International Platform of Registered Systematic Review and Meta-analysis Protocols

INPLASY

Posttraumatic Growth in Parents Following a Child's Cancer Experience: A Scoping Review

INPLASY202640034
doi: 10.37766/inplasy2026.4.0034
Received: 10 April 2026
Published: 10 April 2026

Canaán, A; Pérez, JC; Khan, A.

Corresponding author:
Alma Canaán

a.canaans@udd.cl

Author Affiliation:
Universidad del Desarrollo (UDD).

ADMINISTRATIVE INFORMATION

Support - ANID N°21253224.

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202640034

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 April 2026 and was last updated on 10 April 2026.

INTRODUCTION

Review question / Objective This review aims to map and synthesize the existing evidence on PTG -from 2015 to 2025- in parents of children with cancer, based on the PTG model by Tedeschi & Calhoun (1995). Considering the multiple components of this model (Tedeschi et al., 2025), this review aims to examine 1) how pre-traumatic characteristics are conceptualized and operationalized; 2) how studies differentiate between stress related to the traumatic event and ongoing distress in the context of PTG; 3) how cognitive processes underlying PTG are conceptualized and assessed; 4) how emotion regulation and coping strategies are incorporated into models or empirical assessments of PTG; 5) the role of social and/or family support in relation to PTG among parents; and 6) which domains of PTG are reported to change in parents. The conclusions will summarize key themes in the literature that address these questions, highlight progress and remaining gaps in the field, and discuss implications for future research and psychosocial care.

Background The news of a child's cancer diagnosis profoundly impacts the entire family, generating uncertainty, fear, and destabilizing their everyday life (Lewandowska, 2021). The stress associated with treatment, frequent hospitalizations, and the emotional, social, and financial demands of pediatric oncology introduces multiple interconnected challenges that disrupt family dynamics and parental well-being (Omer, 2024). When these cumulative stressors persist, combined with the perceived life-threatening nature of the illness, they may constitute a traumatic experience capable of eliciting acute stress (Patiño-Fernández et al., 2008), chronic stress (Hamner et al., 2015), posttraumatic stress symptoms (PTSS, Hamtzani et al., 2025; Taqyah et al., 2025), and elevated anxiety and depression symptomatology (Lewandowska et al., 2024;

Hamtzani et al., 2025; Taqyah et al., 2025). However, for some individuals, adversity may also catalyze positive psychological changes. In the context of pediatric cancer, parents often report greater appreciation for life, strengthened social and spiritual support, and a renewed sense of hope and purpose (Hullmann et al., 2014; Lichtenthal et al., 2010; Wong et al., 2024). These changes encompass posttraumatic growth (PTG), defined as positive psychological transformation resulting from the struggle with highly challenging life circumstances (Tedeschi & Calhoun, 1995; Tedeschi et al., 2018, 2025). PTG is grounded in a constructivist perspective that proposes that traumatic or highly stressful events disrupt core beliefs about the self, the world, and the future (Tedeschi et al., 2018). Traumatic events, often described as "seismic," initiate a process of cognitive engagement in which individuals attempt to make sense of the experience (Calhoun & Tedeschi, 1999; Tedeschi et al., 2018). Importantly, the extent to which core beliefs are challenged and the pathways toward growth that may follow vary according to individual circumstances and the ways people cognitively process and disclose their experiences (Tedeschi et al., 2018, 2025). Some individuals' emotional distress may be alleviated by their beliefs, thereby fostering resilience, while others face challenges to their core beliefs and undergo a process involving intrusive and deliberate rumination, emotional distress, self-disclosure, and acceptance, ultimately leading to PTG (Tedeschi et al., 2025).

