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The Complexity of Friendship in Nurse-Parent Relationships within Pediatric Oncology Contexts

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Abstract

In pediatric oncology contexts, the quality of nurse-parent relationships significantly affects the care experiences for children with cancer and their families. It is not uncommon for parents to express that their relationships with nurses mirror the closeness they feel with family and friends. However, this closeness can complicate efforts to maintain professional boundaries. Despite an extensive body of literature on nurse-patient relationships, the specific perspectives of nurses and parents on relational complexity remain under-researched. Guided by hermeneutics, this research involved interviews with six parents of children with cancer and six pediatric oncology nurses in a Canadian healthcare context. Drawing on a larger doctoral research project that examined themes including intimacy and strangeness, conflict, and online and offline professional boundary navigation in nurse-parent relationships, this article focuses specifically on findings related to understanding friendship.

Keywords

nurse-parent relationships, pediatric oncology, friendship, relational complexity, professional boundaries

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Accompanying a child through the diagnosis, treatment, and lasting effects of cancer is a deeply emotional, taxing, and complex experience. Often, bedside pediatric oncology nurses are the primary witnesses to parents' experiences of having a child with cancer. Nurses spend countless hours providing care to children with cancer and their families. While care often involves technical tasks for children with cancer (e.g., administering chemotherapy, changing central line dressings, delivering bone marrow transplants), a critical yet markedly underdiscussed aspect of nurses' care for these families is the informal psychosocial support they offer to children with cancer and, even less discussed in the literature, to these children's parents. Parents have their own individual physical, psychological, emotional, practical, and spiritual needs, which may differ from their children's needs (Benedetti et al., 2014; Erikson & Davies, 2017; Hill, Knafl, et al., 2017; Kearney et al., 2015; Kerr et al., 2004; O'Neill, 1998; Tenniglo et al., 2017; Tomlinson & Harbaugh, 2004). As nurses and parents spend significant amounts of intense time together caring for children with cancer, nurses are well-positioned to respond to parents' emotional, relational, and psychosocial needs. However, the significance of nurse-parent relationships has been taken for granted, undervalued, and assumed (Costa, 2025; Laing, 2013; Moules et al., 2026). Further, our understanding of how aspects of nurse-parent relationships might resemble friendship has largely been avoided in the literature. While naming nurse-parent relationships as a form of friendship certainly requires caution, there are potential benefits to considering how friendship might support understanding of relational complexity. In this article, we present a finding from the first author's philosophical hermeneutic doctoral research on relational complexity in nurse-parent relationships, specifically examining the nuances and implications of friendship in these relationships.

Background and Review of the Literature

Due to the extended duration of treatment, the intensity of experiences, and the ethical complexities of pediatric oncology care, it is not uncommon for nurses and parents to recognize the meaningfulness of their relationships with one another. Costa (2025) suggested that the nurse-parent relationship is complex, dynamic, and laden with emotion, resting on "trust, respect, patience, and understanding" (p. 495). At times, nurses and parents have articulated the meaningfulness they have experienced with one another as "like family" or "like friends" (Costa, 2025; Slobogian et al., 2017). In the literature, conceptualizations of befriending (Balaam, 2014; Bignold et al., 1995; Fegran & Helseth, 2009), friendliness (Gardner, 2010; Geanellos, 2002), or relationships resembling friendships (Bignold et al., 1995) are most used to contextualize closeness in professional care provider-receiver relationships. Geanellos (2002) argued, though, that "friendship is qualitatively different than friendliness and results in a deeper knowing and stronger bond" (p. 242). However, using friend or friendship, without any qualifiers (e.g., "professional"), to describe these relationships is less common and is often discouraged by scholars (Bignold et al., 1995; Boyce et al., 2018; Brous, 2016; Caroline, 1993; Fegran & Helseth, 2009; Hartlage, 2012). Roberts and Snowball (1999) reported that, for the participants on one ward, "friendship between nurses and patients was a stated aim of the ward philosophy of care" (p. 45). Roberts and Snowball argued, though, that the acceptance of friendship between nurses and patients was problematic, as it increased the "emotional demands" (p. 45) on the nurses. In a seminal article about the inclusion of oncology nurses' personal lives into their professional lives and the articulation of nurse-patient

closeness, Trygstad (1986) introduced the term "professional friend" (p. 329), which acknowledges both the professional and social aspects of oncology care. Regarding nurse-parent closeness in oncology contexts, Caroline (1993) and Dowling (2008) also used the term professional friend.

