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INVASTIGATION OF PATIENT AND HOSPITAL PERCEPTIONS OF CHILDREN PARTICIPATING IN EDUCATION AT THE HOUSE OF COMPASSION

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Abstract

This study was conducted to determine the perceptions of children, one of whose relatives was undergoing chemotherapy treatment and who participated in education at the House of Compassion, about the patient and hospital perceptions and their views on the House of Compassion. Case study design, one of the qualitative research designs, was used. Criterion sampling, one of the purposeful sampling types, was used to determine the study group. The study group consisted of 20 children who participated in the training at the House of Compassion in a hospital in Ankara and one of whose relatives was undergoing chemotherapy treatment. In the study, "Demographic Information Form" was used to collect information about children and parents, "Child Interview Form" and "Children's Pictures" were used to determine children's perceptions of patients, hospital and House of Compassion. The data obtained were analyzed using the descriptive analysis technique. As a result of the research, it was observed that children knew the definition of the hospital, the personnel working in the hospital, and the practices carried out, and emphasized the healing and therapeutic aspects of the hospital. Children reported coming to the House of Compassion to play games, have fun, and have a good time. It was determined that children felt happy and sound in the House of Compassion and that they liked the House of Compassion. As a result, it can be said that the House of Compassion has positive effects on children's perceptions of the patient and the hospital.

Keywords: Children, cancer, chemotherapy, house of compassion.

INTRODUCTION

A disease is a pathological condition that can be diagnosed through competent medical analysis (Amzat & Razum, 2014). In a broad sense, illness is a process that includes the way the ill individual and family members perceive the illness and their reactions to the illness (Kleinman, 1988). According to the family systems theory (Bowen, 1978), there is a balanced and dynamic cycle of functionality among family members and the condition of one family member affects other family members (Issel et al., 1990; Veach, 1999).

The experience of cancer disease can be considered as a traumatic process that afters both the order of daily routine and the lives of patients and their relatives (Onan & Taşdelen, 2024; Yadigaroğlu, 2019).

Long-term and risky diseases such as cancer require reorganization of daily life. At the same time, it can also cause various differentiations in the personalities of individuals who experience the disease (Green et al., 2007). When a parent is diagnosed with cancer, it has a broad range of consequences for all family members and has profound effets on parenting and family functioning (Landi et. al., 2024). Having a parent with cancer is stressful because the caregiving roles between the patient, parent, spouse and children can change according to the dynamics of cancer and family dynamics (Dieperink & Semple, 2023). In particular, the fact that the parent is less physically and emotionally available can affect the child's development and parent-child relationships (Babore et al., 2023; Faulkner & Davey, 2002). It has been found that when a parent is diagnosed with cancer, all family members and family relationship are affected by the disease (Huizinga et al.). The disruption of the daily routine in the family, the change of roles in the home, and the social, emotional, and economic stress experienced by the parents are especially effective on the emotional states of children (Korneluk & Lee, 1998; Purc-Stephenson & Lyseng, 2016). Research shows that children whose parents are undergoing cancer treatment are at high risk for behavioral, physical functions and emotional, social, and cognitive problems (Morris et al., 2018; Walczak et al., 2018; Weaver et al., 2010). In such cases, the effects on the child may vary according to age, gender, whether the parent with cancer is a mother or a father, the nature of the disease and treatment effects, the child's attachment to the sick parent, and family dynamics (Weaver et al., 2010).

On the other hand, it has also been suggested that parental cancer may affect the psychological state of children and the marital quality of parents (Armsden & Lewis, 1994; Christ et al., 1994; Compas et al., 1994, 1996; Northouse & Peters-Golden, 1993; Veach, 1999).

As a result, cancer disease and the accompanying treatment process is a process that causes a decrease in the overall quality of life and disruption of the integrity of life of both the patient's parents and their relatives depending on the effects it has on the individual's personality and daily life (Green et al., 2007; Götze et al., 2015).

In a broad sense, illness is a process that includes the way the ill individual and family members perceive the illness and their reactions to the illness (Kleinman, 1988). According to the family systems theory (Bowen, 1978), there is a balanced and dynamic cycle of functionality among family members and the condition of one family member affects other family members (Issel et al., 1990; Veach, 1999).

Today, how children cope with a parent's cancer has become a topic of increasing interest to researchers (Alexander et al., 2023; Faccio et al., 2018; Morris et al., 2019). The increase in the number of people struggling with cancer all over the world has brought to the agenda the necessity of making various plans to support both the sick parent and his/her family. However, given the impact of parental illness on the entire family system, there is a growing awareness of the best ways to support the patient and their relatives during the treatment process (Asiedu, 2024). At the same time, not only assessing patients' physiologically changing and developing symptoms throughout the diagnosis and treatment process but also the social and psychological assessment of both themselves and their children has a significant impact on their well-being (Lewandowska et al., 2020). It is stated that the inclusion and support of all family members as well as the family member with cancer in the treatment process is important in terms of improving family functionality (Korkmaz, 2024).

It is known that children need more support from their parents to meet their basic needs in the early period. In this period, children's adaptation to changes in the family and their developmental inability to cope with difficult situations cause their parents to be more affected by the disease process (Faulkner & Davey, 2002). Parents diagnosed with cancer have to balance between managing the disease precess and child care responsibilities, which can lead to Parental stress and have negative effects on family well-being (Landi et. al., 2024; Strandh et. al., 2023). This situation has brought the need to support children whose parents are undergoing cancer treatment to the agenda. Many studies have shown that support and intervention programs applied to children whose parents are undergoing cancer treatment are effective in children's ability to cope with the psychological and social difficulties they experience related to the disease (Lewis et al., 2020; O'Neill et al., 2020; Phillips et al., 2022, Phillips & Prezio, 2017). However, some studies have shown that there is a lack of professional support for families affected by parental cancer (Semple & McCance, 2010); health professionals do not have the necessary competencies to provide this support (Grant et al., 2016), and there are difficulties in identifying support services (Martini et al., 2019).

Children should be supported in an age-appropriate manner to identify the impact of a cancer diagnosis, regulate and express their feelings and thoughts about it, and increase their psychological resilience (Visser et al., 2006). Comprehensive support can be provided to patients and their families during these challenging times through various activities organized by professionals such as social workers and healthcare providers (Shah et al., 2017). Phillips and Prezio (2017) found that the intervention program applied to children whose parents were undergoing cancer treatment had positive effects on children's communication skills, academic achievement, and coping with their anxiety.

With the development of health services day by day, hospitals have become not only treatment centers but also psychosocial support areas. In this respect, the importance of education and support services provided for the relatives of patients being treated in hospitals, especially children, is increasing. Our country has various applications where children whose relatives are undergoing treatment can spend effective and quality time in health institutions. House of Compassion, which provides education for children whose parents are undergoing cancer treatment, can be shown as an example of these practices. House of Compassion is a vital structure that contributes to children's education and psychosocial support in the hospital environment. Understanding the effects of the educational content offered in this context on children's perceptions of the hospital and the patient is essential to improving the quality of health services and ensuring that children are affected as little as possible by this process.

Thanks to such practices, children can get away from their anxieties and fears about the hospital and have the opportunity to see in a controlled way what their parents go through during the treatment process in the hospital. The study by Ellis et al. (2017) shows that school-age children with sick parents need a safe space to express their feelings and concerns. Because for the child, the illness and, accordingly, the hospital is a foreign environment that frightens, disturbs, and includes unpleasant experiences. The child does not know the hospital, the hospital staff, and the procedures to be performed there (Çavuşoğlu, 2011). In this respect, it is thought to be essential to reveal the perception of the patient, illness, and hospital in the child's life from the perspective of children who come to the hospital with their parents. Accordingly, this study investigates what shapes children's perceptions of patients and hospitals, which factors affect these perceptions and the role of the training provided at the House of Compassion in these perceptions. In addition, the limited number of studies on this subject in our country, especially the study of children in the hospital and the House of Compassion during the treatment process, strengthens the research's importance. It can be said that the results obtained from the research will shed light on projects, practices, and other studies to be conducted on this subject related to children whose parents are undergoing cancer treatment and their needs. On the other hand, it has also been suggested that parental cancer may affect the psychological state of children and the marital quality of parents (Armsden & Lewis, 1994; Christ et al., 1994; Compas et al., 1994, 1996; Northouse & Peters-Golden, 1993; Veach, 1999).

As a result, cancer disease and the accompanying treatment process is a process that causes a decrease in the overall quality of life and disruption of the integrity of life of both the patient's parents and their relatives depending on the effects it has on the individual's personality and daily life (Green et all., 2007; Götze et al., 2015).

