, with experience in qualitative research and published studies in this field. The other two reviewers were experts in mental health nursing and active researchers with numerous peer-reviewed publications. They provided constructive feedback aimed at improving the clarity and relevance of the guide. All suggested changes were carefully considered and incorporated into the final version of the interview guide.

3.9 Pilot study

A pilot study was took place on a purposive case before starting the actual interviews to determine the time needed for the interview and to identify weak points, this pilot study interview was not included among the actual study interviews. After conducting the pilot study on the interview guide, we analyzed the feedback to assess its effectiveness in meeting the research objectives. The questions were clear, and the interview flowed smoothly, facilitating relevant responses. As a result, the interview guide was considered appropriate and suitable for the main study, with no significant changes needed.

3.10 Rigor

Graneheim and Lundman (2004) emphasize the importance of rigor in qualitative research to ensure that findings are credible and trustworthy. They identify four key criteria: credibility, dependability, confirmability, and transferability. These criteria help

researchers maintain transparency and reliability in their processes and enhance the applicability of their findings to broader contexts, ultimately strengthening the validity of their results. By adhering to these principles, qualitative researchers can accurately represent participants' experiences and provide a solid foundation for further research.

In this study, I aimed to establish **credibility** by considering several key factors. I purposively selected the sample to ensure that all participants had an opportunity to share their experiences. I spent adequate time with each participant during the interviews, which lasted at least 40 minutes, to build trust and gather rich, accurate data. I also provided a comprehensive description of the study's participants, the setting, and the context in which the research took place. This level of detail helps the audience understand the research environment and the factors influencing the study, thereby supporting the transferability of the findings to other contexts

To enhance the credibility of the findings, a back-translation process was used. The interviews were conducted in Arabic, and only the sections related to the mothers' experiences were translated into English for analysis and reporting into a meaning unit, as appropriate for the study's objectives. To ensure translation accuracy and cultural appropriateness, we applied a back-translation process.

First, a researcher translated the original Arabic texts into English. A supervisor, who was unfamiliar with the original texts, then performed a second translation, converting the English version into Arabic. We compared the two versions to ensure consistency and preserve the original meaning.

To ensure **dependability** in qualitative research, I followed the guidelines of Graneheim and Lundman (2004). I focused on maintaining the consistency of the study over time by keeping detailed records of every decision, process, and modification made during the research. This approach ensured transparency and clarity. Additionally, I developed and used a structured and consistent interview guide for all participants to ensure uniformity in data collection.

Confirmability was attained by providing a detailed description of the process of data collection and highlighting every step of data analysis and interpretation of the data. I committed to practicing conscious and reflective thinking throughout my study. This involved maintaining constant self-awareness and critically reflecting on my personal

beliefs, assumptions, and potential biases that could have influenced the research process or data interpretation. I documented my decisions, kept reflective journals, and discussed my interpretations with my academic supervisor. Additionally, I reviewed and analyzed the data in multiple discussions to determine the most accurate analysis. My goal was to ensure that the results genuinely represented the participants' opinions rather than my preconceived notions. This approach contributed to the transparency and reliability of the findings, enhancing the overall rigor of the study

Transferability refers to how applicable the findings of a study are to other contexts or groups. In my study, this is enhanced by providing detailed information about the participants, the setting, and the context. This approach allows future researchers to determine whether the findings are relevant to similar settings or populations. Including comprehensive socio-cultural and political contexts related to Palestine enables others in similar environments to assess whether the findings can be applied to their situations.

3.11 Study duration

This study spans from September 2022 to January 2025, encompassing all research processes, including proposal writing, data collection, data analysis, and thesis writing

.3.12 Ethical consideration

Ethical approval was taken from the Research Ethical Committee at Al-Quds University.Annex2 Permission from the Palestinian Ministry of Health and selected hospital administration (directors of nursing) was gained.Annex3 The participants were provided with a verbal and written form including information about the nature of the study, the study aims, and assurance about the participant's right to withdraw from the participation of this study or skip any question at any time.

In addition, the participants were informed that all data will be treated in confidentiality and that the identity information was removed and replaced with the identification number. Before the beginning of each interview, the participants signed a consent form and were asked to give their agreement about recording the interview by a digital record.

3.13 Data Analysis

Qualitative Content analysis was performed to analyze data, in accordance with the steps outlined by (Graneheim & Lundman, 2004). According to Graneheim and Lundman (2004), qualitative content analysis is a method used to analyze textual

data to identify patterns, themes, and categories. The process begins with open coding, during which researchers identify significant statements and assign codes to them. These codes are then organized into categories based on their similarities. Further abstraction condenses these categories into more generalized concepts or themes, facilitating a deeper understanding of the data. Throughout the analysis, researchers must ensure the trustworthiness and rigor of their work, particularly by focusing on the credibility, dependability, confirmability, and transferability of the findings. The table below shows an example of the analysis process.

Table1: example of the analysis process.

Meaning unit	**Condensed**	**Code**	**Sub theme**	**Theme**
I did not understand and could not believe that my daughter had this disease. When he told us about it in bold letters, I did not react that I did not understand and was crazy and did not understand what he was saying. What was this doctor saying? It is not possible at all.	I couldn't believe or understand that my daughter had this disease. I was just confused when the doctor told us—it felt impossible	Disbelief and shocked	shocked and disbelief	Emotional issues
After my son's diagnosis, which I did not expect, especially at the beginning, meaning two or three months ago, I was very shocked, and I stopped being this strong mother who takes care of her and her children to the fullest and who has this vitality. I became a truly extinguished mother.	I was shocked by unexpected diagnosis, causing me to lose my strength and energy, and become a feeling of extinguished	shocked and extinguished	shocked and disbelief	Emotional issues
The service here is worse due to the roads because of the occupation and the many closures. It is very difficult for me to get from Hebron to Bethlehem.	The services here are the worst due to the occupation; it's very difficult to travel from city to city	Facing difficulties in transferring or travelling due to closure	limited health care access	hinders due to Political conditions
I was greatly affected. My role as a mother in the home was affected. I became a very, very negligent mother in my role at home, negligent with my children, my house, my husband, and my housework. I became a negligent mother in all aspects. All my time was for my sick daughter, taking care of her, taking care of her psychologically, paying attention to her. There is no other role.	I was greatly affected as a mother, neglecting my responsibilities towards my children, home, and husband, dedicating all my time to caring for my sick daughter.	Neglecting other children and husband	Siblings neglect	Impact of the child's illness
My son's illness was a test for me and my family. God gave me a lot. He gave me a family, a home, children, and a job. He wanted to test how I am...and thank God, my Lord, I am patient, and I accept your judgment and destiny, my Lord. With God, you will overcome everything, for sure.	My son's illness was a test from God for me and my family. Thank God, I am patient and content with God's will and fate.	Illness is a test from God	Fatality and religious aspects	Coping

4.Results

Introduction

This chapter presents the findings from the analysis of data related to the experiences of mothers with children diagnosed with leukemia. The results are organized into main themes and sub-themes that highlight different aspects of the mothers' experiences and the impact of their child's diagnosis on their lives.

4.1 Demographic characteristics

Most mothers, accounting for 46.67%, were in the age group of 30-39 years. All participants (100%) were married. In terms of education, 53.3% had completed secondary education, 33.3% held a university degree, and 13.3% had completed primary school. Regarding employment, 80% of the mothers were housewives, while 20% were employed in various fields. Concerning income, most families reported a low monthly income, with 30% earning between 1500 and 2000. In terms of residence, 80% of the mothers lived in villages, 13.3% resided in cities, and one mother lived in a refugee camp. Family sizes varied from 4 to 9 members, with an average of 5 members per household.

Regarding their children, the ages ranged from 2.5 to 12 years. Specifically, 33.33% were aged between 2.5 and 3.5 years, 20% were 4 years old, another 20% were 5 years old, 13.33% were 6 years old, 6.67% were 8 years old, and another 6.67% were 12 years old. In terms of gender, 46.67% of the children were male, while 53.33% were female. The

duration of leukemia diagnoses varied among the participants: approximately 40% of the children had been diagnosed less than one year ago, 46.67% had been diagnosed for 2–3 years, and 13.33% had been diagnosed for more than 3 years. All the children received treatment at Beit Jala Governmental Hospital, specifically in the Huda Al-Masri department.