From a philosophical hermeneutics perspective, Gadamer (1993/1996) argued that "any sort of closeness between doctor and patient [or, in this case, nurse and parent] has become an extremely fragile achievement" (p. 127). Gadamer (1970/2007) also reminded us of the significance and fragility of language. Language may free us, but it also "deserts us precisely because what enlightens is standing so strongly before our ever more encompassing gaze that words would not be adequate to grasp it" (Gadamer, 1970/2007, p. 93). This deepens understanding of why there might be tension in the literature over how to conceptualize friendship in provider-receiver relationships and underscores the need to be discerning and intentional in how nurse-parent relationships are discussed and described.

It has been demonstrated that certain contextual features of oncology care facilitate nurse-patient friendships, namely the emotional nature of cancer and the extended periods that nurses and patients spend together (Costa, 2025; Roberts & Snowball, 1999; Shaffer, 2007; Toner, 2017; Trygstad, 1986; Zamanzadeh et al., 2014). The discomfort within the nursing profession, as documented in the literature, with using the term friendship to describe relational closeness, underscores a gap in how we articulate the significance of nurse-parent closeness in pediatric oncology contexts. Thus, a focused exploration of friendship, as a facet of meaningfulness in nurse-parent relationships, is warranted.

Research Design

Philosophy and Methodological Approach

This research was guided by Hans-Georg Gadamer's (1960/2004) hermeneutic philosophy. For Gadamer (1997/2007), hermeneutics is a practice, "the art of understanding…particularly required any time the meaning of something is not clear and unambiguous" (p. 44). For Gadamer (1960/2004), the significance of hermeneutics lies in its applicability and practical orientation, aimed at translating philosophical inquiry into practice. Drawing on the value of applying hermeneutic philosophy, Moules et al. (2015, 2026) have developed a detailed and sophisticated research approach for translating hermeneutic philosophy into practice disciplines, which was used in this research. As the goal of hermeneutic inquiry is understanding (Gadamer 1960/2004; Moules et al., 2026), the research question echoes that aim: How might we understand relational complexity in nurse-parent relationships within pediatric oncology contexts?

Participants

Participants in this research were parents of children diagnosed with cancer and pediatric oncology nurses. Consistent with hermeneutic research (Moules et al., 2026), purposive and snowball sampling were used to gather participants. In hermeneutic research, the "power" of the sample is focused on the significance of the data, rather than being directly correlated with the number of

participants (Laing, 2014; Moules et al., 2026). This research involved 12 participants: six nurses and six parents of children with cancer (Table 2).

Ethical Considerations

Ethics was granted through the Health Research Ethics Board of Alberta — Cancer Committee (Ethics Identification: HREBA.CC-20-0399). Institutional approval was provided by Kids Cancer Care Alberta. After receiving ethics and institutional approval, participants were recruited through a non-profit childhood cancer organization's website and social media platforms. Interested participants first contacted the primary author, and the inclusion criteria (Table 1) were confirmed.

Consent to Participate

Upon confirmation of eligibility and interest in participation, written consent was obtained. At the beginning of each interview, the written consent was reviewed, and verbal consent was secondarily obtained.

Data Generation

After obtaining consent, interviews were conducted either online (i.e., Zoom) or in person, depending on participants' preferences. The primary data for this research were generated through unstructured, topic-focused interviews. Interviews lasted between 45 and 120 minutes. Each interview was audio-recorded and then transcribed verbatim by a professional transcriber or the primary author. The primary author reviewed all transcripts for accuracy. Data were stored on a secure research drive and were available only to the student and supervisor. Participant confidentiality was ensured by assigning each participant a number and redacting any identifying information in the transcripts.