This study was conducted to examine the perception of the patient and the hospital, the views of the children who participated in the education at the House of Compassion in a hospital in Ankara and whose relatives were undergoing chemotherapy treatment in the hospital, and their views on the House of Compassion. For this purpose, answers to the following questions were sought.

1. What is the patient perception of the children who participated in the education at the House of Compassion and whose relatives were undergoing chemotherapy treatment at the hospital?
2. What is the hospital's perception of the children who attended the education at the House of Compassion and whose relatives were undergoing chemotherapy treatment at the hospital?
3. What are the feelings and thoughts of the children who participated in the education at the House of Compassion and whose relatives are undergoing chemotherapy treatment at the hospital about the House of Compassion?
4. What are the perceptions of patients and hospitals in the drawings of children who participated in the education at the House of Compassion and whose relatives were undergoing chemotherapy treatment at the hospital?

METHOD

Research Model

This study was conducted to examine the perceptions of the patient and the hospital, as well as the views of the children who participated in the education at the House of Compassion within a hospital in Ankara and whose relatives were undergoing chemotherapy treatment in the hospital, the phenomenological design, one of the qualitative research designs, was used. The phenomenological design is a research approach that aims to investigate phenomena that we encounter in various ways in daily life, of which we are aware but do not have an in-depth and detailed understanding (Yıldırım & Şimşek, 2021).

Study Group

Criterion sampling, one of the purposive sampling types, was used to determine the study group. Purposive sampling is a non-random sampling approach that allows for an in-depth investigation of information-rich cases based on the purpose of the study (Büyüköztürk, Kılıç Çakmak, Akgün, Karadeniz & Demirel, 2020). Criterion sampling, a type of purposive sampling, involves studying all cases that meet a set of criteria determined by the researcher or prepared in advance (Yıldırım & Şimşek, 2021). In this context, units such as objects, events, etc., that meet the criteria specified for the sample are included in the sampling. In this study, the criteria determined by the researchers for including children in the study group are:

- Displaying typical development,
- Having a parent or close relative (such as a grandparent, uncle, or aunt) undergoing chemotherapy treatment at a Training and Research Hospital in Ankara,
- I have participated in education at the Şefkat Evi within the hospital.

The study group consists of 20 children who meet the criteria determined by the researchers, have participated in education at the Şefkat Evi within a hospital in Ankara, and have a relative undergoing chemotherapy treatment at the hospital. Demographic information about the children and their parents who form the study group is shown in Table 1.

Table 1. Demographic information of children and their parents.

Gender	**n**
Girl	11
Boy	9
Age of Children	
36-48 months	4
49-60 months	7
61-72 months	4
73 months and over	5

Table 1 (Continued). Demographic information of children and their parents.

Gender	n
School Attendance Status	
Continues	10
Discontinued	10
Type of School Attended	
Kindergarten	3
Primary education	7
Frequency of Visiting the Hospital	
Once a week	5
Once every two weeks	5
Once a month	7
Once every six months	3
Number of Siblings	
2	7
3-4	10
5 and above	3
Birth Order	
First child	4
Middle Child	5
Last Child	11
Mother Age	
31-35	2
36-40	6
41-45	5
46 years and older	7
Mother's Education Status	
Illiterate	2
Primary School	12
Middle School	2
High School	2
University	2
Mother's Employment Status	
Working	1
Not working	19
Father Age	
31-35	2
36-40	2
41-45	3
46 years and older	13

Table 1 (Continued). Demographic information of children and their parents.

Father's Education Status	
Primary School	7
Middle School	3
High School	5
University	5
Father's Employment Status	
Working	18
Not working	2
Proximity of the Parent to the Child Receiving Chemotherapy Treatment	
Mother	12
Father	2
Other (grandmother, mother, aunt)	6
Parent Treatment Duration	
6-11 months	11
1-2 years	9

Table 1 shows that 11 of the children were girls and 9 were boys. Four children are 36-48 months old, 7 are 49-60 months old, 4 are 61-72 months old, and 5 are 72 months and older. 3 of the children attend kindergarten, 7 attend primary school, and 10 of the children do not attend school. Among the children who participated in the study, 7 had two siblings, 10 had 3-4 siblings, 3 had five or more siblings, 4 were the first child, 5 were the middle children, and 11 were the last child. When the 'Frequency of Coming to the Hospital children is analyzed, 5 children come to the hospital with their parents once a week, 5 children once every two weeks, 7 children once a month, and 3 children once every six months.

When the ages of the mothers are analyzed, it is seen that the mothers of 2 children are 31-35 years old, the mothers of 6 children are 36-40 years old, the mothers of 5 children are 41-45 years old, and the mothers of 7 children are 46 years old and above. When the educational status of the mothers is analyzed, it is seen that most of the mothers are primary school graduates. 19 of the mothers are not working.

It is seen that the fathers of 2 children are 31-35 years old, 2 fathers are 36-40 years old, 3 fathers are 41-45 years old, and 13 fathers are 46 years old and above. 7 fathers graduated from primary school, three from secondary school, five from high school, and five from university. It is seen that 18 of the fathers are employed and 2 of the fathers are not.

In addition, 12 of the parents receiving chemotherapy treatment are the mothers of the child, 2 are the fathers of the child, and 6 are the paternal grandmother, maternal grandmother, or aunts of the child. Eleven of the parents have been receiving treatment for 6-11 months, while 9 of them have been receiving treatment for 1-2 years.

Data Collection Tools

"Demographic Information Form" to determine the personal information of children and parents, "Child Interview Form" to evaluate children's perceptions of "patient" and "hospital," and "Children's Drawings" on "Patient and Hospital" were used as data collection tools in the study.

Demographic Information Form

The Demographic Information Form includes questions about the children's and their parents' personal information (child's age, gender, number of siblings, birth order, parents' age, education level, employment status, duration of treatment, closeness to the child, etc.).

Child Interview Form

The Child Interview Form consists of eight semi-structured questions about the perception of "Patient and Hospital."

While preparing questions for child interview forms, studies in the literature were examined. As a result of the information obtained from the literature, child interview questions were created. The questions were submitted to expert opinion. The interview questions were presented to five field experts. Three of the experts are from the field of preschool education and two are from the field of child development. All of the academics have been working for more than 10 years. Care was taken to use clear and straightforward language to ensure that the children understood the questions more clearly. The form has been finalized according to expert opinions.

Child Pictures

In order to determine the patient and hospital perception of children who came to the hospital with their parents/relatives undergoing chemotherapy treatment, a drawing study on "Patient and Hospital" was conducted. Children were given papers of different sizes and different types of crayons to draw their pictures. The children were asked, "What is a hospital like? What is a disease? Let us draw a picture of the patient and the hospital." The children were instructed to draw a picture. Children were told about their drawings, and their thoughts reflected in their drawings about the perception of "Patient and Hospital" were evaluated.

Data Collection

In order to conduct the research in the House of Compassion within a hospital in Ankara, firstly, the ethics committee permission was obtained from İnönü University Ethics Committee by the decision dated 01.08.2022 and numbered 15/10. After the ethics committee permission was obtained, the necessary permissions for the research were obtained from the chief physician of the hospital where the study would be conducted. Then, it was decided to conduct the interviews one day a week by talking to the responsible teacher working in the House of Compassion within the hospital. Before the interviews, a consent form was obtained from the parents of the children who participated in the education at the House of Compassion. Consent was obtained from the children and their parents, and children who volunteered were included in the study. After the consent of the parents was obtained, demographic information forms were filled out in the presence of the parents. After the demographic information forms were completed, one-on-one interviews were started with the children. Before the interviews with the children, the children were introduced to each other and had a short chat, and then the interview questions were asked to the children. After the children completed the interviews, each child was asked, "What is a hospital like? What is the disease? Let us draw a picture of the patient and the hospital." A4 paper and crayons were given to each child, and they were asked to draw a picture of 'Patient and Hospital.' Children were given the opportunity to complete the drawing. Of the 20 children who participated in the study, 15 children participated in the drawing study, while five children did not want to draw. After the children had completed their drawings, they were talked to about their drawings and their opinions were taken about what they drew, what they wanted to tell, and what they felt. The researcher took notes of what the children said and completed the drawing study.

