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Psychosocial Experiences of Omani Parents of Children and Adolescents Diagnosed with Cancer: A Qualitative Study

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ABSTRACT

Objectives: To explore the psychosocial experiences of Omani parents of children and adolescents diagnosed with cancer, with emphasis on emotional, cultural, and caregiving dimensions. ***Methods***: A phenomenological qualitative study was conducted from December 2022 to June 2023 at two referral oncology and hematology centers in Muscat, Oman. Twenty Omani parents were interviewed using semi-structured guides. Interviews were conducted in Arabic, transcribed, translated to English, and subjected to framework analysis using NVivo-14 software. ***Results:*** The study identified three main themes: (1) emotional and mental impact of cancer diagnosis; (2) living with a child's illness; and (3) cultural beliefs and attitudes surrounding cancer. Parents described profound and varied emotional distress, including trauma, shock, denial, sorrow, uncertainty, and ongoing worry and fear for their children's well-being, particularly in the early post-diagnosis period. The diagnosis disrupted family routine, especially for mothers, and contributed to social isolation and financial strain. Some parents concealed their distress to protect their children; others felt that their marital bonds had strengthened by sharing. Also revealed were the cultural stigma, beliefs, and practices associated with cancer. Coping strategies included trust in healthcare professionals, religious and spiritual practices, and social support. ***Conclusions:*** Omani parents of children and adolescents diagnosed with cancer undertake a complex psychosocial journey characterized by emotional turmoil, sociocultural pressures, and caregiving and financial challenges. We recommend collaborative efforts among healthcare systems, policymakers, and community stakeholders to provide culturally sensitive psychosocial support for affected families.

While cancer in childhood and adolescence is relatively rare, it still imposes a significant burden.[1,2] Each year, an estimated 429 900 individuals under 19 are diagnosed with cancer globally, with incidence rates of 14.1 per 100 000 in children and 18.5 in adolescents.[3,4] In Arab countries, over 18 000 children below the age of 15 years are diagnosed with cancer every year, with annual incidence rates of 7.5–12.8 cases per 100 000, leading to about 7000 deaths every year, with a mortality-to-incidence ratio of 0.38.[5]

Cancer is not only a physical disease but also a psychological, psychosocial, and economic burden.[6–8] Both the diagnosis and treatment of pediatric cancer are associated with significant emotional and psychological distress,[9–11] impacting patients and their caregivers, typically parents.[7,12–19] A sudden cancer diagnosis in a child disrupts the family dynamics, necessitating rapid adaptation to the new reality.[20] Therefore, the availability of psychosocial services within pediatric oncology departments is crucial to address the needs of families during their cancer journey.[21]

A 2019 meta-analysis of 58 studies on 9262 parents of children diagnosed with cancer showed pooled prevalence rates of anxiety (21%), depression (28%), and post-traumatic stress disorder (PTSD) (26%), which were significantly higher than among parents of children without cancer.[22] Qualitative studies have

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also consistently reported a spectrum of parental emotional responses—particularly in mothers—including shock, disbelief, denial, confusion, uncertainty, sadness, grief, worry, and fear.[8,18,23–28] A prior study on mothers of Omani children with leukemia revealed that the emotional impact of the diagnosis persisted over an extended period with varying intensities and diverse expressions.[23] Qualitative studies elsewhere, including Turkey, Jordan, and Singapore, also documented a range of maternal emotions upon learning of their child's cancer diagnosis, mainly denial and disbelief.[18,23–25]

In Oman, the incidence of cancer has increased significantly in recent years. In 2020, 2198 residents were diagnosed with cancer, of whom 1994 (90.8%) were Omani nationals, including 125 (6.3%) children aged ≤ 14 years.[29] Annual cancer diagnoses in the country are projected to increase to 5761 by 2030 and 8549 by 2040.[30] Consequently, proportional increases in childhood cancer are expected, considering that approximately 31% of the current population is under 19.[31] While pediatric cancer survival rates have significantly improved in Oman, the impact of the psychosocial toll of a cancer diagnosis in the local cultural settings is still insufficiently understood, despite its importance in comprehensive oncological care.[32] Therefore, this study explores the psychosocial experiences of Omani parents of children and adolescents diagnosed with cancer.

METHODS

This phenomenological qualitative study was conducted from December 2022 to June 2023 among Omani parents of children and adolescents diagnosed with cancer at the National Oncology Center (NOC) of the Royal Hospital and the University Medical City's National Hematology and Bone Marrow Transplant Center (NHBTC), both located in Muscat city. These two institutions are among the three national referral centers for cancer care in Oman.

Ethical approval for the study was obtained from the Scientific Research Committee of the Royal Hospital (SRC#92/2021), and the Medical Research Ethics Committee of the College of Medicine and Health Sciences, Sultan Qaboos University (MREC #2605).

