

## **Experiences of Mothers in Caring for Their Children Suffering from Cancer: With Special Reference to Maternal Role Performance in Korean Society**

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### **Abstract**

The purpose of this study was to explore and understand experiences of mothers in caring for their children suffering from cancer with special reference to maternal role performance in the sociocultural context of Korea. Using ethnographic research method, this study has 12 mothers as informants caring for their children who were receiving medical treatment for cancers. The study has found a common cultural experience from the mothers expressed as “doing everything that I can.” This cultural theme can be divided into the following 5 categories: putting mother’s personal life down, doing my best for hospital treatment, making all efforts for healing, relying on supernatural agencies, and struggling to sustain treatment. In conclusion, it was shown that mothers in Korea perform maternal role by mobilizing all the resources available in the course of caring for their children suffering from cancer. This study suggests the development of nursing program that understands and reflects the diverse cultural experiences of mothers of children suffering from cancer so that they can perform positively their maternal role in Korean society.

**Keywords:** Maternal Role, Children, Cancer, Ethnography

### **1. Introduction**

Mothers are responsible for a majority of the family health care and the child-rearing in Korean society in which family-oriented value is strong[1]. Especially, the ideology that mothers must take care of their children with altruistic love, self-sacrifice and devotion is strongly internalized by women themselves because it is being learned and continued, with socio-cultural impacts on Korea[2]. Also, despite increasing women’s social activities and changes in values of gender roles, it is

reported that social expectation and demand for maternal role in Korean society remain alive and well[3].

Meanwhile, pediatric cancer, which is a severe disease, is found in children and adolescents under the age of 18. The incidence of that disease has increased by 14.8% in the last five years in Korea, representing the No. 1 cause of death for children in the society[4]. In the recent Korean society, parents give births to one or two children and do their damndest to rear the children. So, when their children has a life-threatening cancer, mothers have a severe guilty feeling for not properly performing their maternal role and give their best in caring for their children[5][6].

In order to provide a comprehensive nursing to mothers caring for children with cancer, it is necessary to understand and interpret in detail the experiences of the caregiver in a cultural context[7][8]. There is a succinct number of qualitative studies that reflect the responsibilities and practical experiences of mothers who have children with cancer based on the understanding of social circumstances surrounding them. In order to have an in-depth understanding of mothers' role performance experiences in caring for their children suffering from cancer in Korean society, which emphasizes a special significance for maternal role, it is important to understand the culture of their daily life that provides a background of the experiences. It is appropriate for this study to have an ethnographic research method, as it leads to a better understanding of a cultural group by entering the everyday life of the inners and describes their thoughts and emotions, behavior and lifestyle, while focusing on their contemporary sociocultural context[9][10].

Therefore, using this method, this study aims to explore and understand the mothers' experiences of maternal role performance in caring for their children suffering from cancer in Korean sociocultural background, and finally provide basic data for developing an effective nursing program for mothers to properly perform their role. The main research question of this study is "what are mothers' experiences of maternal role performance in caring for their children suffering from cancer in Korean society?"

## **2. Method**

### **2.1. Research design**

This is a qualitative research, using ethnographic research method in order to explain and understand mothers' experiences of maternal role performance for their children suffering from cancer in the sociocultural context of Korea.

### **2.2. Selecting research field and informant**

The research field of this study is the pediatric oncology nursing unit at a university hospital in Seoul where this researcher is working at. It is regarded, therefore, as the best place in terms of accessibility of the study, feasibility for permission, and possibility of participation.

The informants were 12 mothers caring for their children who were then receiving treatment for pediatric cancer at the hospital. Informants were selected in a manner of opportunistic, maximum variation, theoretical sampling, as the data were

being collected and analyzed, in on-going process. This researcher explained the aim and method of the study to the two nurses, who introduced appropriate informants, having over 10 years working experience at the oncology nursing unit of the hospital where this research was conducted.

### **2.3.Data collection and ethical consideration**

The data were collected during the period of January 2013 to September 2013, using the field work, such as ethnographic interviews and participant observation.

The main interview question was “what and how do you perform maternal role while caring for your child with cancer?” The in-depth interview was conducted at counseling room in nursing unit. Interviews in the beginning was conducted in descriptive question to have outline of and search domain of the experience, and then gradually structural and contrast question are followed in order to listen and observe what she has in her mind of the informants.