Data Analysis

The data collected in the research were analyzed using descriptive analysis techniques. In the descriptive analysis technique, the data obtained are summarized and interpreted under previously determined headings or according to the conceptual framework (Gürbüz & Şahin, 2018). The data from your study was analyzed by all three researchers. It was determined that the researchers' analyses were consistent. In the analysis of the data, evaluation was made by taking into account the answers given to the questions asked in the semi-structured "Child Interview Form." The subject headings "Hospital," "Illness," and "House of Compassion" in the semi-structured "Child Interview Form" formed the themes, and the answers given by the children were analyzed and grouped according to their similarities to form sub-answers. Data collected under three themes were expressed in figures. The thickness of the relationship arrows was changed according to the frequency of sub-responses. For a clearer understanding of the data collected in the study, for example, Child 1 (C 1) was coded as Female (F), Male (M). In order to increase the validity of the study, direct quotations from the children's responses were included in the findings section. The children were asked to describe the "Patient and Hospital" themed pictures drawn by the children participating in the study; the children's narratives were noted, and their thoughts reflected in their drawings were evaluated.

RESULTS

In this section, the research findings derived from interviews conducted to determine the perceptions of illness and hospitals among the children who came to the House of Compassion, as well as the analysis of their views on their drawings, are presented.

Findings on Perceptions of Disease and Hospitals from Interviews with Children at the House of Compassion Hospital

Under the "Hospital" theme, the children participating in the study were asked the following questions: "What kind of a place is a hospital?", "What is done in a hospital?" and "Who comes to the hospital?". All of the children (f=20) answered the question, "What is a hospital like? What is done in the hospital?" they answered that the hospital is a place where treatment is provided. However, "It is a very nice place" (f=6), "It is a boring place" (f=1), "It is a normal place" (f=1), and "It is a place where reports are taken" were the other statements. In response to the question "Who comes to the hospital?", the majority of the children answered "Patients" (f=14). However, "Children" (f=3), "Parents/relatives" (f=2), "People who want to be examined" (f=2), "Customers" (f=2), and "Doctors" (f=1) were the other answers.

Some of the children's statements about the definition and content of the hospital and the people who come to the hospital are as follows.

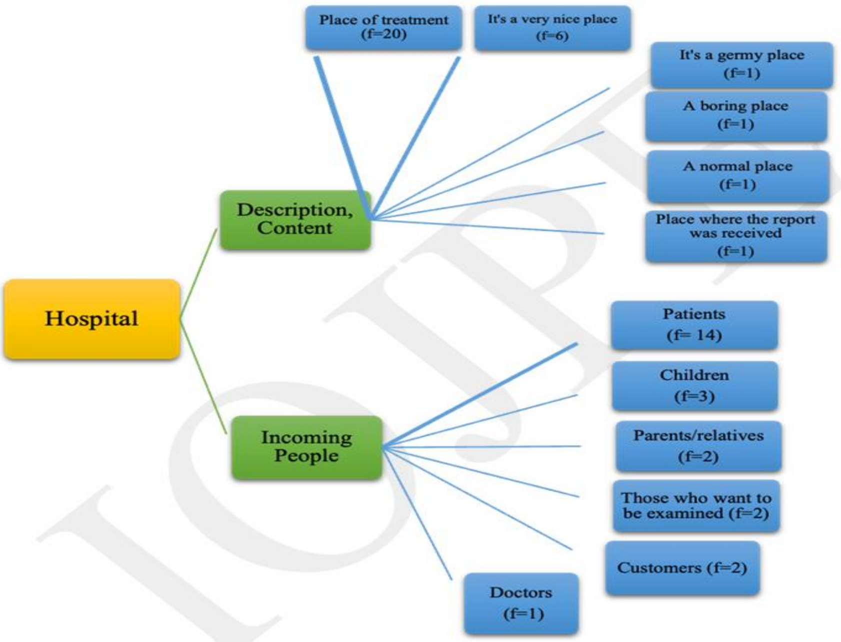

Figure 1. Children's views about the hospital.

"It is a very nice place. Patients are helped and examined. Those who want to be examined come here." (C2, F)
"In the hospital, needles and stitches are given. Patients are given medicine. Patients come for dressings and injections." (C3, F)
"It is a place that examines and heals patients. If you are sick and want to be taken care of, that is why you come. Patients come." (C7, M)
"It is a place that heals the sick. They listen to the heart with a telescope. We come when we are sick, and our illness does not go away. Patients come to the hospital." (C10, M)
"Patients are taken care of and examined. It is nice; I like this place very much. Patients come here to heal and be treated."(C11, M)
"It is a place that treats patients. There are departments. Blood is taken, and doctors examine them. Patients and doctors come to the hospital." (C15, F)
"It is a surgical center. Medication is given. Patients come." (C16, F)
"There are injections, examinations. There are tools. Patients whose illness does not go away come." (C14, F)

Disease

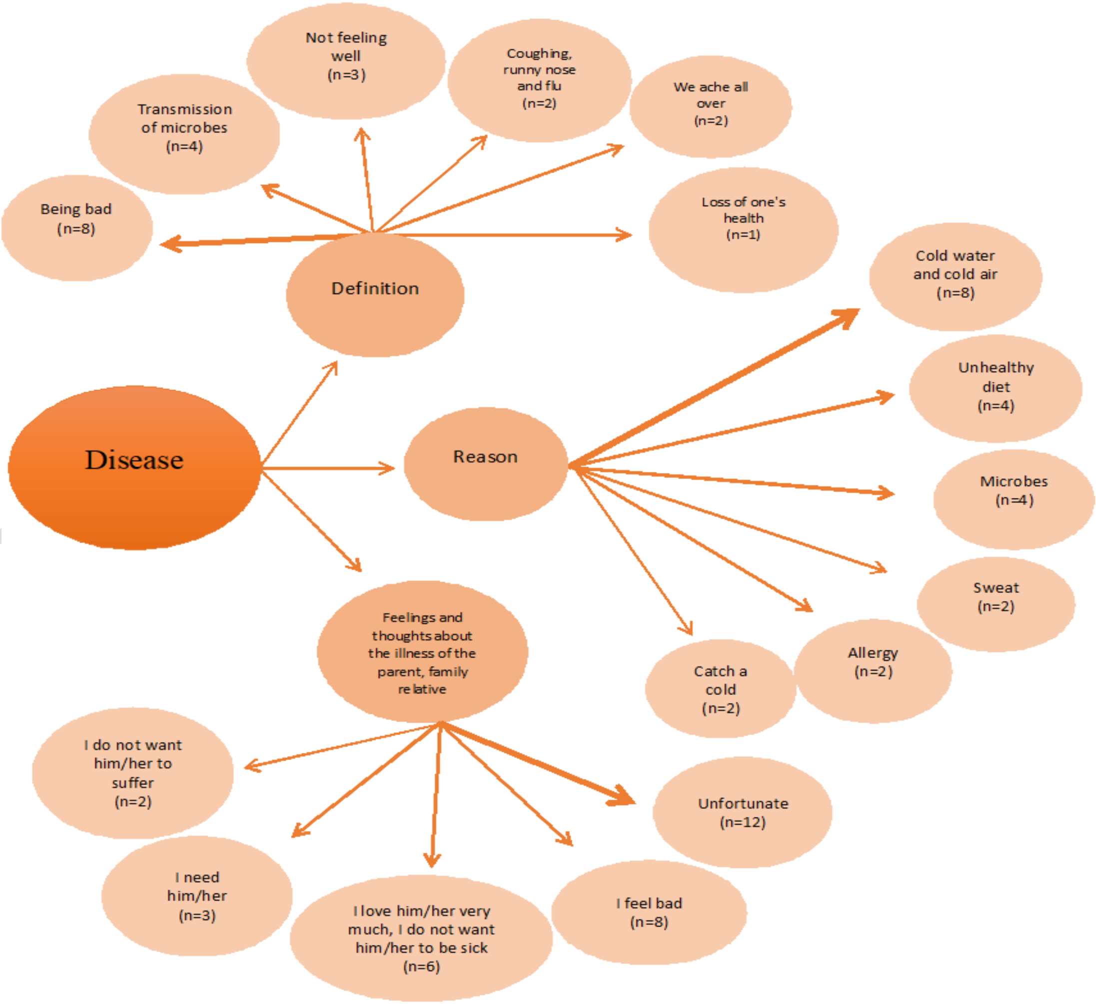

Figure 2. Children's views about the disease

Under the theme of " Disease," the children participating in the study were asked the questions "What does it mean to be sick?" and "Why do we get sick?". The majority of the children (f=8) answered "Being bad" to the question "What does it mean to be sick?". However, "Being contaminated by germs" (f=4), "Not feeling well" (f=3), "Coughing, runny nose and flu" (f=2), "Every part of us hurts" (f=2), and "Loss of one's health" are other expressions. In response to the question "Why do we get sick?", the majority of the children (f=8) stated that they get sick because of "cold water and cold air," while others stated that they get sick because of "unhealthy diet" (f=4), "germs" (f=4), "sweating" (f=2), "allergies" (f=2) and "catch a cold" (f=2).