We used a purposive sampling approach to ensure diversity of participants across demographic and socioeconomic variables including parental age, marital status, health status, education, employment, family income, and number of children. Children and adolescents varied by age, gender, type of cancer, and time since diagnosis. Eligible parents met the following criteria: (1) Omani nationality and (2) having a 6–18-year-old offspring diagnosed with cancer. Parents accompanying their children at either center were invited to participate. Recruitment and data collection proceeded concurrently and continued until data saturation was achieved. At that point, recruitment was halted. A total of 20 parents were enrolled (17 from the NOC and three from the NHBTC), which was deemed sufficient.

For data collection, we followed a semi-structured interview guide comprising eight open-ended questions, developed based on study objectives and literature review.[7,8] Demographic information was collected at the end of each interview. The interviews were participant-led, allowing them to guide the conversation, resulting in richer data. All interviews were conducted in Arabic and lasted between 27 and 75 minutes (average 43 minutes). The digital audio recordings were stored on a secure, password-protected computer accessible only to authorized researchers, and were deleted after transcription to ensure confidentiality. All personal identifiers were removed from transcripts and pseudonyms assigned.

The audio recordings were translated into English by a professional Omani translator. Two bilingual Omani researchers with experience in qualitative research independently cross-checked the transcripts against the original Arabic audio recordings to preserve the nuances of participants' experiences. Data were first examined using framework analysis of the most detailed transcripts.

Following this, two researchers applied Colaizzi's (1978)[33] phenomenological method to the entire dataset in a seven-step process: First, interviews were transcribed and thoroughly reviewed. Then, significant statements relevant to the study objectives were extracted. Next, these statements were analyzed, clustered into themes, and repeated across all participants. The themes were then integrated into a comprehensive description of parents' experiences through coding. This description was refined into concise statements. Finally, two researchers independently validated the analysis, resolving discrepancies through discussion. NVivo-14 software was used for data coding and management. Final themes and subthemes were confirmed through consensus.

RESULTS

This study included 20 participants, mostly mothers (80.0%), and had an average age of 37.9 years. Most were recruited from the NOC (85.0%), married (95.0%), and free from chronic diseases (85.0%). Most had at least a high school level education (85.0%). The majority had four or fewer children (70.0%), 50.0% were employed, and 55.0% reported a monthly family income below OMR 600 (~US$ 1560) [Table 1].

Children diagnosed with cancer had an average age of 9.5 years and 55.0% were boys. Hematological malignancies (leukemia and lymphoma) were more common (60.0%) than solid tumors (40.0%). For most children (65.0%), less than six months had elapsed since cancer diagnosis [Table 1].

Qualitative data arising from the participants' interviews identified three main themes with sub-themes [Table 2].

Table 1: Demographic characteristics of participating Omani parents (N = 20) and their children diagnosed with cancer (n = 20).

Parental characteristics	n (%)
Parent's age in years (range)	37.9 (30–49)
Marital status	
Married	19 (95.0)
Widowed	1 (5.0)
Presence of chronic illness	
No	17 (85.0)
Yes	3 (15.0)
Parent's education	
Not educated	1 (5.0)
Primary school	2 (10.0)
General diploma	9 (45.0)
University degree	8 (40.0)
Number of children in the family	
≤ 4	14 (70.0)
> 4	6 (30.0)
Employment status	
Employed	10 (50.0)
Unemployed	10 (50.0)
Monthly family income, OMR	
< 300	3 (15.0)
300–600	8 (40.0)
600–1000	6 (30.0)
> 1000	3 (15.0)
Relationship with child	
Mother	16 (80.0)
Father	4 (20.0)
Child's characteristics	
Age in years (range)	9.5 (6–16)
Gender	
Female	9 (45.0)
Male	11 (55.0)
Diagnosis	
Hematological malignancies (leukemia / lymphoma)	12 (60.0)
Solid tumors (osteosarcoma, choriocarcinoma, rhabdomyosarcoma, neuroblastoma, LCH, brain tumor)	8 (40.0)
Time since diagnosis (months)	
< 6	13 (65.0)
6–12	2 (10.0)
>12	5 (25.0)

LCH: Langerhans cell histiocytosis; OMR: Omani Riyal (1 OMR = USD 2.6).

1. EMOTIONAL AND MENTAL IMPACT OF A CONFIRMED DIAGNOSIS

The interviewed Omani parents revealed that they experienced uncertainty and stress while awaiting diagnosis. Upon their child's confirmed diagnosis of cancer, they recalled experiencing a range of immediate and long-term emotions, some of which were conflicting.

1.1. Immediate and long-term impacts of the diagnosis

Knowing the diagnosis was psychologically devastating, particularly during the first few weeks. More than half of parents recounted their initial reaction when healthcare providers confirmed the diagnosis of cancer in their children, the most prevalent response being one of shock. Fathers also recalled their initial shock. A father described:

It was a big shock for me; it was strange. That week I saw everything dark, even if there was a light. I felt that life became unclear to me.

Many participants, particularly mothers, reacted with denial of the diagnosis based on faith and persistent crying. It often took several days to absorb reality and start to process the trauma. A mother said:

We didn't expect this, and we initially thought it was only a primary diagnosis. What was in our mind was that it might be a faulty diagnosis? I cried when I was told. But deep down, I had faith that this was impossible, as he only had a fever.