Interview information was recorded on an MP3 player under the consent of the informant, and after finishing the interview process, the recordings and notes were transcribed and confirmed for authenticity by this researcher as soon as possible. Informants were interviewed twice or three times for 2 or 3 hours for each interview.

Participant observations were conducted during interviews of the informants. It is also observed at informants’ daily spot - treatment ward, informant’s home and the shelter of children with cancer.

The data were analyzed together with field notes which were immediately written after the participant-observations and information from informal on-site interviews and data of the children’s medical records were also analyzed. The data collection was done up to the saturation point, when new materials could no longer be found.

For ethical reasons, the data collection began after the researcher informed the informants about the spontaneity of research, the guarantee of the confidentiality of the research contents and utilization of the data for research purpose only, and then, accepted agreement of the informants to participate in this research.

### **2.4.Data analysis**

The data in this study were analyzed according to Spradley’s ethnographic analysis method[9]. This approach has a series of phases to discover and interpret the category, property, and cultural theme, from the various social situations through the process of domain analysis, taxonomic analysis, componential analysis, and theme analysis. Exploring the cultural themes and meanings conducted in the last step is the core of an ethnography research which confirms cognitive principle repeatedly appearing in a culture and finds the relationship between each part and the whole of culture.

Data analysis was done not by one-time process after completing all of the data collection, but by repeating process of disintegration, integration, comparison, modification, interpretation, and re- interpretation of participant observation and collected interview data. This kind of analysis was started from the beginning of the selection of the research issues. As a result, the cultural themes and meanings in this study were found.

To ensure the validity and credibility of the study, the results of the data analysis were submitted for verification to the informants, two nurses having over 10 years working experience at the oncology nursing unit of the hospital where this research was conducted, two nursing professors with ethnographic research experience, and two professors, one from the Department of Korean Literature and another from the Department of Cultural Anthropology.

### **3. Results**

#### **3.1. General characteristics of the informants**

Among the total 12 mothers caring for their children with cancer, 6 were in their 30s and the remaining 6 were in their 40s. In terms of residential district, 10 mothers were from the provincial regions and the other 2 were from Seoul. As for their religious affiliation, 4 mothers were Christian, 2 were Buddhist, one was Catholic, and 5 had no religion. Regarding their occupation, 8 mothers indicated that they quit their jobs after their children were diagnosed with cancer, and the other 4 were full-time housewives.

#### **3.2. Experiences of maternal role performance**

Using ethnographic research method, as the result of exploring mothers' experiences of maternal role performance in caring for their children suffering from cancer in Korean society, and analyzing the meanings, "doing everything that I can" was deduced as the cultural theme. This has meaning structure of 5 categories and 13 properties (Table 1). The cultural theme was categorized as putting mothers' personal life down, doing my best for hospital treatment, making all efforts for healing, relying on supernatural agencies, and struggling to sustain treatment. The identified properties in each category are as follows.

**Table 1:** Meaning structure of experiences of maternal role performance

Cultural theme	Category	Property
Doing everything that I can	Putting mother's personal life down	Taking caring responsibility alone Going to build a fence with others
	Doing my best for hospital treatment	Living away from home for better care Following the medical team with tolerance Making every effort to prevent the side effects
	Making all efforts for healing	Putting all her heart and soul into feeding Changing home and patterns of family life Pursuing methods to facilitate recovery
	Relying on supernatural agencies	Leaning on superstitious acts Living daily with the taboo and praying for fortune Clinging to religions
	Struggling to sustain treatment	Camouflaging social conditions for economic support Pocketing mother's pride for medical expenses

### 3.2.1 Putting mother's personal life down:

This category includes 2 properties of 'taking caring responsibility alone' and 'going to build a fence with others'.

The property of 'taking caring responsibility alone' derives from the social expectations for the maternal role and mother's awareness of lack of role performance.

"...Since my child is sick, naturally it's my responsibility. I gave birth to the child, nourished him, and then the child felt ill....Since I have the child with cancer, it becomes so natural at home as well as my company that I have to quit my job and take care of my sick child. Even though my salary was higher than my husband's, and my job was more secure than my husband's...still go to the office, leaving the sick child. Well...something like that kind of attention was...My husband hardly came to the hospital. When he comes to the hospital, he stays there for a short while. So, he does not know properly...That's why I have to take care of everything..."(Informant 2)

The property of 'going to build a fence with others' results from the daily life of being one in body and spirit with the child who is being isolated for treatment.