Some of the children's statements on the definition of the disease and the causes of the disease are as follows:

"Not feeling well. We get sick when we sweat." (C1, F)

"It means something. If we catch a cold, we will get sick. " (C5, M)

"It means catching a germ from outside. Children get sick because they run a lot, sweat, and drink water." (C6, M)

"Coughing means having a runny nose and getting the flu. If you play in the cold and go out in a cold place, you will get sick." (C7, M)

"It means not feeling well. If we are allergic, we get sick, to flowers, etc."(C8, F)

"It is to be bad. If we drink cold water and do not wear warm clothes in cold weather, we will get sick." (C12, F)

"It is the loss of one's health. If we eat junk food and don't eat healthy, we will get sick." (C15, F)

"It means being bad. Because of overeating sugar." (C18, F)

After the children were asked questions about the definition and causes of the disease, they were asked: How does it make you feel when ...... (mother, father, grandmother, paternal grandmother, aunt...) is sick? The majority of the children stated that they felt "unfortunate"(f=12) due to the illness of their parents or relatives. However, "I feel bad" (f=8), "I love him/her very much, I do not want him/her to be sick" (f=6), "I need him/her" (f=3), "I do not want him/her to suffer" (f=2) were other statements.

Some of the children's statements regarding the illness of the parent or family member are as follows:

"I feel bad. If my mom wasn't sick, we would play games." (C2, F).

"I would not want my mother to be sick; I love my mother very much." (C3, F)

"I feel bad. I cannot hug my father because he has stitches." (C4, F)

"I feel unfortunate. I do not want my mother to suffer." (C6, M).

"Bad things. He/She cannot take me where I want to go." (C10, M)

"I would not want my mother to be sick; I feel bad when my mother is sick." (C14, F)

"I feel unfortunate because my mother is sick. I need her." (C17, M).

"I feel unfortunate; he always has stomach pain." (C20, M)

House of Compassion

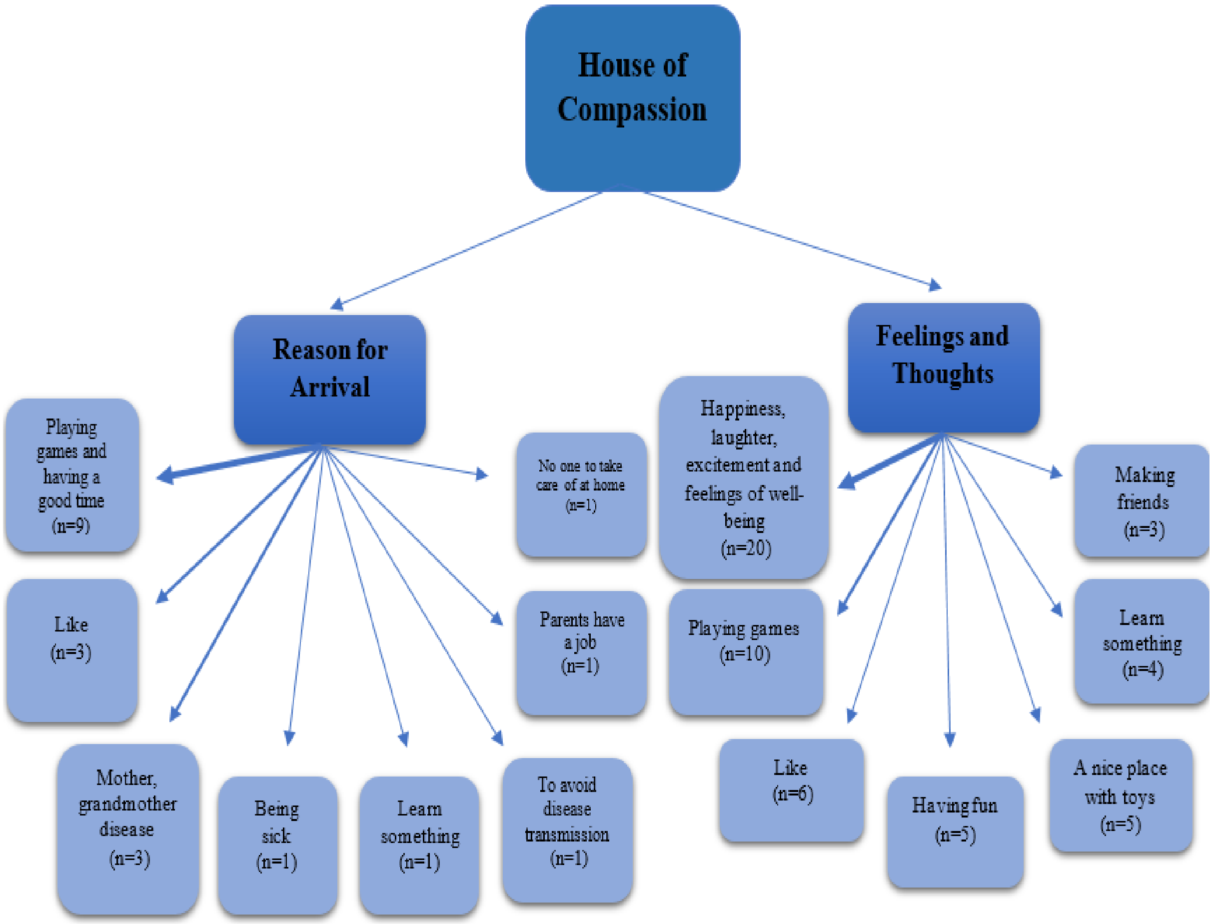

Figure 3. Children's views on the House of Compassion

Under the theme of "House of Compassion," the children participating in the study were asked the following questions: "Why do you come here (to the House of Compassion)?" and "How does coming here (to the House of Compassion) make you feel? What kind of a place is the House of Compassion?" questions were asked. The majority of the children (f=9) answered the question "Why do you come here (to the House of Compassion)?" as "Playing games and haveing a good time." However, some children stated that they came to the House of Compassion for reasons such as "Like" (f=3), " mother/grandmother disease" (f=3), "Being sick" (f=1), "Learn something" (f=1), "To avoid disease transmission" (f=1), " Parents have a job " (f=1) and " No one to take care of at home". "How does coming here (to the House of Compassion) make you feel? What kind of a place is the House of Compassion?" all of the children stated that the House of Compassion created feelings of "happiness, laughter, excitement" and that they "felt good" in the House of Compassion. Regarding the thoughts about the House of Compassion, most children (f=10) said they "playing games" at it. However, some children expressed thoughts such as "like" (f=6), "having fun" (f=5), "It's a nice one with toys place" (f=5), "learn something" (f=4), and "making friends."

Some of the children's statements about the reasons for coming to the House of Compassion and their feelings and thoughts about the House of Compassion are as follows.

"Because my illness did not go away and I was not hospitalized. I like it here, I play games, it makes me feel good." (C4, F)
"I come here because I like it. I feel happy when I come here." (C9, M)

"I *come here because my mom is sick and comes here. I say, 'Mom, do not finish your work quickly because this place is so beautiful. I feel beauty, I get excited."* (C10, M)
"Because I don't want to get sick in the hospital. I have fun, it makes me laugh." (C11, M)
"I come here because my grandmother is sick. It is fun here; I am happy." (C13, F)
"*For fun. It is a nice place. My friends also come here. It makes me feel good to come here."* (C14, F)
"I come to play games. I am happy." (C17, M)
"I come because it is fun. I feel happy." (C19, M)
"*I come to play and learn something. It feels good*" (C20, M)

Findings on Perceptions of Disease and Hospitals in the Drawings of Children at the House of Compassion

Children express their feelings, thoughts, and opinions about situations and events through pictures, which provide essential information about the child's inner world and growth process and are a more effective means of communication than words at a young age (Yavuzer, 1995).

For this reason, within the scope of the study, research questions were asked of children, and findings were obtained through pictures.

It was observed that most children drew the House of Compassion and the hospital, including figures such as happy people, flowers, and the sun, preferred vivid colors in their drawings, and described their activities at the House of Compassion.

Picture 1. Picture of C3 on patient and hospital.

Children's views on their emotions and feelings are reflected in their drawings, and examples of drawings are given below.