PTG is conceptually distinct from recovery, resilience, and benefit finding. Resilience refers to maintaining or returning to baseline functioning after adversity, whereas PTG implies a transformation beyond previous levels of functioning. Recovery consists of the restoration of health or functioning, yet PTG can emerge even in the absence of recovery, for example, among individuals at the end of life (Tedeschi et al., 2018, 2025). Similarly, benefit finding involves identifying positive aspects or advantages in a difficult situation, but such changes may be helpful without necessarily reflecting the cognitive restructuring that characterizes PTG. In contrast, PTG involves a qualitative shift in understanding, values, and priorities that arises specifically from the struggle to integrate a profoundly challenging experience (Tedeschi et al., 2018).

The nine-component model of PTG established by Tedeschi and cols. (2025) begins with the pre-trauma phase, characterized by individual and cultural differences and assumptive core beliefs about the person's world before the event, followed by the potentially disruptive event, which has a seismic impact on the individual. Challenges to core beliefs trigger mostly automatic, intrusive rumination, leading to self-analysis and disclosure of the experience. Success in coping involves disengaging from unreachable goals and rumination, and adopting a more reflective, deliberate approach after effective emotion regulation strategies and decreased emotional distress. Both coping success and deliberate rumination are influenced by sociocultural factors, including social support. After accepting the changed self and world, PTG occurs as the main outcome of these processes, along with the possibility of persistent, intermittent distress from trauma, which can endure even with a sense of wellness from PTG.

Rationale Within health psychology, PTG has been extensively documented among adult cancer survivors and other non-communicable chronic diseases, often involving meaningful cognitive restructuring, benefit finding, and meaning-making (Liu et al., 2026; Mirabolfathi et al., 2025; Zeligman et al., 2018). We can also find numerous studies about PTG in childhood cancer survivors, however, parents of children with cancer occupy a particular position: they confront the life-threatening nature of illness indirectly yet profoundly, navigating prolonged uncertainty, anticipatory fears, caregiving demands, disruptions in family roles, financial strain, and the existential threat to which the child is exposed, with the experience assuming a central place in their lives from the moment of the confirmed diagnosis. Aligned with this, Carlsson et al. (2019) describe parents of children diagnosed with cancer as experiencing a crucial period of "unexpected and uncontrollable emotional distress," with concerns about death and mortality, notably fearing the loss of their child (p. 6).

Under the PTG framework, pediatric cancer constitutes a highly stressful and life-altering event capable of initiating the cognitive and emotional processes that lead to growth not only in children but also in their parents (López et al., 2019). From a developmental adaptive perspective, PTG represents one possible adaptive pathway, shaped by self-analysis, self-disclosure, and sociocultural influences, that may lead to acceptance of the new self and world after the event.

Despite the conceptual importance of understanding PTG in this population, and its growing empirical examination among parents of children with cancer, findings remain dispersed across studies that concentrate scarce resources, especially in low- and middle-income countries (LMIC). While the Posttraumatic Growth Inventory [PTGI] (Tedeschi & Calhoun, 1996), a five-factor scale (relationship with others, new possibilities, personal strength, spiritual/existential beliefs and appreciation of life) originated from quotations from recorded interviews and review of literature, has historically provided consistency in measurement, research varies substantially in its the cognitive and emotional processes assessed, and the extent to which interpersonal, spiritual, or contextual factors are included. In addition, PTG has been studied at different illness stages but without a unifying conceptual framework; consequently, existing evidence remains fragmented and difficult to integrate.

Therefore, this review aims to map and synthesize the existing evidence on PTG in parents of children with cancer, identifying key correlates, methodological and conceptual gaps, and the range of ways in which PTG has been characterized across studies. Furthermore, considering the multiple components of the PTG model established by Tedeschi and Calhoun, this review intends to examine how pre-traumatic characteristics are conceptualized and operationalized, which domains of PTG are reported to change in parents, whether there is a distinction between stress related to the traumatic event and ongoing distress with PTG, how cognitive processes underlying PTG are conceptualized and assessed, the inclusion of emotion regulation and coping strategies as covariates in PTG assessment, and the role of social and/or family support in relation to PTG. The conclusions will summarize key themes in the literature, highlight progress and remaining gaps in the field, and discuss implications for future research and psychosocial care.