Table2-A:Demographic Characteristics Table for mothers

Demographic Variable	**Category**	**Frequency (n)**	**Percentage (%)**
Age	Less than 19 years	0	0
	20–29 years	3	20%
	30–39 years	7	46.67%
	40–49 years	5	33.33%
	More than 50 years	0	0
Marital Status	Married	15	100%
	Divorced		0
	Widowed		
	Separated		
Educational Level	Illiterate		
	Elementary		
	Middle school	2	13.33%
	High school	8	53.33%.
	Diploma		
	Bachelor's	5	33.33%
	Master's/Doctorate		
Occupation	Homemaker	12	80%
	Employed	3	20%
Place of Residence	City	2	13.33%
	Village	12	80%
	Refugee camp	1	**6.67%**.
Religion	Muslim	15	100%
	Christian		

Table2-B:Demographic Characteristics Table for mothers

Monthly Income	Less than 1500	1	**6.67%**.
	1500–2000	7	46.67%
	2000–3000	5	33.33%
	More than 3000	2	13.33%
Family Size	1–3	2	13.33%
	4–6	6	40%
	7–9	6	40%
	More than 10	1	6.67%
Type of Health Insurance	None		
	Governmental	15	100%

Table 3:Demographic Characteristics of Children with Leukemia

Demographic Variable	**Category**	**Frequency (n)**	**Percentage (%)**
Child's Age (in years)	2.5years-3.5year	5	33.33%
	4 years	3	20%
	5 years	3	20%
	6years	2	13.33%
	8years	1	6.67%
	12 years	1	6.67%
Gender	Male	7	46.67%
	Female	8	53.33%.
Duration of Leukemia Diagnosis	Less than 1 year	6	40%
	2-3years	7	46.67%
	More than 3 years	2	13.33%
Place of Treatment	Beit Jala Governmental Hospital - Huda Al-Masri Ward	15	100%

Finding

Five themes were emerged from the analysis: emotional issues, the impact of child illness, hinders due to the political situation, mothers' needs for resilience, and the coping mechanisms mothers use to manage their challenges. Each theme highlights a specific aspect of these experiences. Additionally, eighteen sub-themes were identified for a more detailed understanding of the findings. The table below shows the theme and the subtheme.

Table 4:Thems and subthemes

Theme	Subthemes
1.Emotions issues	1.1 Shocked and disbelief 1.2 negative emotions 1.3 Rejection and denial
2.Hinders due to political situation	2.1Limited health care access 2.2Feeling isolated due to closure
3.Impact of the child's illness	3.1Overprotection 3.2finincial strain 3.3 Loss of previous life 3.4Sibiling neglect 3.5 A shift in the role of the mother 3.6Marital life impact (positively and negatively) 3.7Challenges in balancing home routine
4.Coping	4.1Social support 4.21Fatality and religious aspects 4.3Being positive and optimistic
5. Mothers' Needs to Enhance Resilience	5.1Emotional and Psychological Support 5.2Educational and informational needs 5.3Financial needs

The following figure shows a summary of the theme and the sub- theme:

4.2Emotions issues

Mothers faced intense emotional challenges after learning of their child's leukemia diagnosis. These emotional reactions reflect the difficulty of processing such news and the emotional burden of facing the journey ahead. This theme included three sub-themes: feeling shocked and disbelief, negative emotions, and rejection and denial.

4.2.1SHOCKED AND DISBELIEF.

this subtheme showed that the mothers frequently experience shock and disbelief upon receiving a diagnosis. this reaction is often due to the unexpected and overwhelming nature of the news, which can leave them unable to understand or accept the reality of the

situation fully. mothers may feel confused and paralyzed during this stage, struggling to process what is happening.

"*I couldn't believe or understand that my daughter had this disease. I was just confused when the doctor told us it felt impossible". (mother of three- and a half -years female).*

It was the shock of my life; I never expected this and refused to believe my son was sick, thinking the tests were wrong".(mother of four- and a half -years male).

" Imagine your daughter suddenly diagnosed with a serious illness, enduring pain, medication, and chemo. It's the shock". (mother of three- and a half -years female).

"My first reaction was one of disbelief and confusion about what was happening. I feel like I was slapped by someone". (mother of three- and a half -years female).

4.2.2NEGATIVE EMOTIONS. This subtheme represented that the mothers often experience a range of negative emotions such as fear, anxiety, helplessness, and anger.

"The entire period of illness was filled with fear, stress, and anxiety". (mother of 6-years-old male).

"I felt lost and confused about the illness, which heightened my anxiety and discomfort". (mother of 3-years-old female).

"I couldn't handle her but only I could feed and calm her. Sometimes I'd sit and cry, feeling helpless". (mother of three- and a half -years female).

These feelings stem from worries about their child's future, the uncertainty of their circumstances, and the stress associated with managing treatment demands. Such emotions can impact their mental health and hinder their ability to support their child effectively.

*I have deep concerns about my daughter's future, especially regarding potential relapses and whether she will fully recover or face challenges in life." (*mother of three- and a half -years female).

"I faced intense emotional strain, to the point where I asked my mother to take my child for treatment; I felt an overwhelming urge to escape from everything."(mother of 4 yaers male)

Many mothers reported emotional distress about fearing their child's loss. Which may lead to the desire to spend more time with their children. For example, *"I'm afraid of losing my child, so I always stay with him" (mother of 6-years-old male)*

4.2.3DENIAL AND REJECTION. This subtheme indicates that mothers initially reacted to their child's diagnosis with feelings of rejection or denial.

"I am shocked and cannot accept the fact that the first time my child was diagnosed with leukemia due to his long, tiring treatment."(Mother of 5 -years-old male)

This response can manifest in various ways, such as questioning the accuracy of the diagnosis and This stage highlights their emotional struggle to accept the painful reality of the situation.

"It was the shock of my life; I never expected this and refused to believe my son was sick, thinking the tests were wrong". (mother of 5-years-old male).

4.3. HINDRES due to political situations

This theme represents how mothers of children with leukemia faced barriers particularly in accessing essential healthcare and social isolation when hospitalized due to closures and mobility restrictions due to political situation.

Instability, conflict, and restrictive government policies can limit the availability and accessibility of medical services, making it difficult for families to receive the treatment they need. This theme includes three sub-themes which are:

4.3.1LIMITED HEALTH CARE ACCESS. This subtheme is related to the difficulties that mothers of children with leukemia face in accessing healthcare services. Their access is often restricted by various barriers, including Israeli occupation limitations and mobility constraints, particularly due to city closures and checkpoints that complicate travel to hospitals.

These limitations create additional stress for mothers, who must constantly worry about their child's treatment and receive necessary care.

"Treatment is available, but it's easier to access in my city than here. The travel time and checkpoints cause me a lot of stress".(mother of 2-years-old female)

" Difficulties reaching the hospital due to the war and road closures negatively impacted my mental state and my daughter's condition".(mother of 3-yeare-old-female).

One significant barrier that mothers encountered in accessing health care and obtaining services for their children was the distance between their homes and the treatment facilities. Mothers often had to travel long distances to other cities where medical care was available. Additionally, the impact of war and various closures further intensified these challenges, creating more obstacles to accessing necessary health services.

"The services here are the worst due to the occupation; it's very difficult to travel from city to city". (mother of 2-years-old female).

"*The distance has become a challenge for me in treating my child, and also because of the war events that the country is experiencing" (mother of 4-years-old female).*

Some mothers expressed the difficulties they faced in accessing health care and the increased burden on them, as there were no centers or hospitals that provide health care for children with cancer and support their treatment, and that the place where treatment and health services are available is far from their place of residence in all cases. Those difficulties doubled mothers' suffering and intensified their emotional distress.

"My district lacks leukemia care facilities, so we must travel to another far district for my child's treatment" (mother of 5-years-old male).

"I'm very far from the hospital, which makes me anxious about the travel due to the distance" (mother of 4-years-old female).

4.3.2FEELING ISOLATED DUE TO CLOSURE. This subtheme is related to feelings of social isolation and lacking family support during the hospitalization period due to being separated from the family. Closure and Israeli checkpoints were some of the main struggles mothers faced when their children needed hospitalization.

"The situation became more challenging for me due to closures , as no one was able to come and help" (mother of 3-years-old female).

"Being in the hospital for a long time was difficult for me because I was alone in another city". (mother of 3-years-old female).

Some mothers reported emotional difficulties and lack of support as they were alone with their children at hospital for long period because their family members were unable to visit them or reach the hospital and to be with them during that difficult period.