In the drawings made by the children, it is seen that they mostly depicted the patient and the House of

Compassion within the hospital (C1, C2, C3, C6, C8, C9, C10, C13, C16). In these pictures, it was seen that they generally described the House of Compassion and the hospital as beautiful and fun places. Examples of this situation are shown in Picture 1 and Picture 2.

"I like it here; it is nice to be here." (C3, 4-5 years)

Picture 2. C2's Picture of patient and hospital.

"I drew the hospital, and next to it is the kindergarten; I like to have fun here." (C2, 5-6 years old)
Only the House of Compassion was drawn in some of the drawings made by the children, while in others, only the hospital was drawn. Examples of this situation are given in Picture 3 and Picture 4

Picture 3*. Picture of C13 on Patient and Hospital*

I drew this place because being here makes me happy; I have fun here." (C13, age 7)

Picture 4. *Picture of C6 on Patient and Hospital*

"I drew the hospital I come to, my mother is sick, and I come here with her. I am happy here." (C6, 4-5 years old)

Children mostly expressed that they liked the hospital and House of Compassion and were happy playing games with their friends and the teacher.

In some of the pictures, children drew their families, sick parents, and doctors (C4, C5, C7, C11, C18, C19). Sample pictures of this situation are shown in Picture 5 and Picture 6.

Picture 5. Picture of C18 on Patient and Hospital

I drew the doctor and my mother because doctors heal my mother. I come here with my mom because I cannot stay alone at home." (C18 5-6 years old)

Picture 6. Picture of C4 on Patient and Hospital

"These are my family. They do not let me see my father because he is sick, I feel sad."(C4, 4-5 years old)

When C4 was asked, "Why are you and your family sad?" she replied, "' *Because I cannot hug my father; he has stitches, they do not let me see him. That is why we are sad.*

DISCUSSION, CONCLUSION, and SUGGESTIONS

According to the first finding of the study conducted to determine the perception of the patient and the hospital and the views of the children, one of whose relatives was undergoing chemotherapy treatment and who participated in the education at the House of Compassion about the House of Compassion, all of the children who participated in the study defined the hospital as a place where treatment is provided. This finding shows that children know the primary function of the hospital. This is thought to be due to children's frequent visits to the hospital and their family life. However, in addition to the answers related to the definition of the hospital, such as it is not a suitable place for children, a place with germs, or a regular place, there were also children who stated that the hospital is a fun place. This finding shows that spending time at the House of Compassion while their parents were being treated positively affected their feelings and thoughts about the hospital. When the opinions of the children about who came to the hospital were examined, it was found that the majority of the children were patients, while the other children gave the following answers: children, those who wanted to be examined, my grandmother, my relatives, mothers and fathers, and doctors. This finding shows that children make statements that reflect the reality as a result of the hospital experiences they frequently experience in their daily lives. When the literature is examined, the studies examining children's perception of hospital, hospital staff, and illness in Turkey are generally studies conducted with children whose parents are not sick and who themselves are sick (Boztepe et al., 2017; Küçük et al., 2020; Manav, 2013; Pekyiğit et al., 2021; Perktaş & Özmert, 2017; Şahinöz, 2019; Taşdemir Akkavak & Sarıkaya Karabudak, 2019; Uysal et al., 2017). Pekyiğit et al., (2021) examined the thoughts of hospitalized school-age children about illness and hospitalization through creative play and sentence completion test. As a result of the study, children defined being healthy as feeling good and having difficulties, while being ill is feeling bad, being separated from family and friends, leaving school, and not being able to do anything. In another study, it was found that children between the ages of 6 and 12 had expectations from hospital staff and the hospital, such as being treated well, having painless procedures, playing games, having playgrounds and toys, and having spacious rooms (Boztepe et al., 2017). As a result of a study examining the effect of the "Hospital Clown" project for hospitalized children on children's perceptions of the hospital, it was determined that the "Hospital Clown" project, which is a psychosocial support application applied to children, positively affects children's perceptions of the hospital (Perktaş & Özmert, 2017).

According to another finding of the study, while defining illness, children mostly interpreted illnesses in their own way and gave definitions such as being evil, being infected by germs, not feeling well, and associated the causes of illness with examples related to their own lives and experiences such as drinking cold water, germs, and unhealthy nutrition. When the children's feelings and thoughts about their parents' and relatives' illnesses were analyzed, it was observed that they were unfortunate, they felt terrible, they were aware of the pain of their parents and relatives, they did not want them to get sick because they loved them very much, and they were sad because they could not spend time with them. Cancer is an experience that not only affects the patient but also deeply shakes the family life (Visser et al., 2006).In the case of a parent's cancer, long-term treatments, frequent clinic visits, and the transformation of the home into a place of care disrupt the routine and program within the home and the disruption of the daily routine, which is an essential part of the lives of preschool, primary school, and adolescence children, negatively affects children and adolescents psychosocially (Shah et al., 2017). Stressful events such as the patient's dependence on others, changes in physical appearance, social stigmatization, and declines in socioeconomic status are not only related to the coping of the sick parent but also affect the development of children (Romer et al., 2002). Considered as a chronic stressor, parental cancer can cause psychological distress, increased depressive symptoms, anxiety, behavioral/emotional problems, stress reactions and poor quality of life from early childhood to young adulthood (Marin- Chollom & Reverson, 2022). Children whose parents have cancer are at high risk for psychosocial, emotional and behavioral problems (Alexander et. al., 2023). Therefore, it is necessary to develop targeted interventions that provide support not only to the patient bur also to the whole family system in case of Parental cancer (Perak, et. al., 2024). Karayağmurlu et al., (2021) conducted a study to evaluate depression, anxiety and quality of life of children and adolescents whose parents were diagnosed with cancer and found that depression and anxiety rates of children whose parents were diagnosed with cancer were higher than children whose parents were not diagnosed with cancer, They found that the quality of life levels were low and emphasized the psychological effects of parental cancer on children and stated that the psychosocial effects of cancer should be evaluated and family-based, multidisciplinary approaches should be adopted. In another study, it was found that the mean scores of anxiety, depression, and negative self-image of children with a parent with cancer were higher than those of other children; the roles of children in the family changed, and they experienced some difficulties after the parent became ill, and it was stated that the psychosocial care of family members, especially children, should not be ignored in the treatment process of patients with cancer (Küçükoğlu, 2007). In a study conducted with children who last one of their parents to cancer, it was found that children needed more psychological support, especially when their parents' illness progressed rapidly and during the first six months after death (Høeg et. al., 2023) and children's mental health is negatively affected (Kravdal et. al., 2024). As seen in the related research findings, parental cancer affects children psychologically and reduces their quality of life. When we look at the findings of this study, children stated that their parents were sad about their relatives' illness, that they needed them, and that they did not spend time together. However, they positively expressed the time spent at the House of Compassion during the treatment of the parent. While the children who participated in the study had positive perspectives about the hospital, their perspectives about the disease were negative. It can be said that the time they spent at the House of Compassion had an effect on their positive view of the hospital, while the illness of the parent, family member, and their own experiences had an effect on their negative view of the illness. The fact that the children described the disease as bad emphasized the healing and therapeutic aspect of the hospital and evaluated the hospital environment positively shows that the House of Compassion application is a family-based application and provides psychosocial support for children whose parents or relatives have cancer, and positively affects the perspectives of young children towards the hospital.

Children's negative perspectives on the disease shaped by personal experiences, such as being sick, coughing, and feeling sad about their parent's illness, and children's statements did not include information about the severity of the parent's or family member's illness, such as cancer. There were no indications that parental cancer significantly affected the child's social and emotional development. It is thought that the reason for this situation may be due to the age group of the children, the statements they gave within the scope of the research, and their daily life experiences. When the literature is examined, it is seen that there are studies that support this finding. In one of these studies, social and emotional changes in children and adolescents were examined in the one-year period after their parents were diagnosed with cancer. As a result of the research, it was observed that most of the children, particularly those in the younger age group, experienced fewer or similar problems compared to both the norm group, whose parents had not been diagnosed with cancer, and the group whose parents had been diagnosed 1 to 4 years earlier. (Visser et al., 2007). In another study, parent and child reports were obtained on the social and emotional problems of children whose one parent was diagnosed with cancer. Parents reported little emotional distress or disturbing behavior in their children. However, unlike their parents, adolescent girls reported high levels of anxiety, depression, and aggressive behavior. While children's reports of problems decreased in subsequent assessments, those of parents remained the same (Welch et al.,1996). As seen in the research findings, children's problems due to parental illness may not be detected. However, this does not mean that children are not negatively affected by the illness. As a matter of fact, as in other research results mentioned above, children can also be affected negatively by parental cancer (Karayağmurlu et al., 2007). Parental cancer poses an emotional threat to the child. Research results vary according to whether children or parents report symptoms, whether the mother or father has cancer, and the age and gender of the children (Welch et al.,1996). Therefore, it is essential for families and specialists to observe children whose parents have cancer in accordance with their age and developmental level and to provide appropriate support in order to prevent possible problems.