Most parents expressed feelings of sadness and uncertainty, and often attributed these feelings to the life-threatening nature of the child's disease. A few, particularly fathers, expressed difficulty describing their emotions and feelings. A father said:

Table 2: Main themes and sub-themes emerging from interviews with 20 Omani parents.

Main theme	Sub-theme
1. Emotional and mental impact of confirmed cancer diagnosis	1.1 Immediate and long-term emotional impacts
2. Living with child's cancer diagnosis	2.1 Impact of diagnosis on the parent's daily life 2.1.1 Change in family roles 2.1.2 Change in perceptions and priorities 2.1.3 Social isolation
	2.2 Burden of cancer diagnosis 2.2.1 Financial commitments 2.2.2 Parent's own health status
	2.3 Coping strategies 2.3.1 Social support 2.3.2 Support from health professionals 2.3.3 Religious and spiritual aspects 2.3.4 Healing effect of time 2.3.5 Self-education about cancer 2.3.6 The child's tolerance to treatments
3. Cultural aspects of cancer	3.1 Community beliefs around cancer 3.2 Cultural nomenclature of cancer

It was a father's feeling; my tears fell. It is something that I cannot describe and organize; it is the parents' feelings. I lived that week in a state that I wouldn't describe as crazy, but it is the absence of consciousness. However, I was trying to realize and understand. I had faith.

Most mothers described ongoing worry and fear, and articulated concerns about losing their child, complications of treatment, and relapse. Some reported sleep disturbances, compelling them to awaken their child to ensure their well-being. Their apprehensions extended to concerns about other children falling ill. All fathers and some mothers reported fixating on their child's future and likelihood of recovery. Overthinking led to poor concentration, distraction, and sleep disruption:

I lived in a horror story and was overthinking: I don't want them to go through this, I worry that they might experience the same thing. Since she was hospitalized until today, I still feel exhausted and have been overthinking; minimum effort makes me tired.

About half of participants disclosed that they hid their emotions and feelings from others, including their sick children in an attempt to create a sense of normalcy and reduce the child's stress, helping them accept and adapt to the challenges of cancer.

2. Living with the child's cancer diagnosis

Parents described profound changes in their lives which impacted the entire family, reshaping its dynamics and routines. They evolved diverse coping strategies as described below:

2.1. Impact on daily life

2.1.1. Change in family roles

Most parents, especially mothers, reported struggling with additional household and caregiving responsibilities arising from their child's prolonged medical treatment and its side effects. Full-time care encompassed tasks such as bathing and hygiene. Mothers recounted challenges in balancing attention between the sick child and their other children, which disrupted the family's daily routines. A mother said:

The home responsibilities became more. When I returned home, my kids missed my baking and cooking, but I couldn't, and I was exhausted from the hospital. Because when I return home, I prioritized his [the sick child's] needs and followed up on the kids' studies.

Over half of participants, predominantly mothers, described improved relationship with their partner, characterized by increased closeness, cooperation, and mutual support. They attributed this to the shared caring responsibilities. A mother said:

My relationship with my husband is excellent; we support each other to keep ourselves strong. His diagnosis made us closer, and we paid attention to things we had forgotten about.

2.1.2. Change in perceptions and priorities

Several parents noted a shift in their perceptions and

priorities. They stated that they now prioritize their children's health:

I became someone else. What matters to me is to see my kids healthy. I used to be normal, not bothered about anything. What I wished was to have a house and a happy family. But now all I want is to see them in good health. I became less materialistic.

2.1.3. Social isolation

Most parents deliberately isolated themselves socially due to concerns about the child's susceptibility to infection. This included avoiding social gatherings, discouraging visitors, limiting phone usage, and not responding to calls and messages. A mother said:

I clarified that I did not want any visitors. I do not like to see anybody. I was disconnected from everyone around me. I replied to the messages I get from time to time without giving them details about her. I could not expose her to others or let her socialize with them. I argue that her immunity is low.

Additionally, some parents were advised not to disclose their child's illness to others to minimize messages of support as well as unwanted advice that could potentially harm the child. A mother said:

They told me not to tell anyone about his disease, which is between us. This was because of the pressure associated with it; they would send messages daily. We are already under pressure and don't want to receive daily messages from people. Also, they will suggest giving him something we don't want. Also, you don't know who might benefit or harm you.

2.2. The burden of a cancer diagnosis

Parents also shared the more concrete challenges they faced:

2.2.1. Financial commitments

Despite the free cancer treatment provided by the government, about half of the parents said they experienced financial strain due to frequent travel to medical centers, long hospital stays, and unpaid leave from work. A mother said:

I work in the private sector and there was no choice other than to take a leave, and they deducted around half of my salary. It was difficult for me because I have a loan. Our financial state was affected.

2.2.2. Parent's own health status

Over half reported physical and psychological decline due to missed medical appointments, not adhering to medication regimens, disruptions in menstrual cycles, and decreased appetite, chronic stress, and fatigue. A mother said:

His diagnosis put an extra load on me. The pimples and the freckles happened after his diagnosis. I had a disturbance in the menstrual cycle; I got it twice a month and feel psychologically tired. I lost my appetite and felt that I could not eat sometimes. I lost much weight, reaching 50 kg.