“I often feel stressed from the closures, and when I come alone, I can't see anyone”(mother of 2-years-old female).

One mother expressed her fear of being alone with her child in another city and an unsafe security situation.

“I was afraid being away from my children in another city due to the war and closures” (mother of 3-years-old female).

4.4 Impact of the child’s illness

This theme explores the various dimensions of a child's leukemia diagnosis, which affects every aspect of the family’s life, particularly for the mother. The impact is multi-faceted, influencing emotional, social, financial, and relational dimensions. This theme is supported by seven sub-themes that capture these effects as follows:

4.4.1OVERPROTECTION. This subtheme highlights the protective behaviors of mothers caring for children with leukemia. The fear of infections, treatment side effects, and potential complications often leads them to impose strict precautions, limiting the child’s activities and social interactions.

I was afraid to take her to the park or let her play with other children, for fear that something would happen to her”. (mother of a 3-years-old female)

Driven by a deep sense of responsibility, fear for their child's health, and desire to ensure the child's safety mothers often exhibit heightened vigilance, closely monitoring their child's activities and overall environment.

“I imposed restrictions because I was concerned about my daughter's health and immunity”. (mother of a 4-years-old female)

A critical aspect of this overprotection involves maintaining strict hygiene and ensuring a sanitized environment to protect the child from infection.

At home, I live in constant fear of anything that could harm my son; no one is allowed to visit him, and we sanitize everything daily". (mother of a 4-year-old, 10-month-old male).

4.4.2FININCIAL STRAIN .This subtheme highlights the financial strain that mothers experience while caring for their children with leukemia. .From the perspective of the mothers, this burden has risen because they had to leave their current jobs to devote themselves fully to providing undistracted care for their child who had been diagnosed with leukemia. Mothers frequently need to spend extended periods in the hospital during their child's treatment or take long leaves from work.

"I left my job to care for my son as his illness worsened, since my husband and I were unable to work together"(mother of 12-years-old male)

"I took an extended unpaid leave from work during the initial period"(mother of 6-years-old male).

Some mothers also reported facing significant financial burdens during this period due to their husbands losing their jobs in Israel as a result of the war and the ongoing closures imposed during the security crisis. This loss of income worsened the family's financial situation while they were caring for their child with leukemia, as their husbands' work had been the primary source of financial support for the household.

"We have a financial burden due to the occupation's obstruction of roads and the suspension of work".(mother of 5-years-old male)

"Financially, the situation was difficult due to closures and lack of work".(mother of 3-years-old female)

Additionally, many of these families come from medium- to low-income backgrounds as shown through demographic data, making it difficult for parents to meet their child's needs beyond medical treatment in the light of lacking of any governmental support to families with sick children. As a result, this situation places a significant financial burden on mothers and their families. This was expressed in the mother's words as follows:

“I faced significant financial issues, making it difficult to provide my daughter's needs” (mother of 3-years-old female).

“Regardless of the main treatment, I needed money to cover all my and my child’s expenses” (mother of 6-years-old male).

4.4.3LOSS OF PREVIOUS LIFE. This subtheme highlights the changes in the mother’s life after their children are diagnosed with leukemia, particularly regarding the social dynamics within the family. A significant aspect of this disruption is the implementation of strict measures to protect the child's health, such as limiting their interactions with others to avoid exposure to infections. While this protective approach is necessary, it often leads to social isolation for both the child and the entire family.

“I lost interest in socializing due to fear that my daughter might catch something, as even a cold could harm her”(mother of a 3- years- old female.

In addition, one of the reasons for the change in social life, as shown by some mothers, was the mothers’ inability to tolerate visits and discussions with others.

“I can’t stay with people for long anymore; I’ve lost the ability to tolerate extended visits”. (Mother of 5-years-old female).

Mothers frequently found themselves withdrawing from social gatherings and events to prioritize their children's well-being, fundamentally altering their previous lifestyles. These changes affect the entire family, resulting in restrictions on outings and daily routines that create a sense of confinement. This shift impacts the mother's social connections and emotional health, as balancing caregiving with the pursuit of a normal life becomes increasingly challenging.

“After the illness, I became more withdrawn and avoided visits and questions about my daughter condition”.(mother of 3-years-old female).

In addition, mothers reported that they had lost their normal life after their child had leukemia. Before the child got illness, mothers could do what they wanted to do, like visiting relatives and friends but now we have lost this opportunity. For example, a mother said that

“Before my daughter’s illness, life was truly free. There were no restrictions and my daughter can play freely without limitations”.(mother of 4-years-old male)

4.4.4SIBLINGS NEGLECT.This subtheme shows that the mother's attention naturally shifts toward addressing the medical and emotional needs of the sick child. Mothers indicated that their child with leukemia was the family’s main concern.

“My sick daughter takes priority over my other family responsibilities”.(mother of 3-years-old female)

Consequently, siblings may receive less attention and care, leading to feelings of bias as the family’s energy and resources are primarily directed toward managing the illness. This shift in focus often leaves siblings feeling overlooked, emotionally distant, or even burdened by changes in family routines. The resulting imbalance can negatively impact their emotional well-being, creating a sense of neglect, even if the mother’s actions are unintentional.

After my son was diagnosed, I feel that I have neglected the needs of other children , out of concern for him all the attention”.

Some mothers described the feeling of bias among siblings in the following ways:

As a mother 4-year-old and 10-month-old child, she said:” My middle daughter often complains and calls me an unfair mother which shocks me”.

Some mothers shared their experiences of trying to hide their focus and attention on their sick child, along with their other children. However, despite their efforts to keep this attention discreet, they sometimes find it difficult not to draw attention to the situation.

As expressed by a mother of a 4-year-old and 10-month-old child, she said:” I try to balance between them and explain to her that her brother is sick and needs special care due to his weak immunity”.

The same mother also said:” Despite all this effort, I found myself biased toward my son without realizing it”.

4.4.5A SHIFT IN THE ROLE OF THE MOTHER. This subtheme represents the significant shift in the mother's role within the family. Many mothers said their primary responsibilities for managing the home and its needs are delegated to others, including family members.

As a mother of 4-years-old-female said:" I wasn't doing anything while my family and my husband and my family took care of everything, from studying to cooking".

This shift often comes at the expense of their previous roles and responsibilities, making it difficult to balance household duties, professional commitments, and personal time. As a result, a mother's life becomes centered around her child's needs, leaving little room for self-care or attention to other family members.

" I was greatly affected as a mother, neglecting my responsibilities towards my children, home, and husband, dedicating all my time to caring for my sick daughter"(mother of 3-years -and-half female).

4.4.6MARITAL LIFE IMPACT (POSITIVELY AND NEGATIVELY). This subtheme highlighted the effects of marital relationships on child care, revealing both challenges and unexpected strengths. On the positive side, many couples report that they become more united, with partners providing emotional support and working collaboratively to navigate the complexities of their child's treatment and care. This shared goal can enhance the marital bond and foster a sense of partnership in times of adversity.

As a mother of 4-years-old-male said:" The bonds with my husband have strengthened, and we support each other in tough times".

"My bond with my husband grew stronger".(mother of 3-years-old female).

Another mother expressed that about cooperative husband "*My husband provided great support, constantly reassuring me, taking care of everything, from getting supplies to looking after the other kids. He was incredibly helpful".(mother of 5-years-old male*).

On the other hand, the stress of managing medical responsibilities, financial pressures, and emotional distress can negatively affect the marital relationship.

"At first, my husband and I distanced ourselves due to the sadness over our daughter".(mother of 3 years-old female).

Miscommunication, and being away from home can lead to conflicts between spouses.

"I was anxious irritable and tense at first with my husband while away from home"(mother of 4-years-old female)

As a mother of 4-years-old-female child said:" My marital life disappeared during this period, and our problems was increased".

4.4.7 CHALLENGES IN BALANCING HOME ROUTINES. This subtheme refers to balancing the home routines that have a major impact on mothers when caring for their children who have leukemia.. The combination of treatment sessions, frequent medical appointments, and caring for a sick child makes it difficult for a mother to manage daily household responsibilities. This directly impacts a mother's ability to perform other duties such as caring for other children, preparing meals, and organizing household activities.

As a mother of 5 years – old-male child said:" 2:241 facing a struggle to balance between my sick child and other family needs".