When the opinions of the children who participated in the training at the House of Compassion while their parents or close relatives were undergoing chemotherapy treatment were examined, the majority of the children stated that they came to the House of Compassion to play games, have fun, and because they loved them. In addition, there were children who stated that they came because of their parents' illness, to prevent disease transmission, and because there was no one at home to take care of them. It was determined that the children had feelings of happiness, laughter, excitement, and feeling good about the House of Compassion, that they played games at the House of Compassion and liked it, had fun, learned something, and made friends. These findings show that some of the children were aware that they came to the House of Compassion because of their parent's illness. The fact that the children did not have negative feelings and thoughts towards the House of Compassion, that they liked the House of Compassion, had fun, and learned new things shows that the children were supported positively in terms of psychosocial aspects during the treatment of their parents and relatives. Some studies analyzed in a study examining the studies conducted between 1985 and 2015 to determine the psychosocial needs of children and adolescents with parental cancer showed that children between the ages of 5-18 with parental cancer need a "safe space" where they can express their feelings and concerns (Ellis et al., 2017). In a study conducted with children aged 10-18 whose parents had a mental illness, it was concluded that children felt fear, self-blame, and loneliness related to their parent's illness (Östman, 2009). As seen in the research findings, children with a parent with a severe illness are at risk for psychosocial and emotional disorders (Huizinga, 2006; Romer et al., 2002). Children with parental cancer may have a wide range of informational, social, emotional, and practical needs, many of which cannot be met without planned specialized interventions (Ellis et al., 2017). From the perspective of family system theory, the family structure is a complex and integrated whole, and changes that occur in one parent in the family, such as parental cancer, affect all family members, and parents, spouses, and children may have unique reactions to the disease (Huizinga, 2006). For this reason, it is essential to increase the quality of practices such as House of Compassion for psychosocial support of children whose parents have cancer or other diseases in order to prevent children from being negatively affected by parental cancer or to overcome this process with minimal damage. There are various programs, practices, and organizations that support cancer parents and their families. One of these is an organization that aims to provide psychological support for young people who have cancer themselves or their relatives (Canteen, ty.), and another is the "We Strengthen Bonds / Family Communication in Cancer Treatment" program (Lewis et al., 2016), which is implemented in different regions such as America, Europe, Japan and Turkey (Neolife, 2015) to reduce the emotional depressive states of mothers and improve the behavioral-emotional adaptation of mother and child against cancer, 2016). The Şefkat Evi (House of Compassion), which was examined within the scope of the research, is a project established by the Turkish Red Crescent Society to support children whose parents or relatives are undergoing cancer treatment and to provide free education within a hospital in Ankara. Within the scope of the project, individual and group psychosocial support activities, workshops, drama, handicrafts, art, and design activities are carried out in the playground opened under the name of Şefkat Evi Children and Entertainment Center (Kızılay, 2018). In a study conducted by Lewis et al. (2016), it was found that the depressive mood and parenting skills of mothers with cancer who participated in the Strengthening Bonds Program improved positively, children showed improvement in behavioral and emotional adaptation, and externalization problems, anxiety and depressive moods decreased significantly. According to another study examining the effects of a preventive family support program prepared for children aged 5-18 whose parents had incurable cancer on children, it was found that children felt safer, and their knowledge and understanding increased after the program (Bugge et al., 2008). As revealed in the findings of the current study and related studies, children with cancer parents need areas where they can feel safe and be supported socially and emotionally.

Within the scope of the research, in addition to the child interviews, a drawing study on "patient and hospital" was conducted with children. Drawing is a communication tool that provides non-verbal communication with the child, where the child can express his/her feelings comfortably and is one of the techniques that can be used to obtain information about children's hospital experiences (Erçin & Çetinkaya, 2019). In the related literature, there are studies in which children's drawings were used to evaluate children's perceptions of hospital staff (Taş et al.,2006; Uysal et al., 2018), their perceptions of hospitalization (Wilson et al., 2010), and children with cancer's feelings of self-esteem, anxiety, and aggression (Köçkar & Gürol, 2013). As a result of the research, it was observed that children reflected their feelings and thoughts about the patient and the hospital in their drawings. However, it was observed that the child and other family members were sad in one of the drawings and that the child expressed that he could not contact his father because of his father's illness. The emotions reflected in the children's drawings were in line with the findings obtained from the interviews. Children portrayed the hospital environment as a positive, fun, and pleasant place to spend time. It is seen that the fact that the House of Compassion is located within the hospital and that children have fun and play games at the House of Compassion while their parents are being treated prevents the negative perspective of the majority of children toward the hospital. The feelings expressed by the children towards the House of Compassion in their drawings support this situation.

As a result, it was determined that children had a positive perspective towards the hospital, defined the concept of disease mainly based on their own experiences, and did not have detailed information about cancer from their parents and relatives. It was inferred that the House of Compassion within the hospital was effective in children's perspectives on the hospital and cancer in their parents and relatives.

The current study was designed using a qualitative method. In other studies to be conducted, quantitative data collection tools can be used with a larger sample size, and generalizable results can be obtained regarding the effect of House of Compassion on children's perceptions of hospitalization and illness. Within the scope of the research, only children's feelings and thoughts were addressed. In other studies to be conducted on the same subject, the effects of psychosocial interventions in the cancer process on children can be addressed more comprehensively by taking the opinions of the staff of the House of Compassion, Support Program, etc., and parents together with the children. The findings of the current research show that House of Compassion has positive effects on children whose parents or relatives are undergoing cancer treatment. Similar training and playgrounds can be planned in other hospitals in different provinces and countries and in other departments of hospitals with oncology to provide psychosocial support for children during the illness of their parents and relatives.

Ethics and Conflict of Interest

This research has an ethics committee permit issued by the Inonu University Ethics Committee on 01.08.2022 with the decision numbered 15/10. All rules specified in the "Higher Education Institutions Scientific Research and Publication Ethics Directive" were followed throughout the entire process from the planning to implementation of this research, from the collection of data to the analysis of the data. None of the actions specified in the second section of the directive, titled "Actions Contrary to Scientific Research and Publication Ethics", were carried out. Scientific, ethical and citation rules were followed during the writing process of this research; no falsification was made on the collected data. This study has not been sent for evaluation to any other academic publication environment. There is no conflict of interest among the authors of the research. In addition, the authors declare that they do not have any conflict of interest with other persons, institutions or organizations.

Author Contribution

All authors contributed equally to the research.

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REFERENCES

Alexander, E. S., O'Connor, M., & Halkett, G. K. B. (2023). The psychosocial effect of parental cancer: qualitative interviews with patients' dependent children. *Children, 10*(1), 171. https://doi.org/10.3390/children10010171

Amzat, J., & Razum, O. (2014). Health, disease, and illness as conceptual tools. Medical Sociology in Africa, 21–37. https://doi.org/10.1007/978-3-319-03986-2_2

Asiedu, C., McKinney, N. S., Willis, A. I., Lewis, F. M., Virtue, S., & Davey, A. (2024). Cancer and the family: Variations by sex and race/ethnicity. Cancer medicine, 13(2), e6969. https://doi.org/10.1002/cam4.6969

Babore, A., Trumello, C., Brandão, T., Cavallo, A., & Bramanti, S. M. (2023). Maternal cancer and perception of child psychological adjustment: The role of mother's anxiety, depression, and parenting stress. *Cancers, 15*(3), 910. https://doi.org/10.3390/cancers15030910

Boztepe, H., Çınar, S., Ay, A. (2017). School-age children's perception of the hospital experiences. *Journal of Child Health Care, 21*(2), 162-170. https://doi.org/10.1177/1367493517690454

Bugge, K.E., Helseth, S., & Darbyshire, P. (2008). Children's experiences of participation in a family support program when their parent has incurable cancer. *Cancer Nursing, 31*, 426–43. https://dx.doi.org/10.1097/01.NCC.0000339250.83571.b0

Büyüköztürk, Ş., Kılıç Çakmak, E., Akgün, Ö. E., Karadeniz, Ş., & Demirel, F. (2020). *Eğitimde bilimsel araştırma yöntemleri* [Scientific research methods in education]. Ankara: Pegem.