"...It has been four years since I come and go, just from the hospital and my home. Our kid is finished, if the kid gets a cold and fever. Keeping away from others, like a kid living in a glass bottle... Worrying that viruses are coming in from outside, do not allow any relative to enter...Besides, I have to be hands and foot of my child because the kid has physical defects, unlike other children, as if my kid and I are one

body. I, too, have built a fence between me and the others. I, too, need rehabilitation, when my kid gets rehabilitation. To walk out of the world...(Laughter).”(Informant 1)

### **3.2.2. Doing my best for hospital treatment:**

This category includes 3 properties, namely, ‘living away from home for better care’, ‘following the medical team with tolerance’, and ‘making every effort to prevent the side effects’.

First, the property of ‘living away from home for better care’ is to move from provincial region to Seoul in search of famous doctor or hospital to provide the better care to the child.

“... Local hospitals there could not diagnose this disease, then, how do they provide a treatment? Here, the hospital is huge in scale, compared with the locals. I wanted to see my kid would get a treatment at this hospital, even if, I would live away from my home. And, then, my husband lives at home, the child’s brother and sister live at my mother’s home, and the kid and I mainly live at the shelter here. The whole family is scattered like a separated family. I have already spent this kind of life more than a year... in order to get the treatment here by packing two huge bags and carried the child on my back, like a seller carrying a pack on his back...”(Informant 11)

Second, the property of ‘following the medical team with tolerance’ is to tolerate dissatisfaction about the medical team and following them in the position of weakness, as I leave my child to the hospital.

“...I am just tolerating since I am in the position of weakness, as I leave my child to the hospital...They are much younger than me, but still just talking down to...after that I was so angry...If I oppose, I may feel good at that moment...It is just like a boomerang...The teachers are also human beings.... Don’t you think that they will treat with a good heart? After all, the problem will return to my kid...”(Informant 8)

Third, the property of ‘making every effort to prevent the side effects’ is to manage thoroughly to prevent the side effects because this is fatal and most suffering to child during treatment.

“... I thought my kid might have fever; I touch him constantly while I am sleeping. When my kid has diarrhea, I stay up all night to provide a sitz bath to kid. In the middle of fanning and drying kid, after giving the sitz bath, at best, the kid, again, did a poop. Even if I just touch the kid with a cotton swab, the kid again pooped. So, in order to not be stained with a poop around my kid’s anal, I just look after my kid’s anal throughout the night by holding a flashlight ...”(Informant 5)

### **3.2.3. Making all efforts for healing:**

This category includes 3 properties, namely, ‘putting all her heart and soul into feeding’, ‘changing home and patterns of family life’, and ‘pursuing methods to facilitate recovery’.

First, the property of ‘putting all her heart and soul into feeding’ is to make efforts to feed the child well unconditionally, with the idea that well-feeding is the fundamental treatment.

“... The child will survive, if the child will eat unconditionally well... The only thing I can do for my kid is to feed the kid well... It is so hard to struggle with and comfort the kid. Every day I mull over how to feed the kid one more spoon of food. How difficult it is! It is more difficult than to please a morning sickness woman. I feel so happy when I hear my kid wants to eat something. Even if it is so expensive, I just think it is a medicine for my child. A day is passed almost in taking care and paying attention to the food for the kid, with the thinking that I have to supplement nutrition to my kid before receiving the next treatment for cancer...”(Informant 3)

Second, the property of ‘changing home and patterns of family life’ is to change home furnishings, structure, environment and patterns of family life taking into account the needs of the sick child.

“... If the lung is infected with fungus, it is most dangerous. So, I become so obsessive over dust, and I bought an air cleaner, replaced the fabrics curtains with blind curtains, and hung out blanket outside whenever there is sunshine. If the child falls down, (the child bleeds) immediately. So, we removed all sofas, tables and beds at home. Thus, when people visit our home, they say that our home looks like a condominium. Nothing is inside, and it is empty. If my sick kid sees ..., he feels like eating, so, we never bring instant foods and ice creams to our home, and we tell his brother and sister to eat them outside and come home.”(Informant 10)

Third, the property of ‘pursuing methods to facilitate recovery’ is to pursue various methods such as home rehabilitation, relieving child’s stress, and public remedy to facilitate recovery and improve immunity with expectation like a thread.