Many mothers expressed the physical and emotional exhaustion they experienced while trying to balance their roles as primary caregivers for their children with other responsibilities, including family responsibilities, household duties, and self-care. This is reflected in the words of a mother of a 4-year-and 10 months-old-male she said: "*I was extremely physically exhausted, sometimes sleeping without realizing it due to fatigue, yet I tried to balance everything".*

Another mother of a 3- years- old -female said*:" I couldn't balance everything; the physical and mental strain was overwhelming".*

.5 coping

The analysis revealed Coping as a theme, reflecting the diverse strategies mothers employ to endure and adapt to the emotional, psychological, and practical challenges of having a child diagnosed with leukemia. Coping encompasses how mothers find strength, maintain hope, and navigate their children's illness journey. This theme consists of three subthemes: social support, fatality and religious aspects and being positive and optimistic

4.5.1 SOCIAL SUPPORT .This subtheme highlights the importance of support in helping mothers cope with the challenges of caring for a child diagnosed with leukemia. The mothers shared how they received significant assistance from various sources, particularly

from their families, including their husbands and extended family members. This support often took the form of practical help, such as looking after other children and sharing responsibilities, allowing mothers to dedicate time and energy to their sick child. Furthermore, emotional and informational support from medical staff played a crucial role in reducing anxiety and empowering mothers throughout their child's treatment journey. For example, mother of 4-years-old girl with leukemia expressed "There is nothing better than support; the people who stand by me in my times of need lighten my burden significantly"

"The love and support from others eased my burden and helped me relax" (mother of a 4 years old boy)

Many mothers reported receiving emotional and practical support from their family. This support allowed mothers to focus on their sick children while ensuring other responsibilities were managed. This was shown by the mother of a boy- 3 years old who said "My husband's family took care of my children and home in every aspect during my absence"

"*My family supported me emotionally and financially, and helped with the house. Without them, I couldn't have coped*". (Mother of 4 years old, male)"

Most of the mothers identified their husbands as key sources of support, stepping in to care for other children and sharing responsibilities at home. Their involvement allowed mothers to remain by their sick child's side during treatment as a mother of 5 years old male expressed" :*My husband has been my greatest support, emotionally and practically. He is the hero of this journey*"

" My husband was my biggest support in every aspect, both at home and in the hospital he would work, take me to the hospital, treat me with kindness, encourage me, and fill the role of the family that wasn't with me" (mother of a 12-year-old male)

The emotional and informational support provided by healthcare professionals, was important in helping mothers feel reassured. Doctors and nurses played a key role in building trust and reducing anxiety. As a mother of 5 years, old male said, "*The medical*

team helped me immensely, both in treating my child and supporting my mental well-being; they were always there to answer my questions and assist me."

4.5.2FATALITY AND RELIGIOUS ASPECTS. This subtheme emerged as faith and acceptance of fate as a coping mechanism for mothers dealing with the challenges of their child's leukemia diagnosis. Many mothers found comfort in their spiritual beliefs, viewing their child's illness as part of God's will and a test of their strength. This strong sense of faith provided emotional stability and offered relief during difficult times. Religious practices, such as prayer and seeking divine support, were often mentioned as sources of hope and inner peace. A sense of fatality about illness and reliance on God was adopted by mothers for managing the disease challenges and pressure as a Mother of a 3 years old .female said " *I turn to God for relief when overwhelmed and avoid thinking about the illness".*

"*My son's illness was a test from God for my family and me. Thank God, I am patient and content with God's will and fate*." (mother of 5 years old female)

Religious practices, such as prayer, reading from the holy Quran, and seeking divine guidance, played a significant role in helping mothers cope with their child's illness and reassurance to face their child's treatment journey. For example, a mother of a 3-year-old female said: "*I would pray and reach out to God when I felt pressured, and this provided me with relief*."

"*My coping mechanism involved repeating Surah Al-Baqarah dhikr, prayers, and the patience God granted me.*" (Mother of 4-year-old male child)

4.5.3BEING POSITIVE AND OPTIMISTIC. This sub-theme represented that maintaining a positive outlook and staying optimistic emerged as essential strategies that helped mothers cope with the challenges of their child's leukemia diagnosis. Mothers described that they should remain positive and optimistic about their child's disease and during the treatment process, which made them stronger.

"I helped myself the most and tried to remain strong for my daughter"(mother of 3-years-old female)

These mothers drew on their inner strength, enabling them to face the emotional burden with resilience. Their inner strength was often fueled by the ability to focus on small

improvements in their child's condition as a mother of 3-year-old female said: "*Thank God, my daughter has improved a lot. Seeing her get better encourages me. I stopped asking about others after a while; when I see her thriving, it motivates me to keep taking her out"*

"When I am sure that my son is improving in a good treatment environment, I feel relaxed and happy, which helps me a lot."(mother of 5 years old. Male)

This combination of inner strength and optimism shows how mothers overcame adversity by finding hope and resilience within themselves, enabling them to endure and support their children throughout the treatment journey.

"I decided I didn't want to stay frustrated, so I started regaining my energy and taking care of the house on my own" (mother of a child female 3-years old)

4.6.Mothers' Needs to grow stronger.

The journey of mothers caring for children with leukemia is filled with emotional, psychological, and practical challenges. As primary caregivers, mothers often find themselves balancing their well-being with the demands of caregiving. To foster resilience throughout this difficult journey, mothers need various support systems that address their unique needs. These needs can be categorized into three sub-themes: emotional and psychological support, educational and informational resources, and financial assistance.

4.6.1EMOTIONAL AND PSYCHOLOGICAL SUPPORT. This subtheme highlights the importance of counseling services and stress management interventions, such as psychological therapy sessions and support meetings with specialized psychologists. These resources are essential for helping mothers cope with the emotional challenges that arise from their child's illness. Mothers of children with leukemia often experience overwhelming emotions, including fear, anxiety, and grief, which can hinder their ability to cope effectively. Additionally, mental health interventions designed specifically for caregivers can help reduce stress and promote emotional stability during this difficult journey. As a mother of 6 years-old-male said" I need emotional and psychological support for ventilation"

As a mother of 4 years-old-female child said" We need psychological support from specialists who understand our fears and concerns."

Many mothers also expressed their need for recreational and relaxing activities. An example of this is a mother of a 4-year-old girl said:" I wish there were regular recreational activities for mothers that would be beneficial"

As a mother of 12 years-old-male said" The biggest need for a mother of a child with leukemia is psychological support and rest."

4.6.2EDUCATIONAL AND INFORMATIONAL NEED. This subtheme emphasizes the importance of mothers having clear and comprehensive information to effectively manage their child's illness. It involves more than just a basic understanding of the healthcare system; healthcare providers must offer detailed explanations of the child's diagnosis, treatment plan, and potential side effects. Additionally, there are several aspects that mothers need to address, including:

Mothers often require guidance on providing optimal care for their sick child both during and after treatment. Counseling can equip them with practical skills and knowledge to manage their child's daily needs, including medication routines, nutritional care, and emotional well-being.

As a mother of 4-years-ol0female child said "I need counselling on how to care for my child"

Another mother of a 3-years-old female child said: "Providing specialists to speak with us, especially for reserved mothers, can help explain the illness and alleviate future concerns"

Mothers also reported that it is essential to educate the family about managing the health and emotional stability of the entire family, including siblings. This education helps create a supportive home environment where all family members feel involved and cared.

As a mother of 5-years-old-male child said:" Including the sick child's siblings in educational programs about the illness would help reduce the mother's burden".

Many mothers report needing help in managing their child's behavioral changes, which can arise from the psychological impact of illness and treatment. This support includes strategies for addressing mood swings, resistance to medication, and heightened emotional sensitivities, enabling mothers to maintain calm.

As a mother of 3-years-old-female child said:" I struggle to handle my daughter so I need support how to deal with her behavior"

Another mother of 4-years-old-female-child said:" Having a psychologist could help mothers convince children about the need for treatment, especially during painful procedures like biopsies and tests"

By addressing these aspects, healthcare systems can better support mothers, ensuring they feel confident and equipped to navigate the challenges of caring for their child and family.

4.6.3FINANCIAL NEEDS: This subtheme highlights the need for financial support. The financial burden associated with cancer treatment is a significant concern. In addition to the government health insurance that covers treatment, mothers also need financial support to meet several needs, including expenses related to hospital stays, transportation, and sometimes a loss of income due to caregiving responsibilities can create immense stress. Financial strain can undermine a mother's resilience. Access to financial assistance is vital for easing these pressures, allowing them to prioritize their children's well-being.