2.3. Coping strategies

The parents described seeking social support, drawing strength from the guidance and support provided by healthcare providers, and peer support from parents of other children with cancer. They also found major support in spirituality and religion, as well as passage of time.

2.3.1. Social support

All participants relied on a social support network comprising partners, family members, relatives, friends, and other parents of cancer patients. A mother said:

My husband supported and encouraged me, and he told me we could take him abroad if we didn't find a cure. He supported me in everything as if we were the same person.

Most parents acknowledged the vital support they received from family and relatives, including information sharing, caring for other children during hospital stays, as well as financial, psychological, spiritual, and religious support. Several mothers highlighted the support they received from friends, including assistance with household tasks when they were away with their sick child. About half of parents mentioned the psychological comfort and strength they gained from hospital's peer support groups. Narratives of other children with cancer and their recovery journeys often instilled hope and optimism for their own child. A mother said:

When you see someone else's affliction, it makes it easy for you. When I started to see the other cases of the kids, I was comfortable because her case was much better than many kids. Seeing the other patients having similar cases eased it for me.

2.3.2. Support from health professionals

Almost all parents reported receiving substantial medical and psychological support from nurses and physicians. This included consistent communication,

simplified information on the child's condition, clarifications of doubts and queries, and guidance and assurance regarding available treatment options. This helped strengthen the bond between parents and medical staff. A mother said:

I am never complaining about the medical staff; they are very collaborative. I see them as sisters and caring for my son as if he were their child.

2.3.3. Religious and spiritual aspects

All participants were Muslims. Islamic beliefs and practices enabled them to employ positive reframing as a coping mechanism, attributing the disease as a trial from Allah and finding solace in prayer, reciting the Qur'an, and making voluntary charitable donations. They confirmed that religion deepened their spiritual connection and increased their faith, giving them comfort, reassurance, and hope. One mother reflected:

I believe Allah will not disappoint me. Allah afflicted the prophets and good people, and we pray to Allah that we are categorized among those whom Allah has chosen to be eventually rewarded. My trust in Allah helped me.

2.3.4. Healing effect of time

During their child's illness, some parents experienced the healing effect of time. Although found the initial diagnosis phase was marked by complexity and uncertainty, many gradually adapted to reality. Their coping mechanisms became more effective as positive treatment outcomes emerged over time, as one mother recalled:

Initially, it was difficult, but now it has become more accessible, especially since I started to see the results. Over time, the situation began to stabilize, and this is a blessing from Allah.

2.3.5. Self-educating about cancer

Some participants admitted to having little prior knowledge about cancer before their child's diagnosis. To better manage the situation, they actively educated themselves through reading and research. This newfound knowledge helped some participants to better navigate the challenges. A few others chose to avoid learning more, fearing it would increase their psychological distress, as expressed by a father:

I know nothing and didn't want to search for it, because if I do, I will start to overthink it and psychologically try more than what I was in.

2.3.6. The child's tolerance to treatments

The majority of parents reported that their children tolerated the treatments well, ultimately leading to successful outcomes and full recovery. As the therapy progressed and complications eased, they noted the significant improvement in their child's well-being. This positive response not only benefited the child, but also brought stress-relief, comfort, and happiness to the parents. A mother shared:

My psychological state started to get better when I started seeing her in a better situation. I feel happy and accomplished when I see her improving, even if it is a small improvement.

3. Cultural aspects of cancer

This theme presents unique insights derived from interviews concerning Omani parents' culturally formed beliefs, attitudes, and responses regarding cancer—including childhood cancer—and its perceived causes and traditional treatments. The nomenclature related to cancer was also discussed, exposing the cultural taboos associated with the word 'cancer' itself.

3.1. Community beliefs around cancer

The majority of parents attributed the primary cause of their child's cancer to 'evil eye.' One mother explained:

Since she wasn't having symptoms, the medical staff told me that the reasons weren't known yet, making me think that there was something else causing her harm. It might be an evil eye. Such things have been mentioned in the Holy Qur'an. I suggest she got an evil eye.

However, a minority of parents went against popular belief and expressed their disbelief in the evil eye. Instead, they attributed their child's cancer as a divinely ordained test of the strength of their patience, resilience, and religious faith in adversity. One participant said:

Even though everyone approached me to convince me that it was an evil eye, as it is believed in society. They asked me to search for the reason, but I decided not to hear that and put my trust in Allah.

Overall, most participants discussed cancer treatment within the context of Omani culture, which relies on spiritual and religious therapies. Most parents reported turning to Islamic practices such as reading the Qur'an, performing *ruqyah* (reciting specific Qur'anic verses against evil and afflictions), regular prayers, and giving their child *Zamzam* water

(holy water from Makkah). Friends and family often suggested taking the child to a *shaykh* (one who is qualified to recite the Qur'an for healing). One parent expressed:

I believe in the Qur'an, *du'ā'* [supplication], and *sadaqa* [charity] as the primary treatments, and they are before doctors; doctors are only a cause. I only give him Zamzam water and olive oil if I was the one who read on it; other than that, no. I anoint his body with oil and recite Qur'anic verses.