“...Since the kid’s left side was stricken with paralysis, rehabilitation is required for him. But, we have no choice. So, I have read books and taught him hard at our home. As a result, now he can somehow understand the talks ... After all, it is a matter of fighting for a level of immunity. So, I think that getting rid of the child’s stress is the best, and, if possible, I do try to allow whatever he wants to do. If something is good, I try to do it constantly for him, unless it is harmful for him. Since green tea is good for kidney, I continuously feed him with green tea. And since his lung is not good, I have taken him over to the forests that fume away phytoncide. By having a slightest expectation...”(Informant 9)

#### **3.2.4. Relying on supernatural agencies:**

This category includes 3 properties, namely, ‘leaning on superstitious acts’, ‘living daily with the taboo and praying fortune’, and ‘clinging to religions’.

First, the property of ‘leaning on superstitious acts’ is to practice acts such as fortune-teller, exorcism, moving house, changing name, moving the graves of the ancestor like “a drowning man who will catch a straw - out of desperation”.

“...I thought in the past that exorcism is a fraudulent practice... Does it go wrong for the kid? I thought that I could afford that kind of thing because three million won is nothing, while we are living. So, I had exorcism twice, keeping it secret to my husband. Even though I believe in God, and was scared and frightened, I wanted to do everything that I can... Do you think I just only did that? I’ve done all kinds of stuff. I thought that my kid is sick because of my ill-fated life. So, I changed my name and have points removed from my face because one may say that if there are

many points on the face, there are many evils...I felt a big consolation..."(Informant 7)

Second, the property of 'living daily with the taboo and praying fortune' is to pursue daily acts which bring blessings and avoiding acts which suffering the evil.

"... In the past, I put a curse on a beggar. These days, I make a call to donate at least 1,000 won to fund-raising TV program because I think it's so blessed that I give. I think I should not do, if possible, whatever it might bring a misfortune. I tell my husband that not to cut his nails at night and not shake his legs ..." (Informant 6)

Third, the property of 'clinging to religions' is to find a new religion and relying on it, and cling to the existed religion.

"...I did not have a religion...I was desperate to cling to someone. Humans are limited. So, naturally, I was looking for God. I eagerly prayed to God by going to church at dawn, with the desperation of wishing that my child might be cured of the disease..." (Informant 12)

### **3.2.5. Struggling to sustain treatment:**

This category includes 2 properties of 'camouflaging social conditions' such as divorce and property transfer, etc., which, ultimately, have a cost on the mother's future life in order to continue the treatment and 'pocketing mother's pride' to save the medical expense and get support for the fees.

The property of 'camouflaging social conditions for economic support' is to obtain economic support through falsifying documents such as disguised divorce and property transfer, etc., which, ultimately, have a cost on the mother's future life in order to continue the treatment.

"...After getting the first diagnosis, we transferred our house, which belongs to me, and car to the brother of my husband so as to receive supports. When the support was stopped, after the illness recurred, my husband first asked me to have a disguised divorce. In the beginning, I was shocked...Many people do like that. One can receive aids after validating the divorce papers and registering the kid's name on one's own family register. Then, the divorce is really going to be forever. The documents are so. I, too, finally did the same. The child is handicapped, and I do not have income. Therefore, after the divorce, immediately we become eligible to receive aids, so, we need not to pay the medical bills. Even if I do know that, it is bad for me, but, still, I do that... because that is the only way to get constant treatments for the child." (Informant 9)

The property of 'pocketing mother's pride for medical expenses' is to discard her face and actively fight to save the medical expense and get support for the fees.

"...Teachers (doctors and nurses) in the hospital complain that every time your kid is admitted to the hospital, you are talking about getting into the multi-bed ward for many... I, too, frankly feel humiliated, and my pride is hurt. Poverty is not power... However, I just go ahead, not caring at all because I am not in a position to mind others. When we need to apply for aid, my husband told me that you go to... because if the mother begs, the better the chance to get aid. Therefore, I just went to ... after buying a pack of juices and bringing it there, while I carried my sick kid on my back. I thought that I need to show we are the most miserable..." (Informant 4).



#### **4. Discussion**

The result of this study showed that the cultural theme of mothers' experiences of maternal role performance in caring for their children suffering from cancer in Korean society is "doing everything that I can." This is the cognitive principle repeatedly appeared in the culture of mother group caring for their children suffering from cancer. And this includes the experience of being changed internal aspects of previous beliefs, values, way of thinking as well as external environments such as mother's livelihood and job, marriage life, family life pattern.