As a mother-of-6-years old male child said:"48 From my experience, if there was financial support alongside insurance and provided treatments, it would have helped a lot:.

As a mother of 5-years-old-female-child said:" My biggest issues are worries about getting to the hospital as I must daily take my child to the hospital, with transportation available sometimes and not others"

The same mother also said*: "The need for financial support was one of the hardest challenges"*

Chapter five

5.DISCUSSION

Introduction

This chapter includes a discussion of the major study findings and presents a comprehensive analysis of the study findings. The researcher explored how the findings of the present study correspond with previous literature and discussed their various dimensions and implications. This discussion aims to enhance our understanding of the challenges these mothers face. Additionally, the researcher addressed the potential challenges and limitations of the study. The researcher also made recommendations for future research and mother-support programs, with the goal of creating new opportunities in this essential field.

This study provided insights into the experiences of the Palestinian mothers with a child with ALL in the West Bank. The study described how these mothers were highly impacted by their child's illness, which put them under social and emotional pressure, and how they tried to face and manage challenges they encountered through the journey of leukemia. This study contributes to a better understanding of mothers' experiences with children with leukemia, and how political barriers and the the child's illness impact on mothers and affect mothers' resources and coping mechanisms to navigating their challenges, which is critical for health care providers and policymakers.

The results of this study highlighted that the experiences of mothers with children diagnosed with leukemia can be categorized into five main themes: emotional issues, the impact of the child's illness, hinders due to e political situation, mothers' need for resilience, and the coping mechanisms they employ to navigate their challenges. In this

context, the researcher reviewed other studies conducted in English-language databases to compare present findings with previous studies regarding experiences of the mothers who have a child with Leukemia.

In the current study, the findings indicate that mothers experience significant emotional distress when their child is diagnosed with leukemia. The data reveal that this experience initially triggers feelings of shock, often followed by increasing negative emotions and sometimes denial of reality.

Many mothers find it difficult to process the reality of the disease. This is consistent with a study by (Liu et al., 2021), who indicated that upon receiving the diagnosis, the parents were shocked and struggled to accept the reality of the situation. The agreement was also noted in another study conducted by (Chen et al., 2020) In China, which concluded that: The mothers were shocked and found it difficult to accept the diagnosis of Acute Lymphoblastic Leukemia (ALL), as it suddenly placed their child in a dangerous situation that was beyond their understanding and life experiences. They also believed their child was too young and healthy to have ALL. One mother shared her reaction to her child's diagnosis: "When I first heard the diagnosis, my initial thought was denial. I wanted to request a detailed examination. He didn't have any signs of bleeding—nothing at all. His only symptom was a headache."

In the present study mothers experienced a range of negative emotions, including fear, anxiety, helplessness, and anger, in addition to the initial shock. These feelings created a significant psychological burden, often stemming from uncertainty about their child's health and the fear of child prognosis. This aligns with a study conducted by (Davies & O'Connor, 2022) that explored the theme of "The Fear Never Ends." The researcher found that the potential for their child's cancer to relapse was a significant source of anxiety for the majority of mothers. Additionally, most mothers expressed concerns about future late effects, including the possibility of secondary cancers. In addition, the findings of this study indicated that some mothers experienced a phase of denial and rejection upon receiving the diagnosis. They doubted the accuracy of the tests and downplayed the severity of the disease. This aligns with the findings of a previous study conducted by (Maharjan1 et al., 2022), which revealed a theme of disbelief and denial. Participants expressed that their lives became stressful due to unexpected events following the bad news.

In the present study the **second theme** is: (Hinders Due to Political Situations).The findings in this study related to the second theme emphasize the significant impact of the experiences of mothers with children suffering from leukemia. Political restrictions, such as movement limitations, road closures due to war, and checkpoints, create major obstacles to accessing healthcare. In addition, these restrictions affect the social support of mothers, as they face isolation during their children's hospitalization periods, which increases their feelings of stress and anxiety. These challenges reflect the profound impact of the political situation on the treatment journey of children and their mothers. This was demonstrated in a study conducted by (Mitwalli et al., n.d.) highlighted the challenges faced by cancer patients in Palestine. A primary obstacle is obtaining Israeli permits to access treatment in Palestinian East Jerusalem, as some services are only available at a Palestinian-led hospital there, and West Bank healthcare centers are not allowed to provide such treatments. Patients also seek advanced diagnostic services, which are unavailable in Palestinian hospitals. They reported issues with Israeli permits, including delays and refusals due to purported "security" reasons. Additionally, patients expressed frustration over the slow delivery of supplies from Israel to Palestinian hospitals, affecting access to necessary medications and treatment. Another study showed the suffering of cancer patients with the political situation in Palestine conducted by (Sustainable Development Research Institute, Bethlehem, West Bank, Palestine. & Salem, 2023) which showed the burden of traveling long distances and crossing many Israeli military checkpoints, being away from family and loneliness in absence due to the need for permits to visit or accompany the patient and checkpoints, and the need to remain in quarantine upon return, in addition to additional financial expenses.

In the current study the **third theme** explained the child's diagnosis significantly impacts all aspects of family life, particularly affecting the mother, who often takes on the primary role in childcare. This impact is multifaceted, influencing social, financial, and familial relationships. The study identifies seven key themes that summarize these effects: **Overprotection.** Mothers often become overprotective, limiting their children's exposure to potential risks and instilling fear of infection. This aligns with a previous study conducted by (Chen et al., 2020) that explored the theme of anxiety regarding the potential risks to their vulnerable child. The study revealed that mothers were concerned that the journey of cancer treatment and its complications could threaten their child's life. As a result, they felt the need to make compromises in their lives to ensure their child's safety.

Mothers often prioritized their children's needs over family life to protect them from infection, which was crucial for their children's well-being. They put aside their own personal needs and the interests of the sick child to reduce the possibility of exposure to illness. This required establishing clear physical boundaries between the child and grandparents, siblings, close relatives, and friends. Mothers explained the reasons for these isolation measures to help others understand the situation. Their sacrifices in family life not only provided security for their children but also gave mothers a sense of accomplishment and maternal satisfaction.

In addition, the impact shown on financial aspect, which made **financial burden**: The cost of leukemia treatment places substantial financial strain on families, especially if one parent must leave their job to care for the child. This finding is consistent with a previous study by (Zareei Mahmoodabadi & Delavari, 2021), which highlighted the challenges faced by mothers during the treatment and care of a child with leukemia. The study confirmed that the most significant difficulties include financial burdens and issues related to medications, such as drug shortages and high treatment costs.

Also in this study, we found that there is an impact on life, and **loss of previous life** refers to the radical changes that occur in the lives of mothers after their children are diagnosed with leukemia, especially in social relationships and family dynamics. This is consistent with many studies that have been conducted on the experiences of mothers of children with leukemia, such as the study for (Cornelio et al., 2016), in which it was explained the necessity of maintaining distance between family members and society has become a prominent theme. Mothers have had to stop relatives from visiting their homes to protect their children from infection, while many fathers have also chosen to sever ties with relatives. In another study conducted by (Maharjan1 et al., 2022) , the findings were reinforced by showing the mother's behaviors concerning social isolation. It was reported that mothers took measures such as restricting relatives from smoking, banning shoes in the room, and limiting visits from relatives who were not clean. They also kept their child at a distance from other sick children and those who coughed frequently, as they believed that these individuals could infect their children. This was demonstrated in another study conducted by (Chen et al., 2020) where he expressed the importance of mothers prioritizing their children's needs over broader family dynamics to protect them from infections and ensure their safety. Mothers often set aside their personal needs and the interests of others family members to eliminate the risk of infection. This involved

establishing clear physical boundaries between their children, grandparents, siblings, close relatives, and friends. To help others understand the situation, mothers explained the reasons behind the isolation. Their sacrifices in family life provided security for their children and gave the mothers a sense of accomplishment and satisfaction in their roles.