Furthermore, a few participants mentioned that community members had suggested cauterization, a traditional treatment for cancer. However, several parents said they refused this option to avoid endangering their children, believing it would cause more pain than other treatments. A father said:

They have suggested cauterization as it is a common practice in traditional medicine, and I have refused that. I cannot test it on my son.

3.2. Cultural nomenclature of cancer

Participants generally avoided the Arabic term for cancer, *saratān,* due to its cultural stigma—often associated with fear, death, and malevolence. Instead, they preferred *waram* (tumor), or even the English word 'cancer.' They also used medical terms like 'leukemia' and 'sarcoma,' or vague euphemisms such as 'that disease' or 'the malignant.' One participant reflected the cultural sentiment thus:

We understand the word 'saratān' [to mean] 'a killing disease.' We don't even call it saratān. People refer to it as 'the malignant,' 'the killer,' or 'that disease,' without mentioning the name because it is strong. People are convinced it is a killing disease.

DISCUSSION

This phenomenological qualitative study explored the psychosocial experiences of twenty Omani parents whose children were diagnosed with cancer.

Consistent with previous qualitative research, we identified a range of parental emotional responses, including shock, denial, sorrow, worry, and fear.[8,18,23–28] Parents reported overthinking and the suppression of feelings driven by constant vigilance over their child's well-being and future. Numerous studies have highlighted the significant psychological distress experienced by parents under these circumstances, including anxiety, depression, and symptoms of PTSD.[22,34,35] These persisted throughout the caregiving journey, with varying intensities and diverse emotional expressions, with long-term impacts.[23]

The current study also revealed the profound disruption to family life following the diagnosis. The demands of extensive medical treatment, prolonged hospital stays, frequent medical appointments, complex medication regimens, and full-time caregiving imposed significant strain on parents, particularly mothers. These burdens affected their capacity to manage usual household responsibilities. The literature corroborates these disruptions, caused by the myriad challenges associated with both the disease and its treatment.[7,25,36] These included heavier domestic burdens, increased stress, diminished social life, heightened fear and anxiety, self-fatigue, and limited social opportunities for their healthy children.[7]

On the other hand, this study also found positive changes, including strengthening of spousal relationships, marked by increased closeness, cohesion, cooperation, and mutual support. Our participants attributed these to sharing of the burden caring for the ill child and their partner's sustained presence throughout the caregiving journey, aligning with earlier studies on marital resilience under similar adversities.[25,37,38] Another Omani study on mothers of children with leukemia found that there was an initial period of marital stress following diagnosis and hospitalization, which, however, gradually normalized over time.[23]

Reduced attention to healthy siblings was another recurring theme, resulting in feelings of jealousy in children. Previous research also indicate that siblings may experience jealousy due to increased parental focus towards the sick child.[7,8] Nonetheless, the present study found mothers adopting a healthier lifestyle regimen, indirectly benefitting the whole family, as they began to provide healthy nutrition for improving the immunity of their child undergoing cancer treatment.[39]

Parents' social isolation emerged as a notable consequence of parents' concerns about their child's compromised immunity and heightened susceptibility to infections, as well as the stigma surrounding cancer. Similarly, a Turkish study highlighted how mothers of children with cancer often limit social activity upon returning from lengthy hospital stays due to concerns about infection.[25]

Despite state-funded treatment, extended hospital stays often necessitated parents to take unpaid leave, impacting their finances. Travel expenses to specialized

centers and additional caregiving costs added to the financial burden. These economic challenges echo past research findings on the financial toll on parents of pediatric cancer patients.[8,24]

The present study also revealed some parents neglect their own health needs, including management of chronic illnesses, further aggravating the stress. Previous research also indicated that parents of children and adolescents with cancer commonly experience fatigue, depression, insomnia, and sleep deprivation due to the burdens of caregiving.[18,40,41]

Importantly, this study documents the diverse coping mechanisms employed by Omani parents to navigate the challenges of their child's illness journey, encompassing social, professional, spiritual, and experiential support strategies. Social support emerged as central, with partners, family members, friends, and parents of other pediatric cancer patients playing pivotal roles. Partner support, in particular, was emphasized, extending beyond emotional encouragement to encompass practical assistance, such as caregiving for the sick child and attending to the needs of healthy siblings. Family members contributed significantly by providing emotional solace, caring for siblings during hospital stays, and offering both emotional and financial aid. Friends also offered moral support and assistance with household responsibilities. Parents found solace in professional support networks, including hospital support groups. A previous Omani study on parents caring for children with leukemia reported similar findings, underscoring the crucial role of extended family members, particularly grandparents, aunts, and uncles.[23] A study on Singaporean mothers caring for children on active cancer treatment similarly reported significant moral and psychological support from spouses, families, and friends.[18]