Canteen (ty.). My parent or carer has canser. https://www.canteen.org.au/young-people/parent-carer-cancer

Cockerham, W. C. (2004). *Medical sociology*, (9th Edition). New Jersey: Pearson Prentice Hall.

Dieperink, K. B., & Semple, C. (2023, August). Parental cancer in young families-a unique opportunity for family-centered care. In Seminars in oncology nursing (p.151485).

Ellis, S. J., Wakefield, C. E., Antill, G., Burns, M., & Patterson, P. (2017). Supporting children facing a parent's cancer diagnosis: a systematic review of children's psychosocial needs and existing interventions. *European journal of cancer care, 26*(1), e12432.

Erçin, E., Çetinkaya, Ş. (2019). Resim çizdirme çocuğun hastane deneyimlerini ve onu nasıl etkilediğini anlamanın yolu mudur? [Is drawing a way to understand the child's hospital experience and how they affect them?]. *SAUHSD, 2*(1), 61-75.

Faccio, F., Ferrari, F., & Pravettoni, G. (2018). When a parent has cancer: How does it impact on children's psychosocial functioning? A systematic review. *European journal of cancer care, 27*(6), e12895. https://doi.org/10.1111/ecc.12895

Faulkner, R. A. & Davey, M. (2002) children and adolescents of cancer patients: The impact of cancer on the family, *The American Journal of Family Therapy, 30*(1), 63-72, DOI: 10.1080/019261802753455651

Götze, H., Ernst, J., Brähler, E., Romer, G., & Von Klitzing, K. (2015). Predictors of quality of life of cancer patients, their children, and partners. *Psycho-Oncology, 24*(7), 787–795. https://doi.org/10.1002/pon.3725

Grant, L., Sangha, A., Lister, S., & Wiseman, T. (2016) Cancer and the family: assessment, communication and brief interventions-the development of an educational programme for healthcare profes- sionals when a parent has cancer. *BMJ Support Palliat Care 6*(4), 493–499. https://doi.org/10.1136/bmjspcare-2015-001006

Gürbüz S. ve Şahin F. (2018) Sosyal bilimlerde araştırma yöntemleri [Research methods in social sciences]. İstanbul: Seçkin.

Heiney, S. P., Bryant, L. H., Walker, S., Parrish, R. S., Provenzano, F. J., & Kelly, K. E. (1997). Impact of parental anxiety on child emotional adjustment when a parent has cancer. *Oncol Nurs Forum, 24*, 655- 661.

Høeg, B. L., Christensen, J., Banko, L., Frederiksen, K., Appel, C. W., Dalton, S. O., Dyregrov, A., Guldin, M. B., Jørgenson, S. E., Lytje, M., Bøge, P., & Bidstrup, P. E. (2023). Psychotropic medication among children who experience parental death to cancer. *European Child & Adolescent Psychiatry, 32*(1), 155-165. https://doi.org/10.1007/s00787-021-01846-y

Huizinga, G. A., Visser, A., Van der Graaf, W. T., Hoekstra, H. J., Stewart, R. E., & Hoekstra-Weebers, J. E. (2011). Family-oriented multilevel study on the psychological functioning of adolescent children having a mother with cancer. *Psycho-oncology, 20*(7), 730–737. https://doi.org/10.1002/pon.1779

Huizinga, G. A. (2006). The impact of parental cancer on children (Unpublished Doctorate Dissertation). University of Groningen, Netherlands.

Karayağmurlu, A., Naldan, M.E., Temelli, O., & Coşkun, M. (2021). The evaluation of depression, anxiety and quality of life in children living with parental cancer: A case-control study [The evalution of depression, anxiety and quality of life in children living with Parental cancer: A case- control study]. *Turkish J Clinical Psychiatry, 24*, 5-14. https://dx.doi.org/10.5505/kpd.2020.87699

Kırışoğlu, O. T. (2005), *Sanatta eğitim görmek öğrenmek yaratmak* [To study art, to learn, to create]. Ankara: Pegem.

Kızılay (2018). Tedavi gören annelerin çocuklarına "Şefkat Evi" ["Compassion Hause" for children of mothers in treatment]. https://www.kizilay.org.tr/Haber/HaberDetay/4407

Kleinman, A. (1988). *The Illness narratives - suffering, healing and the human condition*. USA: Basic Books.

Korkmaz, B. C. (2024). Aile odaklı yas terapisinin kanser hastası olan ailelerde aile işlevselliğine etkisi [The effect of family- oriented grief therapy on family functioning in families with cancer patients]. *Turkey Journal of Integrative Psychotherapy, 7*(13), 7-14. https://doi.org/10.56955/bpd.1337695

Köçkar, Ç., & Gürol, A. (2013). Anxiety, aggression and self-esteem analysis through pictures in children with cancer. *Florence Nightingale Journal of Nursing, 21*(1), 33-39 . https://dergipark.org.tr/tr/pub/fnjn/issue/9009/112228

Kravdal, O., Wörn, J., Hart, R., & Reme, B. A. (2024). The influence of parental cancer on the mental health of children and young adults: Evidence from Norwegian register data on healthcare consultations. *Demographic Research, 50*(27), 763-796. https://doi.org/10.4054/DemRes.2024.50.27

Küçük, S., Demir, K., & Uludaşdemir, D. (2017). Hastanede yatan yedi-on yedi yaş grubundaki çocuk ve ergenlerin hemşire algısına ilişkin metaforların belirlenmesi [Determination of metaphors related to the perception of nurses by hospitalized children and adolescents aged seven to seventeen]. *HEAD, 17*(1), 40-45. https://doi.org/10.5222/HEAD.2020.040

Küçükoğlu, S. (2007). *Kanserli ebeveynlerin çocuklarında görülen psikolojik belirtiler yaşanan güçlükler ve etkileyen faktörlerin belirlenmesi* [Psychological symptoms and difficulties in children of parents with cancer and Determination of the factors affecting them], (Unpublished master dissertation). Atatürk University, Erzurum, Türkiye.

Landi, G., Pakenham, K. I., Cattivelli, R., Golfieri, L.,Grandi S., & Tossani, E. (2024). Parental cancer: mediating and moderating roles of psychological inflexibility in the links between illness severity and parental quality of life and family outcomes. *Current Psychology, 43*, 22978–22988. https://doi.org/10.1007/s12144-024-06008-2

Lewandowska, A., Rudzki, G., Lewandowski, T., Próchnicki, M., Rudzki, S., Laskowska, B., & Brudniak, J. (2020). Quality of life of cancer patients treated with chemotherapy. *International journal of environmental research and public health, 17*(19), 6938. https://doi.org/10.3390/ijerph17196938

Lewis, F. M., Brandt, P. A., Cochrane, B. B., Griffith, K. A., Grant, M., Haase, J. E., ... & Shands, M. E. (2015). The Enhancing Connections Program: a six-state randomized clinical trial of a cancer parenting program. *Journal of consulting and clinical psychology, 83*(1), 12.

Lewis, F. M., Loggers, E. T., Phillips, F., Palacios, R., Tercyak, K. P., Griffith, K. A., Shands, M. E., Zahlis, E. H., Alzawad, Z., & Almulla, H. A. (2020). Enhancing connections-palliative care: A quasi-experimental pilot feasibility study of a cancer parenting program. *Journal of palliative medicine, 23*(2), 211–219. https://doi.org/10.1089/jpm.2019.0163

Manav, G. (2013). *Kanserli çocuklarda oyun temelli hemşirelik modeli* [Play- based nursing model in children with cancer], (Unpublished doctoral dissertation). Marmara University, İstanbul, Türkiye.

Marin- Chollum, A., & Revenson, T. A. (2022). Cultural values as a resilience resource for Latino/a adolescents and young adults coping with Parental cancer. *Journal of Psychosocial Oncology, 40*, 1, 26-44. https://doi.org/10.1080/07347332.2021.1881197

Martini, A., Morris, J. N., Jackson, H. M., & Ohan, J. L. (2019). The impact of parental cancer on preadolescent children (0-11 years) in Western Australia: a longitudinal population study. *Supportive care in cancer, 27*(4), 1229–1236. https://doi.org/10.1007/s00520-018-4480-y

Morris, J. N., Zajac, I., Turnbull, D., Preen, D., Patterson, P., & Martini, A. (2019). A longitudinal investigation of Western Australian families impacted by parental cancer with adolescent and young adult offspring. *Australian and New Zealand journal of public health, 43*(3), 261–266. https://doi.org/10.1111/1753-6405.12885

Morris, J., Turnbull, D., Preen, D., Zajac, I., & Martini, A. (2018). The psychological, social, and behavioural impact of a parent's cancer on adolescent and young adult offspring aged 10–24 at time of diagnosis. *A systematic review. J. Adolesc. 65*, 61–71.