In this study, one of the findings was the neglect of siblings. Mothers often had to devote most of their time and energy to the child with leukemia due to the ongoing treatment, prolong hospitalization and medical appointments. As a result, opportunities for interaction with other siblings were greatly reduced. Siblings receive less attention and care, leading to feelings of neglect. This can lead to feelings of neglect and emotional distress from their mother, or even burden due to changes in family routine. This imbalance can negatively impact their mental health, creating a sense of neglect. This is consistent with the results of a study conducted by (Lee & Lee, 2021) found that mothers often lack the time to care for other family members because they must dedicate all their attention to the treatment and recovery of their sick child. This focus leads them to believe they are unable to fulfill their responsibilities towards their other children. A sick child requires an immense amount of care from their mother, which results in diminished attention to siblings. Consequently, mothers may experience feelings of sadness and guilt. One mother expressed her feelings by saying, "My second child is suffering, and the hardest part for me is that I feel so detached when I think about my second child, especially knowing that they must have gone through a difficult time alone.".

The current study also concluded that the change in the mother's role and performance of daily tasks, which makes it difficult to balance household duties, professional commitments and personal time. As a result, the mother's life becomes centered on the needs of her child, leaving caring for herself or others. , This explained in a previous descriptive phenomenological approach study aimed to explore the experiences of mothers of children diagnosed with cancer in Jordan. Conducted by (Shattnawi et al., 2021).Mothers reported that their families had lost their normal structure of life. They described a change in their roles because they had to be away from home to care for their sick child. As a result of the child's illness, mothers also had to alter the routines and ways of their other children's lives. Fathers took on the responsibility of caring for other family members and managing household chores, roles they may not have engaged in previously. This shift was a significant source of stress for both mothers and fathers. At times, mothers would leave their hospitalized child with another family member to spend time with their

other children and attend to household duties The current study highlights the challenges mothers face in balancing their new responsibilities as caregivers for a child with leukemia with their previous roles as mothers, homemakers, or working professionals. This struggle often leads mothers to seek assistance from their families and spouses in managing these responsibilities. In Palestinian culture, extended families play a significant role in providing emotional, logistical, and financial support during times of crisis. When a child is diagnosed with a serious illness like leukemia, family members—including grandparents, uncles, aunts, and cousins—often step in to share caregiving responsibilities, help look after siblings, and offer moral support. This collective effort helps lessen some of the psychological and practical burdens faced by the nuclear family, particularly for the mother.

Previous research conduct by(Al Omari et al., 2021) supports these findings, showing that families experience significant changes in their lives following a leukemia diagnosis and prolonged hospitalization. This disruption primarily stems from the difficulty of meeting the demands of caring for their children while also maintaining their jobs. Consequently, mothers seek support from various sources, including their immediate families and other social networks.

This study also found a change in the marital relationship from both positive and negative aspects. On the positive side, the bonds between the spouses increased and cooperation between them increased. On the other hand, conflicts appeared between the spouses. This is what explained in (Al Omari et al., 2021) study, where he expressed that as the new role responsibilities, disruptions in traditional roles, and expected parental duties strained the relationship between the parents. On a positive note, the bonds among other family members remained steady and strong. One mother had been in a difficult relationship with her husband and was on the verge of divorce. However, due to the condition of their child and the overwhelming care the child required, the husband returned, and their relationship was reenergized and improved.

The results of this study indicated that mothers employed various strategies to cope with the pressures they faced during their children's treatment periods. These strategies differed among mothers, as many noted that support from their family, husbands, friends, peer , medical staff played a significant role in helping them adapt. Additionally, the importance of support for mothers has been highlighted in several studies. One such study, conducted

by (Lee & Lee, 2021), showed that mothers experienced happiness through the support of their families. Some mothers expressed gratitude for the close relationships they developed with their families in the aftermath of the leukemia experience. Participants felt that, thanks to the support of their husbands or other family members, their family bonds grew stronger, and they appreciated the value of family even more than they had before the child's diagnosis with leukemia. In a study conducted in Iran,by (Ghaljeh et al., 2024)that showed various types of social support were identified as helpful for mothers coping with challenges. One of the most significant positive factors in these mothers' life experiences was receiving adequate support from family and relatives. Additionally, companionship with other mothers who have children with cancer greatly influenced their ability to cope with life crises, including the challenges of having a child diagnosed with cancer. The author also noted that support from medical staff played a crucial role. Healthcare providers offered a range of informational support, which facilitated the mothers' adaptation to the experience of dealing with cancer.

In my study, I found that some mothers expressed that they resorted to other mothers with similar experiences. These mothers often had more experience, as their children had been diagnosed with the disease for a long time. The mothers found this to be a form of relief and support for them, and they found comfort in this participation. One mother expressed this when she said*: "We mothers supported each other, talked, and shared our feelings to help each other".(mother of 5 years 5-year-old male).* This is consistent with a study conducted by(Davies & O'Connor, 2022) aimed to explore mothers' lived experiences after the completion of their child's cancer treatment. The author found that Mothers reported that the experience of childhood cancer significantly changed their social networks. Many expressed that other mothers of children with cancer were the only ones who truly understood their situation. One mother, reflecting on her friendship with others she met while her child received treatment for Acute Lymphoblastic Leukemia (ALL) and spent long periods in the oncology ward, commented, "I think these people stay your friends for life because they have seen you at your worst.Participants highlighted that it provided essential support after treatment, as it was the only environment where they could freely express their feelings. " Overall, peer support networks proved invaluable in providing assistance and understanding.

Mothers in this study showed another strategy for facing challenges: faith and acceptance of fate. They performed religious practices such as prayer and reading the Qur'an as a

form of emotional relief and adaptation, as well as faith in fate and acceptance of God's command. Additionally, the nature of Palestinian society is deeply religious and relies on God for comfort and solace in times of adversity.This result is consistent with the results of previous studies. This result is consistent with the results of previous studies. This was shown in a study conducted by(Al Omari et al., 2021) , where the results of his study in Oman concluded that the most significant source of support for the mothers was seeking help from God to heal their children. Nearly all of the mothers turned to religion, which helped to strengthen their relationship with a higher power. For example, Participants reads the Qur'an and prays to Allah for her child's recovery. Another study conducted by (Tan et al., 2020). showed that Spiritual practices were reported as another form of support and coping strategy that some mothers relied on. They mentioned that their religious beliefs enabled them to go through the treatment process.

6.Recommendation

After studying the experience of mothers of leukemia children and based on the results of the study, it is essential to understand their needs and provide recommendations to enhance their experiences.

Firstly, psychological and emotional support must be offered to these mothers to help them navigate the challenges and accept the reality of their child's leukemia. This can be achieved through individual and group counseling programs, along with the implementation of continuous psychological support. . There is a crucial need to strengthen mental health services for mothers and families of children with leukemia in Palestine. Current services are inadequate, with a significant shortage of mental health professionals trained to support mothers facing these challenges. Additionally, palliative care services should be expanded to ensure comprehensive support that addresses the emotional, psychological, and physical needs throughout the journey of illness. Additionally, access to health care should also be improved by facilitating transportation to hospitals, and also providing centers and hospitals distributed between governorates to ensure that services are obtained in the same place of residence and not having to travel between cities, and providing remote medical consultations to reduce the impact of restrictions on movement. Also, it is essential to provide cancer care services in remote areas, especially given the challenges of limited mobility and the current political situation.

On the economic level, it is recommended to establish financial support funds to help families cover the costs of treatment and transportation, and to provide flexible job opportunities for mothers to enable them to achieve a balance between work and caring for their children. In addition, enhancing awareness and health education is necessary by developing awareness programs for mothers about medical and psychological care for their children, and providing workshops to help them deal with changes in children's behavior and support siblings.

It is also important to enhance social support by creating support groups for mothers and organizing community activities that reduce their sense of isolation.

Finally, family counseling should be provided to address the negative effects of the disease on marital relationships, in addition to helping mothers achieve a balance between caring for the child with leukemia and caring for the rest of the family members, which contributes to improving their quality of life and alleviating the burdens they face during the treatment journey. Also, psychosocial and emotional support services must extend beyond mothers to include other family members, particularly fathers and siblings. Given the emotional strain experienced by the entire family during a child’s cancer journey, providing counseling and emotional support to all caregivers can enhance the overall stability of the family and improve coping strategies.

Recommendations for Future Research:

1.Future research should include a larger and more diverse sample of participants from different areas across the West Bank to ensure wider representation of experiences.

2.Incorporating fathers' experiences would also provide a more comprehensive understanding of the family’s experience.

3.Additionally, there is a need for further research on the emotional and psychological support delivered to siblings of children with cancer. Siblings often experience emotional neglect, so understanding how they manage and identifying their specific needs would help develop comprehensive family support systems.