Spirituality and religion were powerful sources of support for our participants. The vast majority coped by accepting the disease as willed by Allah to test their faith and resilience to adversity. Previous research from Oman and Singapore indicate that mothers of children undergoing cancer treatment often rely on spiritual practices to navigate their stress.[18,23] An Iranian study reported parents caring for children with cancer felt better and less disappointed after engaging in prayer and receiving spiritual support.[16]

Furthermore, in this study, Omani parents' coping improved over time after they navigated the uncertainty and stress of the immediate post-diagnosis stage, and their child's illness became more manageable. Previous studies have shown that caregivers, especially parents, report elevated levels of anxiety, depression, and PTSD during the diagnosis phase which later stages of treatment and follow-up.[42–44] Some parents sought to educate themselves on their child's condition, with this newfound knowledge helping them overcome challenges. A study among parents in Zambia likewise found that seeking information about the disease and its treatment was a parental coping strategy for childhood cancer.[45]

Several Omani parents reported belief in the 'evil eye,' attributing the illness to envy and/or their past failure to invoke the name of Allah when their child was praised. Other parents rejected this view and instead perceived their child's cancer as a divinely ordained test of their faith and endurance. These findings align with previous research indicating that Omani cancer patients held similar beliefs about the causes of their illness.[46] Most mothers attributed the disease to supernatural causes, in addition to biomedical factors.[47] In Arab-Muslim traditions, the 'evil eye' due to envy is frequently used to explain unfortunate events that cannot be otherwise easily explained.[48] In addition to medical therapy, our participants relied on Islamic religious practices previously described, such as prayer, reading the *Quran*, reciting *Ruqyah*, and drinking *Zamzam* water. Muslims worldwide believe in the healing powers of the *Quran*, and reciting certain specific passages are seen as comforting and curative of cancer.[46,49] Some exploratory studies have examined this, including a recent one from Pakistan suggesting that exposure of cancer cell cultures to Quranic recitation may influence cellular behavior.[50]

Our participants described widespread societal fear and stigma surrounding '*saratān*', Arabic word for cancer. Many avoided saying it directly, opting instead for medical jargon or euphemisms—reflecting the broader linguistic pattern in Arabic-speaking societies where cancer is seen as incurable and shameful.[24,51] Much like in the present study, they instead employ medical terms[24] or indirect expressions and coded language such as 'that disease' or 'the bad disease'.[51]

As the participants in this study were recruited from two of the three tertiary cancer referral facilities in Oman, which serve patients from across the country, it was possible to capture a broad and diverse range of experiences, resulting in rich, varied, and saturated data.

However, the study had limitations. First, it excluded parents of children under six, thus potentially missing the experiences of parents caring for very young children with cancer. Second, fathers were under-represented, limiting insights into paternal experiences and coping strategies.

CONCLUSION

This study illustrates the deep emotional, social, financial, and spiritual challenges faced by Omani parents of children and adolescents diagnosed with cancer. It also brings out their coping strategies. The study underscores the importance of collaborative efforts among healthcare systems, policymakers, and community stakeholders to enhance the quality of care and psychosocial support for Omani parents dealing with childhood and adolescent cancer. We recommend that hemato-oncology centers integrate psychosocial support services, including counseling and support groups, into pediatric care to address both emotional and psychological needs. Financial assistance programs should be established to lighten the economic burden on low-income families. There is a strong need for public health education to dispel the popular misconceptions regarding the etiology, treatment, and curability of cancer. Further research is necessary to explore the psychosocial experiences of Omani fathers and children diagnosed with cancer. We also recommend exploring and assessing additional evidence-based intervention programs to support the affected families.