It was confirmed that due to social, cultural and historical influences of Korea, consciously and unconsciously learned maternal ideology is inherent in the root of mother's practical actions and wills of doing her best of the child by sacrificing herself. One can see in previous several studies that it is a universal experience that mothers having children with chronic severe disease including cancer try to do everything for their children. It is reported that motherhood, trying to do everything that she can with the wish for curing the disease at any cost, is strongly expressed in Korea when cancer meaning death occurs to her child and the mother's value focused on the child is strongly formed[5]. In this context, it is said that experiences of maternal role performance in caring for their children suffering from cancer in Korean society, where expectations and demands for maternal role are strongly expressed, has more unique meaning of experiences.

The category of 'putting mother's personal life down' is mothers have the experience of being built a fence with others while giving up their jobs when cancer of their children are diagnosed, and the taking responsibility alone in caring the sick child. It was caused by a perception of not only mother herself, but her family as well as society, that of course, mother must take the responsibility of caring for the child suffering from cancer, is naturally shared. It means that the responsibility of getting a cancer of the child is shifted to the responsibility of caring for the child suffering from cancer intact. This is the same context of the study that argues a mother finally gives up her own personal value for the traditional value of the maternal role being internalized because her child has a chronic severe disease like cancer[5].

It is reported that mothers who are keeping their jobs have high pride and hope[10]. And, many researches have shown that feelings of social isolation, which mothers have experienced in the process of caring for their children, have bad impacts on mothers' psychological health[11][12]. In the light of these results, it is hard to see mothers' role performance identified in this category as a positive experience for coping mechanism. And also, the result of this study shows that caring role for child suffering from cancer, which needs a special caring, is not properly shared with in the circumstance[3] where Korean men's participations in caring are significantly lower than other countries. An appropriate intervention is required because role burden and role conflicts of mothers will be secondarily predicted.

The category of 'doing my best for hospital treatment' is enduring of living away from home with only the determination to provide the best treatment for the sick child, following the medical team, and making every effort for the hospital treatment.

In this study, it is found what do mothers best for the cancer treatment of the children is hospital-oriented medical treatment, and every mother is thinking that out

of the treatments, medical team is the most important factor. That's why, if mothers decide that a better treatment from the hospital or the medical team cannot be expected, they move to the other hospital for the best treatment. And they try to get along better with the medical team by controlling their feelings because they are in the position of weakness as they leave their children to the hospital. This indication is matched with the result of the studies[12][13] that above all, parents having children with cancer are heavily relying on the medical team. It is accepted in the East as well as the West that medical treatment is the most common treatment for pediatric cancer.

It is reported in many previous studies[6][7][12][13] that mothers having children with cancer have a very negative feelings in relations with the medical team. In this regards, it is necessary to have an intervention in improving the teamwork. The mother, as a member of the medical team of pediatric cancer, should have a positive thinking about the medical team.

The category of 'making all efforts for healing' is to mobilize all supplemental methods, besides hospital treatment, to maximize the therapeutic effect. It is the experience of making all efforts for healing, namely, putting all her heart and soul into feeding, changing home environments and patterns of family life, and putting efforts for recovery by having rehabilitation and improving immunity. These kinds of mothers' role performances indicate that caring for children with cancer is expended to prevention and improvement levels beyond the treatment for the disease only. It is also a result of reflection on the caregivers' demands for the management of children suffering from cancer. This suggests necessary of comprehensive nursing intervention to meet the expended demands of caregivers, given that situation, when the clinical nursing for children with cancer is focused on drug-oriented treatment center.

The properties in this study, namely, mothers having children suffering from cancer are trying to various methods and making all efforts for healing the disease of their children, are very similar with the response of other cancer patients and their families in Korean society. However, there are, in detail, some differences from the universal healing methods for adult cancer. Most of adult cancer patients in Korea have strong tendencies to accept indiscriminately and apply primarily alternative therapies or dietary therapies commonly known in the market to expect special healing miracle while the cancer is developed[14]. On the other hand, mothers having children suffering from cancer regard as just a supplementary method for the treatment rather than rely solely on non-medical treatment. It was noticed that most of all, mothers consider safety of their children as the top most important thing and adapt scientifically proven universal foods and treatments.