4.Finally, conducting cross-cultural studies to compare the experiences of mothers in different areas and healthcare systems will provide a more comprehensive understanding

of the international challenges these mothers encounter. This research could lead to more generalized techniques that can be implemented across various cultures.

Limitations and strengths of the study

Strength of the study

1. Deepening the understanding of mothers' experiences through the use of a qualitative descriptive design (descriptive qualitative design provides a deep, comprehensive, and detailed understanding of mothers' experiences with their children suffering from leukemia, helping to uncover their feelings, challenges, and coping strategies.

2. The study contributes to shedding light on the experience of mothers in a specific area(the southern West Bank), which may be useful for healthcare providers and healthcare practitioners to improve the support provided to them.

3. Data Collection- The use of semi-structured interviews allowed participants to freely express their experiences.

4. Content Analysis allows for extracting topics from mothers' contributions, helping to provide a clear picture of challenges and needs.

Limitation

1. The study involved a relatively small sample due to its qualitative nature, limiting the generalizability of the findings to the broader population.

2. The participants were primarily from specific geographic or cultural settings, which may not fully represent the diversity of experiences among women in different regions or socioeconomic backgrounds.

3. Participants were from wo provinces and their villages, making it difficult to apply findings to different regions.

4. This study focuses solely on mothers and doesn’t incorporate the perspectives of fathers or other family members. This approach may have constrained the comprehensiveness of the findings, as the experiences and coping mechanisms of other family members could provide additional valuable insights.

Conclusion

This study explored the experiences of mothers of children with leukemia in southern West Bank, highlighting the emotional and psychological challenges they face. The findings reveal that these mothers endure significant stress, navigate complex healthcare systems due to occupation, impact to the family life and develop coping mechanisms to support their children. While the study provides valuable insights into their lived experiences.

The study offers important implications for healthcare providers, policymakers, and support organizations. Understanding the challenges these mothers face can help develop targeted psychosocial support programs. Also, an equitable distribution of pediatric oncology hospitals and treatment centers across the West Bank must be prioritized. This will ease travel burdens, eliminate care delays, and improve the experiences for children with cancer and their families, ensuring timely access to essential support.

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Annex

Annex1:INTREVIEW GUIDLINE

ANNEX1.1:INTERVIEW GUIDELINE IN ARABIC

الجزء الاول. الخصائص الاجتماعية والديموغرافية للام	
العمر	**1. أقل من 19 سنة.** **2. من 20-29 سنة.** **3. من 30-39 سنة.** **4. من 40-49 سنة.** **5. أكثر من 50 سنة**
الحالة الاجتماعية	1- متزوجة 2- مطلقة 3- ارملة 4- منفصلة
المستوى التعليمي	1- امية 2- ابتدائي 3- اعدادي 4- ثانوي 5- دبلوم 6- بكالوريوس 7- ماجستير او دكتوراه
المهنة	1. ربة منزل 2. موظفة
مكان الاقامة	1- مدينة 2- قرية 3- مخيم

الديانة	1. .مسلمة 2. مسيحية
الدخل الشهري	1- اقل من 1500ش 2- 1500-2000ش 3- 2001 ش– ش3000 4- اكثر من 3000ش
عدد افراد الاسرة	1. 1-3 2. 4-6 3. 7-9 4. اكثر من 10
ما هو نوع التأمين الصحي الذي تمتلكه؟	1. لا املك. 2. تأمين حكومي. 3. تأمين خاص.

الجزء الثاني: معلومات خاصة بالطفل المصاب بمرض سرطان الدم

1.عمر الطفل بالسنوات.....

2.الجنس

a. ذكر

b. انثى

3.مدة الإصابة بسرطان الدم

a. اقل من سنة

b. 2-3 سنوات

c. اكثر من 3 سنوات

4.مكان العلاج

a. مستشفى النجاح الوطني في نابلس

b. المستشفى الاستشاري العربي

c. مستشفى بيت جالا الحكومي -قسم هدى المصري لسرطان الاطفال

دليل المقابلة مع امهات الاطفال المصابين بسرطان الدم في الضفة الغربية–فلسطين

اسئلة قبل التشخيص و وقت التشخيص

1. هل يمكن أن تخبريني عن حال الأسرة قبل وبعد معرفة اصابة طفلكم بالمرض (سرطان الدم) ؟ مقارنة
2. ماذا عن الحياة الاجتماعية للأسرة ككل؟ وماذا عن حياتك الاجتماعية بشكل خاص قبل وبعد اصابة طفلك بسرطان الدم ؟
3. كيف كان شعورك ورد فعلك عندما علمت بأن طفلك مصاب بمرض سرطان الدم الحاد ؟ أخبريني عن ذلك
4. كيف تفاعل أفراد الأسرة مع هذا الخبر خلال هذه الفترة الزمنية؟
5. كيف تنظرون إلى المعلومات الأولية التي وردت حول هذا المرض وعلاجه؟

بعد التشخيص

1. ماهي التحديات التي تواجهونها في مساعدة طفلكم في إدارة مرضه؟ (موجه: ماليا واجتماعيا وطبيا)
2. كيف أثر تشخيص طفلك على مسؤوليتك الاسرية والدور الجديد كمقدمة رعاية لطفلك المصاب بسرطان الدم؟
3. كيف يلعب الآخرون كالأسرة والزوج والأصدقاء ومقدمي الرعاية الصحية دورًا في تجربتك كأم لطفل مصاب بسرطان الدم؟

الوصول إلى الرعاية الصحية

1. هل يمكنك وصف تجاربك في الحصول على خدمات الرعاية الصحية لمرضى سرطان الدم في الضفة الغربية؟
2. هل يمكنك وصف التحديات والعوائق التي واجهتها في التعامل مع مرض طفلك مع سرطان الدم ، مثل الوصول إلى الأدوية او المستشفيات أو مقدمي الرعاية الصحية؟
3. هل من الممكن ان تصفي العوامل التي اعاقلت تأقلمك خلال فترة علاج الطفل والمكوث في المستشفى؟

دعم المجتمع والعائلة والاصدقاء

1. ما نوع الدعم الذي تحتاجه لدعم طفلك في الحياة اليومية؟ (العائلة أو الأصدقاء أو المنظمات المجتمعية)

استراتيجيات المواجهة

1. هل من الممكن أن تصفِ لي ما هي العوامل التي ساعدتك على التأقلم خلال فترة علاج الطفل والمكوث في المستشفى؟
2. هل يمكنك وصف الاستراتيجيات/الطرق/الوسائل التي تجدينها أكثر فعالية للتعامل مع هذه الضغوطات كما بحالة اصابة طفلك بسرطان الدم؟
3. من خلال تجربتك، ما الذي ممكن عمله من قبل المجتمع المحيط ومقدمي الخدمات للتعامل مع تلك التحديات التي تواجهها امهات الاطفال المصابين بسرطان الدم

أسئلة المتابعة:

ماذا تعني بذلك؟

كيف تشعر حيال ذلك؟

أعطني مثالا؟

ANNEX1.2:INTERVIEW GUIDELINE IN ENGLISH

Section One: Socio-demographic characteristics of the mother	
The age	**1. Under 19 years old.** **2. 20-29 years old.** **3. 30-39 years old.** **4. 40-49 years old.** **5. Over 50 years old**
Marital Status	**1. Married** **2. Divorced** **3. Widow** **4. Separated**
Education level	**1. Illiteracy/ Uneducated** **2. Primary-educated** **3. Preparatory** **4. Secondary** **5. Diploma** **6. Bachelor's** **7. Master's or PhD**
Profession	**1. Housewife** **2. Employee**
Place of residence	**1. City** **2. Village** **3. Refugee camp**
Religion	**1. Muslim** **2. Christian**
Monthly income	**1. Less than 1500 ILS** **2. 1500-2000 ILS**

	3. 2000-3000 ILS **4. More than 3000 ILS**
Number of family members	**1. One to three people** **2. Four to six people** **3. Seven to nine people** **4. More than 10**
The type of insurance	**1. Don't have health insurance** **2. Government health insurance** **3. Private health insurance**

Section Two: Information about the child with leukemia:

1. The child's age in years . . ..
2. Gender
   a. Male
   b. Female
3. Duration of leukemia
   a. Less than one year
   b. 2-3 years
   c. More than three years
4. Place of treatment

a. An-Najah National University Hospital in Nablus
b. Istishari Arab Hospital in Ramallah
c. Beit Jala Governmental Hospital – Huda Al-Masri Pediatric Cancer Department

Interview Guide with Mothers of Children with Leukemia in the West Bank-Palestine

Questions Before and During Diagnosis

1. Can you tell me about the family situation before and after you learned that your child had leukemia?

2. What about the social life of the family as a whole? What about your social life in particular before and after your child had leukemia?