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REFERENCES

1. Johnston WT, Erdmann F, Newton R, Steliarova-Foucher E, Schüz J, Roman E. Childhood cancer: estimating regional and global incidence. Cancer Epidemiol 2021 Apr;71(Pt B):101662.
2. Bhakta N, Force LM, Allemani C, Atun R, Bray F, Coleman MP, et al. Childhood cancer burden: a review of global estimates. Lancet Oncol 2019 Jan;20(1):e42-e53.
3. Lam CG, Howard SC, Bouffet E, Pritchard-Jones K. Science and health for all children with cancer. Science 2019;363(6432):1182-1186.
4. Steliarova-Foucher E, Colombet M, Ries LA, Moreno F, Dolya A, Bray F, et al; IICC-3 contributors. International incidence of childhood cancer, 2001-10: a population-based registry study. Lancet Oncol 2017 Jun;18(6):719-731.
5. Zandaki D, Sultan I. Pediatric oncology in the Arab world. In: Cancer in the Arab world. Singapore: Springer Singapore; 2022. p. 409-425.
6. Carlsson T, Kukkola L, Ljungman L, Hovén E, von Essen L. Psychological distress in parents of children treated for cancer: an explorative study. PLoS One 2019 Jun;14(6):e0218860.
7. Kahriman I, Demirbag BC, Kobya Bulut H. An evaluation of the changes experienced by the parents of children with cancer. Int J Caring Sci 2020;13(1):448-456.
8. Alghamdi S, Alqurashi A, Almarbae N, Fadul Y, Alharbi M, Bashammakh R. Experience of parents with children undergoing chemotherapy. SAGE Open Nurs 2023 Oct;9:23779608231207233.
9. Collins JJ, Devine TD, Dick GS, Johnson EA, Kilham HA, Pinkerton CR, et al. The measurement of symptoms in young children with cancer: the validation of the memorial symptom assessment scale in children aged 7-12. J Pain Symptom Manage 2002 Jan;23(1):10-16.
10. Akimana B, Abbo C, Balagadde-Kambugu J, Nakimuli-Mpungu E. Prevalence and factors associated with major depressive disorder in children and adolescents at the Uganda cancer institute. BMC Cancer 2019 May;19(1):466.
11. Sohn IJ, Han JW, Hahn SM, Song DH, Lyu CJ, Cheon KA. Factors associated with emotional distress in children and adolescents during early treatment for cancer. Yonsei Med J 2017 Jul;58(4):816-822.
12. Elcigil A, Conk Z. Determining the Burden of Mothers with Children Who Have Cancer. 2010;3(4):175-181.
13. McCubbin M, Balling K, Possin P, Frierdich S, Bryne B. Family resiliency in childhood cancer. Fam Relat 2002;51(2):103-111.
14. Brody AC, Simmons LA. Family resiliency during childhood cancer: the father's perspective. J Pediatr Oncol Nurs 2007;24(3):152-165.
15. Konukbay D, Yildiz D, Suluhan D, Dilek K. Effects of working at the pediatric oncology unit on personal and professional lives of nurses. Int J Caring Sci 2019;12(2):959-965.
16. Pishkuhi MA, Ahmadi M, Shoraka H, Chegeni M. Parents' experience of caring children with cancer: a qualitative study with phenomenological approach. J Compr Pediatr 2018;9(4):e65545.
17. Williams PD, Williams KA, Williams AR. Parental caregiving of children with cancer and family impact, economic burden: nursing perspectives. Issues Compr Pediatr Nurs 2014 Mar;37(1):39-60.
18. Tan R, Koh S, Wong ME, Rui M, Shorey S. Caregiver stress, coping strategies, and support needs of mothers caring for their children who are undergoing active cancer treatments. Clin Nurs Res 2020 Sep;29(7):460-468.
19. Jones BL. The challenge of quality care for family caregivers in pediatric cancer care. Semin Oncol Nurs 2012 Nov;28(4):213-220.
20. Bevans M, Sternberg EM. Caregiving burden, stress, and health effects among family caregivers of adult cancer patients. JAMA 2012 Jan;307(4):398-403.
21. Wiener L, Kazak AE, Noll RB, Patenaude AF, Kupst MJ. Standards for the psychosocial care of children with cancer and their families: an introduction to the special issue. Pediatr Blood Cancer 2015 Dec;62(Suppl 5):S419-S424.
22. van Warmerdam J, Zabih V, Kurdyak P, Sutradhar R, Nathan PC, Gupta S. Prevalence of anxiety, depression, and posttraumatic stress disorder in parents of children

with cancer: a meta-analysis. Pediatr Blood Cancer 2019 Jun;66(6):e27677.