Neolife (2015). Kanserde aile içi iletişim programı: Bağları kuvvetlendiriyoruz [in Turkish]. https://www.neolife.com.tr/baglari-kuvvetlendiriyoruz

Onan, N., & Taşdelen, Y. (2024). Kanser hastalığı olan ebeveynlerin çocukları: Etkiler ve yaklaşımlar [Children pf parents with cancer: Impacts and approaches]. *Journal of Samsun Health Sciences, 9*(1), 01-14. https://doi.org/10.47115/jshs.1133495

O'Neill, C., O'Neill, C. S., & Semple, C. (2020). Children Navigating Parental Cancer: Outcomes of a Psychosocial Intervention. *Comprehensive Child and Adolescent Nursing, 43*(2), 111–127. https://doi.org/10.1080/24694193.2019.1582727

Osborn T. (2007). The psychosocial impact of parental cancer on children and adolescents: A systematic review. *Psychooncology, 16*(2), 101–126. [PubMed: 17273987]

Östman, M. (2009). Interviews with children of persons with a severe mental illness ınvestigating their everyday situation. *Nordic Journal of Psychiatry, 62*(5), 354-359. https://doi.org/10.1080/08039480801960065

Pekyiğit, A., Yıldız, D., Eren Fidancı B., & Çalık Bağrıyanık, B. (2021). Hastanede yatan çocuklarda yaratıcı oyun yöntemi ile hastalık ve hastane kavramı: Niteliksel bir çalışma [The concept of illness and hospital with creative play method in hospitalized children: A qualitative study]. *Journal of Child, 21*(2), 175-182. https://doi.org/10.26650/jchild.2021.2.897005

Perak, K., Mcdonald, F. E. J., Conti, J., Yao, Y. S., & Ross, X. S. (2024). Family adjustment and resilience after a parental cancer diagnosis. *Supportive Care in Cancer, 32*(7), 1-9. https://doi.org/10.1007/s00520-024-08608-x

Perktaş, E., Özmert, E. (2017). Çocukların hastane kaygılarının azaltılması üzerine bir değerlendirme: Hastane palyaço projesi [An evalution on reducing children's hospital anxiety: Hospital clown project]. Çocuk Sağlığı ve Hastalıkları Dergisi, 60, 83-87.

Phillips, F., & Prezio, E. A. (2017). Phillips, F., & Prezio, E. A. (2017). Wonders & Worries: evaluation of a child centered psychosocial intervention for families who have a parent/primary caregiver with cancer. *Psycho-oncology, 26*(7), 1006–1012. https://doi.org/10.1002/pon.4120

Phillips, F., Prezio, E.A., Currin-McCulloch, J., Jones, B.L. (2022). Wonders & Worries: a randomized clinical trial of a psychosocial intervention for children who have a parent with cancer. *Psychooncology, 31*(8), 1399-1411. https://doi.org/10.1002/pon.5943

Purc-Stephenson, R., & Lyseng, A. (2016). How are the kids holding up? A systematic review and meta-analysis on the psychosocial impact of maternal breast cancer on children. *Cancer treatment reviews, 49*, 45–56. https://doi.org/10.1016/j.ctrv.2016.07.005

Romer, G., Barkmann, C., Schulte-Markwort, M., Thomalla, G., Riedesser, P. (2002). Children of somatically ıll parents: a methodological review. *Clinical Child Psychology and Psychiatry, 7*(1), 1359–1045. https://doi.org/10.1177/1359104502007001003

Semple, C.J., McCance T. (2010) Parents' experience of cancer who have young children: a literature review. *Cancer Nurs 33*(2), 110–118. https://doi.org/10.1097/NCC.0b013e3181c024

Shah, B.K., Armaly, J. & Swieter, E. (2017). Impact of parental cancer on children. *Anticancer Research, 37*(8), 4025-4028. https://dx.doi.org/10.21873/anticanres.11787

Strandh, M. R., Hoven, E., Sorensdotter, R., Stalberg, K., Enebrink, P., Ljungman, L., & Wikman, A. (2023). The complexity of being a parent in the hospital and a patient at Home. *Cancer Nursing*, 1-10. https://doi.org/10.1097/NCC.0000000000001276

Şahinöz, A. (2019). Yatarak tedavi gören çocukların hastanede yaşadıkları sorunların ve gereksinimlerinin belirlenmesi [Identifying the problems and needs of inpatient children in the hospital] (Unpublished master thesis). Ankara University, Ankara, Türkiye.

Taş, Y., Aslan, D., Sayek, İ. (2006). Doktorluk mesleğini çocuklar resimlerine nasıl yansıtıyorlar? 7-12 yaş grubu çocuklar arasında yapılmış bir örnek [How do children reflect in their drawings? A sample of 7-12 year old children]. *Journal of Continuing Medical Education, 15*(11), 184-191.

Taşdemir Akkavak, D., & Sarıkaya Karabudak, S. (2019). Hastanede yatan okul çağı çocukların hemşireyi ve hastaneyi algılama durumlarının incelenmesi [Investigation of hospitalized school-age children's perception of nurses and hospital]. *DEUHFED, 12*(1), 46-56.

Uysal, G., Sönmez Düzkaya, D., Bozkurt, G., & Çöplü, Y. (2018). Hastanede yatan çocukların hemşire algısının resim çizme yöntemi ile incelenmesi: Projektif araştırma [Investigation of hospitalized children's perception of nurses by drawing pictures: A projective research]. *Mersin University Journal of Health Sciences,11*(1), 62-74.

Visser, A., Huizinga G. A., Van der Graaf W. T., Hoekstra H. J., & Hoekstra-Weebers, J. E. (2004). The impact of parental cancer on children and the family: a review of the literature. *Cancer Treat Rev., 30*(8), 683–694. [PubMed: 15541578].

Visser, A., Huizinga, G. A., Hoekstra, H. J., Van der Graaf, W. T. A., Hoekstra- Weebers, J. E. H. M. (2006). Parental cancer characteristics of parents as predictors for child functioning. *Cancer, 106*(5), 1178-1187. https://doi.org/10.1002/cncr.21691

Visser, A., Huizinga, G. A., Hoekstra, H. J., Van der Graaf, W. T. A.., Gazendam-Donofrio, S. M., & Ehm Hoekstra-Weebers, J. (2007). Emotional and behavioral problems in children of parents recently diagnosed with cancer: a longitudinal study. *Acta Oncologica, 46*(1), 67-76. https://doi.org/10.1080/02841860600949560.

Walczak, A., McDonald, F., Patterson, P., Dobinson, K., & Allison, K. (2018). How does parental cancer affect adolescent and young adult offspring? A systematic review. *International journal of nursing studies, 77*, 54–80. https://doi.org/10.1016/j.ijnurstu.2017.08.017

Watson M, James-Roberts I, & Ashley S. (2006). Factors associated with emotional and behavioural problems among school age children of breast cancer patients. *Br J Cancer, 94*, 43- 50.

Weaver, K. E., Rowland, J. H., Alfano, C. M., & McNeel, T. S. (2010). Parental cancer and the family: a population-based estimate of the number of US cancer survivors residing with their minor children. *Cancer, 116*(18), 4395–4401. https://doi.org/10.1002/cncr.25368.

Welch, A. S., Wadsworth, M. E., & Compas, B. E. (1996). Adjustment of children and adolescents to parental cancer: Parents' and children's perspectives. C*ancer: Interdisciplinary International Journal of the American Cancer Society, 77*(7), 1409-1418.

Wilson, M. E., Megel, M. E., Enenbach, L., & Carlson, K. L. (2010). The voices of children: Stories about hospitalization. *J Pediatr Health Care, 24*, 95-102. https://doi.org/10.1016/j.pedhc.2009.02.008

Yadigâroğlu H. (2019) Kanser hastası bulunan ailelerde hastalık deneyimi ve fertlerin yaşam bütünlüğünün bozulmasına etkisi [Illness experience in families with cancer patients and its effect on disruption of life integrity of individuals]. *Journal of History Culture and Art Research, 8*(2), 404-415.

Yavuzer, H. (1995). *Resimleriyle çocuk: Resimleriyle çocuğu tanıma* [in Turkish]. İstanbul: Remzi Kitabevi.

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