3. How did you feel and react when you knew that your child had acute leukemia?

4. How did the family members react to this news?

5. How do you view the initial information that was received about this disease and its treatment?

After Diagnosis

1. What challenges do you face in helping your child manage his illness? (financial, social, medical).

2. How has your child's leukemia diagnosis impacted your responsibilities within the family and your new role as a caregiver for your child?

3. How have family members, husband, friends, and health care providers contributed to your journey as a mother of a child with leukemia?

Access to Health Care

1. Can you describe your experiences in accessing healthcare services for leukemia patients in the West Bank?

2. Can you describe the challenges and barriers you faced in dealing with your child's illness, such as access to medications, hospitals, or health care providers?

3. Can you describe the factors that hindered your coping during the child's treatment and your hospital stay?

Community, Family, and Friends Support

What kind of support do you need to help your child in daily life?

Coping Strategies

1. Could you describe what factors helped you cope during your child's treatment and hospital stay?

2. Could you describe the strategies, methods, or means that you find most effective for dealing with these stresses?

3. Based on your experience, what can the surrounding community and service providers do to deal with the challenges faced by mothers of children with leukemia?

Follow-up questions:

What do you mean by that?

How do you feel about that?

Can you give me an example?

Annex2: Ethical approval from the Research Ethical Committee at Al-Quds University.

Al-Quds University
Jerusalem
Deanship of Scientific Research

بسم الله الرحمن الرحيم

جامعة القدس
القدس
عمادة البحث العلمي

Research Ethics Committee
Committee's Decision Letter

Date: December 9, 2023
Ref No: 346/REC/2023

Dears Dr. Kawther Alayasa, Mr. Baraa Taqatqa,

Thank you for submitting your application seeking approval for research ethics. After a thorough examination of your submission titled "Experiences of Mothers Having a Child with Leukemia in the West Bank, Palestine", the Research Ethics Committee (REC) at Al-Quds University is pleased to confirm that your application is in accordance with our research ethics guidelines.

This ethical approval will remain valid as long as there are no alterations to the data collection procedure or modifications to any aspect of the research protocol. Please be aware that while this approval authorizes your research, however, please keep in mind that this approval does not substitute for any departmental or other approvals that may be necessary, including but not limited to sample shipment, data sharing permissions or administrative approval to distribute questionnaires.

In addition, we kindly request that you provide us with a copy of your final research report or publication once it becomes available.
Thank you once again for your commitment to conducting ethical research, and we extend our best wishes for a productive research endeavor that serves the best interests of your research subjects.

PS: Please note that this ethical approval letter will remain valid for a period of two years from the date of issuance. Should your research extend beyond this timeframe, a request for renewal will be necessary.

Sincerely,

Suheir Ereqat, PhD
Associate Professor of Molecular Biology
Research Ethics Committee Chair

Cc. Prof. Imad Abu Kishek - President
Cc. Members of the committee
Cc. file

Abu-Dies, Jerusalem P.O.Box 20002
Tel-Fax: #970-02-2791293
research@admin.alquds.edu
أبوديس، القدس ص.ب. 20002
تلفاكس: #970-02-2791293

Annex3: Permission from the Palestinian Ministry of Health

1 of 1

lestine
Health
Education in Health and Scientific
Research Unit

دولة فلسطين
وزارة الصحة
وحدة التعليم الصحي
والبحث العلمي

Ref.: .....
Date:.....

الرقم: ج.ص/١٢٤/١٦٢
التاريخ: ٢٠٢٤/١١/٢٩

عطوفة الوكيل المساعد لشؤون المستشفيات والطوارئ المحترم،،،

تحية واحترام،،

الموضـــوع: تسهيل مهمة بحث

يرجى تسهيل مهمة **الطالبة: براءة طقاطقة– ماجستير صحة الام والطفل/ جامعة القدس،**
وباشراف د. كوثر العيسة، في عمل بحث بعنوان:

"تجربة امهات الاطفال المصابين بسرطان الدم في الضفة الغربية"

من خلال السماح للطالبة بجمع معلومات عن طريق تعبئة استبانة الدراسة من قبل امهات الاطفال المرضى بعد اخذ موافقتهن، وذلك في:

– مستشفى بيت جالا

على ان يتم الالتزام باساليب واخلاقيات البحث العلمي، وعد التعرض للمعلومات التعريفية للمرضى.
على ان يتم تزويد الوزارة بنسخة PDF من نتائج البحث، التعهد بعدم النشر لحين الحصول على موافقة الوزارة على نتائج البحث.

مع الاحترام،،

د. عبد الله القواسمي
رئيس وحدة التعليم الصحي والبحث العلمي

دولة فلسطين وزارة الصحة
وحدة التعليم الصحي والبحث العلمي

نسخة: منسق برنامج الماجستير/ دائرة التمريض المحترم/ جامعة القدس

Telfax.:09-2333901 scientificresearch.dep@gmail.com 09-2333901 :لفاكس

استكشاف تجارب الأمهات اللواتي لديهن أطفال مصابون بسرطان الدم في الضفة الغربية، فلسطين.

إعداد: براءة غالب ياسين طقاطقة

إشراف: د. كوثر العيسة

الملخص

المقدمة: يُعد سرطان الدم (اللوكيميا) أحد أكثر أنواع السرطان شيوعًا بين الأطفال. في فلسطين، يُعدّ سرطان الدم أكثر أنواع السرطان شيوعًا، حيث يُقدّر معدل الإصابة به بـ 0.6 لكل 100,000 طفل. تواجه الأمهات اللواتي يعتنين بأطفال مصابين بسرطان الدم تحديات عديدة في تلبية احتياجات أطفالهن.

الهدف: تهدف هذه الدراسة الى استكشاف تجارب الأمهات اللواتي لديهن أطفال مصابون بسرطان الدم في الضفة الغربية، فلسطين.

المنهجية: استُخدم تصميم وصفي نوعي لاستكشاف تجارب الأمهات اللواتي لديهن أطفال مصابون بسرطان الدم. تم اختيار خمس عشرة أمًا من قسم هدى المصري في مستشفى بيت جالا الحكومي في بيت لحم، وشمل ذلك أطفالًا من مدينتي بيت لحم والخليل جنوب الضفة الغربية. أُجريت المقابلات مع الأمهات عبر مقابلات شبه منظمة. وحُللت البيانات الاجتماعية والديموغرافية باستخدام الحزمة الإحصائية للعلوم الاجتماعية(SPSS 26) ، بينما حُللت البيانات النوعية باستخدام تحليل المحتوى لتحديد الموضوعات والمواضيع الفرعية. وتم الحصول على الموافقة الأخلاقية من اللجنة الأخلاقية بجامعة القدس، كما مُنحت الإذن من وزارة الصحة الفلسطينية. ووقع جميع المشاركين على نموذج موافقة.

النتائج: كشف التحليل أن الأمهات اللاتي لديهن أطفال مُشخصون بسرطان الدم واجهن تحديات كبيرة تم رصدها في الموضوعات الخمسة الرئيسية التي انبثقت من التحليل: القضايا العاطفية، وتأثير مرض الطفل، والمعوقات الناجمة عن الوضع السياسي، واحتياجات الأمهات ، وآليات التكيف التي تستخدمها الأمهات لإدارة تحدياتهن. ويسلط كل موضوع الضوء على جانب محدد من تجاربهن. بالإضافة إلى ذلك، تم تحديد تسعة عشر موضوعًا فرعيًا لتوفير فهم أكثر تفصيلاً للنتائج.

الخلاصة: تسلط هذه الدراسة الضوء على تجارب الأمهات اللاتي يعتنين بالأطفال المصابين بسرطان الدم. يُسلِّط هذا البحث الضوء على التحديات العاطفية والنفسية التي يواجهونها، ويُشدّد على ضرورة وجود أنظمة دعم شاملة تُعالج الطبيعة المُعقّدة لتجربة هؤلاء الامهات خلال رحلة الاعتناء باطفالهن.

الكلمات المفتاحية: تجربة الأم، سرطان الدم في مرحلة الطفولة، دراسة نوعية، تحليل المحتوى، آليات التكيّف، التحديات.