23. Al Omari O, Roach EJ, Shakman L, Al Hashmi A, Sunderraj SJ, Francis F, et al. The lived experiences of mothers who are parenting children with leukemia. Cancer Nurs 2021 Nov-Dec;44(6):E374-E381.
24. Shattnawi KK, Okour H, Alnatour A, Al-Sheyab N, Mrayan L, Joseph RA. Caring for a child with cancer: experiences of Jordanian mothers. Clin Nurs Res 2021 Nov;30(8):1144-1152.
25. Duran S, Tekir Ö, Kiratli D. Coping and psycho-social problems in mothers of children with cancer: a qualitative study in Turkey. Child Fam Behav Ther 2023;45(2):149-168.
26. Kim MA, Yi J, Wilford A, Kim SH. Parenting changes of mothers of a child with cancer. J Fam Issues 2020;41(4):460-482.
27. Faruqui N, Joshi R, Martiniuk A, Lowe J, Arora R, Anis H, et al. A health care labyrinth: perspectives of caregivers on the journey to accessing timely cancer diagnosis and treatment for children in India. BMC Public Health 2019 Dec;19(1):1613.
28. Liu Q, Petrini MA, Luo D, Yang BX, Yang J, Haase JE. Parents' experiences of having a young child with acute lymphoblastic leukemia in China. J Pediatr Oncol Nurs 2021;38(2):94-104.
29. Ministry of Health, Oman. Cancer Incidence in Oman 2020. National Cancer Registry. Muscat: Ministry of Health; 2023 [cited 2025 Jul 27]. Available from: https://moh.gov.om/media/qqkfk1u4/cancer-incidence-in-oman-2020.pdf.
30. Mehdi I, Al Farsi AA, Al Bahrani B, Al-Raisi SS. Cancer care during war and conflict. In: Al-Shamsi HO, et al., editors. Cancer in the Arab world; Singapore: Springer; 2022. pp. 175-194.
31. National Center for Statistics & Information. Census of Population, Housing, and Establishments.2024 Oman. [cited 2025 July 27] Available from: https://portal.ecensus.gov.om/ecen-portal/?lang=en.
32. Al-Saadi LS, Chan MF, Al-Azri M. Prevalence of anxiety, depression, and post-traumatic stress disorder among children and adolescents with cancer: a systematic review and meta-analysis. J Pediatr Hematol Oncol Nurs 2022;39(2):114-131.
33. Phillips-Pula L, Strunk J, Pickler RH. Understanding phenomenological approaches to data analysis. J Pediatr Health Care 2011;25(1):67-71.
34. Al Qadire M, Al-Sheikh H, Suliman M, Tawalbeh LI, Albashtawy M, Al-Radwan M, et al. Predictors of anxiety and depression among parents of children with cancer in Jordan. Psychooncology 2018 Apr;27(4):1344-1346.
35. Ahmadi M, Rassouli M, Gheibizadeh M, Karami M, Poormansouri S. Predictors of caregiver burden among parents of children with cancer. Iran J Ped Hematol Oncol 2019;9(4):253-263.
36. Zareei Mahmoodabadi H, Delavari Z. The lived experiences of mothers having children with cancer: a qualitative study. J Soc Behav Community Heal 2021;5(2):719-728.
37. Peikert ML, Inhestern L, Krauth KA, Escherich G, Rutkowski S, Kandels D, et al. Returning to daily life: a qualitative interview study on parents of childhood cancer survivors in Germany. BMJ Open 2020 Mar;10(3):e033730.
38. Çınar S, Boztepe H, Ay A, Yılmaz P, Güllü H, Karadavut B, et al. Predictors of parenting stress in parents of children with cancer. Eur J Oncol Nurs 2021 Oct;54:102022.
39. Henry L, Starace L; Children's Cancer and Leukaemia Group. Helping your child to eat well during cancer treatment. CCLG; 2023:94 [cited 2026 January 13]. Available at: https://www.cclg.org.uk/sites/default/files/2025-02/cclg-helping-your-child-to-eat-march-2023.pdf.
40. Ozdemir Koyu H, Tas Arslan F. The effect of physical and psychosocial symptoms on caregiver burden of parents of children with cancer. Eur J Cancer Care (Engl) 2021 Nov;30(6):e13513.
41. Nemati S, Rassouli M, Ilkhani M, Baghestani AR. Perceptions of family caregivers of cancer patients about the challenges of caregiving: a qualitative study. Scand J Caring Sci 2018 Mar;32(1):309-316.
42. Al-Saadi LS, Chan MF, Al Sabahi A, Alkendi J, Al-Mashaikhi N, Sumri HA, et al. Prevalence of anxiety, depression, and post-traumatic stress disorder among Omani children and adolescents diagnosed with cancer: a prospective cross-sectional study. BMC Cancer 2024 Apr;24(1):518.
43. Dunn MJ, Rodriguez EM, Barnwell AS, Grossenbacher JC, Vannatta K, Gerhardt CA, et al. Posttraumatic stress symptoms in parents of children with cancer within six months of diagnosis. Health Psychol 2012 Mar;31(2):176-185.
44. Compas BE, Bemis H, Gerhardt CA, Dunn MJ, Rodriguez EM, Desjardins L, et al. Mothers and fathers coping with their children's cancer: Individual and interpersonal processes. Health Psychol 2015 Aug;34(8):783-793.
45. Walubita M, Sikateyo B, Zulu JM. Challenges for health care providers, parents and patients who face a childhood cancer diagnosis in Zambia. BMC Health Serv Res 2018 May;18(1):314.
46. Kumar S, Al-Balushi M, Dsouza PC, Al-Baimani K, Burney IA, Al-Moundhri M. Beliefs and perceptions about cancer diagnosis and treatment-seeking and decision-making behaviors among Omani patients with cancer: a single-center study. J Relig Health 2022 Apr;61(2):1351-1365.
47. Arabiat DH, Al Jabery M, Abdelkader RH, Mahadeen A. Jordanian mothers' beliefs about the causes of cancer in their children and their impact on the maternal role. J Transcult Nurs 2013 Jul;24(3):246-253.
48. Salem H, Daher-Nashif S. Psychosocial aspects of female breast cancer in the Middle East and North Africa. Int J Environ Res Public Health 2020 Sep;17(18):1-16.
49. Al Omari O, Wynaden D, Al-Omari H, Khatatbeh M. Coping strategies of Jordanian adolescents with cancer: an interpretive phenomenological analysis study. J Pediatr Oncol Nurs 2017;34(1):35-43.
50. Khan I, Shareef H, Words K. Impact of Quran therapy as a complementary and alternative medicine in cancer. Pakistan J Heal Sci. 2023;4(12):183-189.
51. Saleh M, Barlow-Stewart K, Meiser B, Tucker K, Eisenbruch M, Kirk J. Knowledge, attitudes and beliefs of Arabic-Australians concerning cancer. Psychooncology 2012 Feb;21(2):195-202.