METHODS

Strategy of data synthesis From October to December 2025, the following databases were systematically searched: Web of Science (Clarivate), PubMed (MEDLINE), BVS, and Scopus. The search strategy was developed iteratively using the PCC framework (Pollock et al., 2023). Studies published between January 2015 and December 2025 in English or Spanish were considered eligible. All identified records were exported to Rayyan, where duplicates were removed both automatically and manually.

Eligibility criteria Eligibility criteria were developed using the Population-Concept-Context (PCC) framework, following Pollock et al. (2023).

Population (P): Parents of children or adolescents diagnosed with cancer: Mothers and fathers whose children have been diagnosed with any type of cancer.

Concept (C): Posttraumatic Growth (PTG): Positive psychological changes experienced as a result of a struggle with traumatic or highly-challenging life circumstances (Tedeschi et al., 1995, 2018, 2025).

Context (C): Childhood cancer experience: The lived experience of parenting a child with cancer, across the trajectory from diagnosis, treatment, survivorship, or bereavement, in any cultural or healthcare setting.

Quantitative and mixed-methods empirical studies examining PTG in parents were included. Studies were eligible if they aligned with all three PCC elements and provided data relevant to the conceptual focus of the review. Expert opinion papers, book chapters, conference abstracts, review articles, theoretical papers, and studies that did not report empirical data on PTG in parents of children with cancer were excluded. Qualitative studies were excluded, as the reviewers determined that interview-based approaches alone may not allow for a consistent or standardized assessment of the PTG construct.

A specific conceptual criterion was applied to maintain alignment with Tedeschi and Calhoun's theoretical model. Only studies that explicitly used validated PTG-specific measures were included. In line with the conceptual distinction outlined by Tedeschi et al. (2018), benefit finding was not considered an eligible construct, as it often reflects positive changes or health-related advantages that may be beneficial but are not necessarily transformative nor rooted in core belief disruption. Including benefit finding may have introduced conceptual heterogeneity inconsistent with the aims of this review.

Source of evidence screening and selection Screening and full-text review were conducted by one reviewer (AC), with a second reviewer (AK) scheduled to independently verify all decisions before finalizing the study inclusion. Study selection occurred in two stages: (1) title/abstract screening, followed by (2) full-text review. Screening was conducted in Rayyan using the predetermined inclusion and exclusion criteria. In the event of disagreement between the two researchers during data extraction, a third reviewer (JP) will be involved. Articles appearing relevant or unclear were retrieved for full-text assessment. The selection process will be depicted in a PRISMA-ScR flow diagram.

Data management A standardized data-charting form was created a priori and pilot-tested on a subset of included studies to ensure clarity and consistency. Extracted information was compiled into a structured table, and the final dataset was checked for completeness and accuracy before synthesis. All extracted data will be presented as a table in the Results section. Data abstracted included bibliographic characteristics (author, year, region, and country), study characteristics such as design, main aim, and methodological approach, and participant information, including sample size, mother and/or father representation, and design. We also extracted details on how PTG was measured, including the specific instrument versions used and the associated variables. PTG-related outcomes were reported to allow comparison across designs and to facilitate synthesis within the framework.

Presentation of the results The results of this scoping review will be presented through a combination of narrative and tables. Tables will summarize the key characteristics of the included studies, such as main aim, methodological aspects (design, population, key variables), and main findings. The studies will be organized based on the temporal progression of the disease (diagnosis, on treatment, off treatment, survivors, deceased). In addition, a narrative synthesis will be provided to interpret the data with respect to the review questions.

Language restriction English or Spanish.

Country(ies) involved Chile, Dominican Republic.

Keywords childhood cancer; posttraumatic growth; parents.

Dissemination plans The findings will be disseminated at scientific and academic conferences. This scoping review will be submitted for publication in a peer-reviewed journal.

Contributions of each author

Author 1 - Alma Canaán.
Email: a.canaans@udd.cl
Author 2 - J. Carola Pérez.
Email: janetperez@udd.cl
Author 3 - Aisha Khan.
Email: aishamkf@gmail.com