The category of 'relying on supernatural agencies' is the experience of pursuing various reliable activities by looking for a miracle with earnest heart, while changing their own beliefs and values. In particular, mothers follow shamanism or superstition which they were used to neglect or are indifferent in before their children get the disease, and rely on religion. These kinds of activities have been happened with a slightest expectation of 'just in case' and a strong will of motherhood of 'what would I not?'

It was found that every informant including the mothers, who have religions such as Christianity, Buddhism and Catholicism, of this study have experiences of having shamanic activities more than one time. And they also have routinely practiced other superstitious acts. Folk beliefs to Korean are defined as irrational and unusual in a cognitive aspect. But, in practical daily life, it is accepted as a universal way of life which is widely practiced[15]. This is the same context of a study[15] that argues if desire regarding particularly health, fortune and safety are reflected, it become a strong belief.

Meanwhile, this study found that the reason of their children falling ill is considered due to mothers' fundamental 'wrong' and 'jarring'. In this regards, the experiences, from changing their names to having cosmetic surgical procedures in order to repair and solve the reason, were identified. Thinking and attitude of 'I am to blame for it' finding the reason of their children falling ill was understood through the expressions of mothers such as 'My physiognomy is strong', 'My name is bad', 'I was born under an unlucky'. These kinds of activities can be given a positive meaning of mothers' active experiences which come from an inborn maternal instinct. On the one hand, however, these activities are interpreted as an aspect of distorted role performances that mothers are trying to correspond with responsibility of motherhood roles internalized through learning and sublime motherhood which is being expected in Korean society.

Actions relying on the supernatural in this category are significance for nursing that mothers have emotional comfort and stability through. That is, these experiences become a coping mechanism to promote the psychological health of the mothers and induces positive maternal role. This is a result that supports the researches[16][17] emphasizing nursing intervention which utilize cultural factors flexibly affecting care and understanding the cultural diversity of nursing caregivers. Non-medical health behaviors are widely practiced under the current health care situation in South Korea. In this circumstance, nursing providers should not ignore and regard this kind of mothers' behaviors as a non-scientific as well as a useless one from a Western-oriented point of view. It is necessary to have a understanding view about what they have in their mind that are existed in their root of acts in terms of a cultural context.

The category of 'struggling to sustain treatment' is the experience of mobilizing all possible resources by bearing future crisis in front of mothers and giving up her own pride in order to make medical expenses for maintaining the treatment. It was found that mothers' having children with cancer are desperately trying to raise medical expenses unlike conventional wisdom of Korean society that traditionally responsibility of home economy goes to husband. In particular, mothers predict that camouflage divorce, the illegal activity, will bring a contradictory situation which will ultimately disintegrate conjugal relations and the family. However they have to accept this situation to meet conditions for getting support of medical expenses.

It is understood that mothers inevitably select even an extreme measure under the cultural context of Korean society where child-centered value of 'the child takes precedence over the marital relationship' is traditionally strong, and under the

situational context that they can't give up the treatment for the child due to intensifying economic pressures. This experience can be seen as a major crisis in the whole life cycle perspective of the mother under the socio-cultural situation of South Korea where in a married woman's life, the family and children mean for her whole life.

Mother, on the other hand, goes ahead with laying her pride aside to request financial support. There is a perception that woman is the weak and object of care in society which is still scattered on the bottom of the Korean society, along with the attitude of patriarchal society that values the dignity of men. In this circumstance, mothers, with no choice, but is faced to accept the role under the invisible pressure.

Maternal role performance in sacrificing everything of them under the hostage of children and restraints of motherhood is a negative experience which is lowering the quality of life of women. Nursing interventions are urgently needed to encourage the maternal role to be performed and responded healthier and positively.

## **5. Conclusions**

In conclusion, the study has found that the traditional value of maternal role is exerted strongly in the course of performing mothers' caring role for their children with cancer in Korean society. "Doing everything that I can" is a cultural theme deduced through the mothers' experiences of maternal role performance. This theme is unique to the caring culture of Korean mothers that perform maternal role volitionally and practically by mobilizing all the resources that they can access for the treatment and recovery of their children with cancer. This study has emphasized that an understanding of cultural values, faith, and diversity of the community should initially be taken into account in order to provide a comprehensive nursing to mothers caring for their children with cancer. This study suggests, based on the finding, that nursing intervention program must be developed to reflect and be applied to diverse cultural experiences of mothers of children with cancer so that they can positively perform their maternal role in Korean society, which has high expectation from, and put heavy burden, maternal role.

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