Analysis and Interpretation of Data

In hermeneutics, analysis and interpretation are used interchangeably (Moules et al., 2026). While there is no prescribed way to approach the data, interpretation is thoughtful and intentional. Put differently, as Gadamer (1977/2007) stated, there is "methodological consciousness at work" (p. 45). The interpreter must be able to interpret, articulate, and then justify their interpretations theoretically (Gadamer, 1977/2007). The purpose of interpretation is to deepen understanding of a topic, to see it differently, and ultimately to practice differently because of what has been uncovered, exposed, recognized, and discerned (Moules et al., 2026). For this research, the data analysis process, as detailed by Moules et al. (2026) was followed, which involved an iterative, interpretive engagement with the data. The primary author (Webber) began the interpretive process by moving recursively between individual interview transcripts and an evolving understanding of the topic as a whole, which involved interpretive journaling, organizing and connecting participants quotes with corresponding emerging themes, and engagement with poetry and other literature related to the interpretations. As initial interpretations began to develop, supervision dialogues with the second author (Moules) supported the clarification, refinement, and elevation of the interpretations. The interpretations were developed into four interpretive chapters, which

were then reviewed by Webber's committee members, Dr. Catherine Laing and Dr. Andrew Estefan. Their feedback was immensely beneficial and was incorporated into the final thesis.
The remainder of this article is devoted to a detailed interpretive discussion of the complexities of friendship and its relational significance in nurse–parent relationships, which was one of the interpretive chapters written for Webber's thesis. Accordingly, the methods section is intentionally brief, as the purpose of this paper is not to provide a comprehensive account of the methodological process, but to offer a sustained hermeneutic interpretation of one aspect of the findings. Consistent with a hermeneutic approach, careful attention is given to language and meaning, allowing for an in-depth exploration of the language, nuances, ambiguity, and profundity of the relationships between parents of children with cancer and the nurses who care for them.

Interpretive Analysis

Friendship as a Concept

> *Parent: Some days, it's just them sitting there, listening to you vent if you need to. Some days, you can laugh about things that aren't funny, but you have to somehow make them funny, or you'll go crazy. Some days, they just can hug you… It's just having that kind of close friend who gets it.*

The philosophical concept of friendship is at least as old as Aristotle (Nehamas, 2016). For Aristotle (ca. 350 B.C.E./1994), "without friends no one would choose to live, though he had all other goods" (section 1, para. 1). In the Greek language, philosophy and friendship have something in common. In Greek, philosophy is *philosophia, and* Aristotle referred to friendship as *philia* (George, 2020; Nehamas, 2016). Both philosophia and philia derive from the same root word, which is related to the notion of love or affection; in friendship, this is love or affection towards another, and in philosophy, it is love or affection for wisdom. According to Nehamas (2016), Aristotle's conception of friendship has continued to influence contemporary philosophical ideas about friendship in two ways. The first is that friendship is "a good" (Nehamas, 2016, p. 3); it is a pleasure to be experienced in life (Nehamas, 2016). The second is that there are distinct forms of friendship: utility, pleasure or pleasantness, and excellence (Gadamer, 1999/2009; Nehamas, 2016). As crisp as these forms of friendship might appear, friendship, conceptually, is as ungraspable and ambiguous as it is experienced in real life (Vernon, 2005). It can be difficult to articulate the meaning of our friendships with others, even our closest ones.

The participants in this research had mixed responses to the use of the word friendship. Some parents felt that nurses were like "close friends." Others suggested that "having something, kind of like a friendship" with nurses is beneficial, and a few parents felt that they "couldn't necessarily [call nurses] a friend." For nurses, some parents were "definitely friends," and others "would never call [parents] friends." Agreement on the use of friendship varied significantly, yet a colourful spectrum of ways in which nurses and parents understood the significance and meaningfulness of their relationships with one another was present in the interviews. Without giving away the main argument of this paper, using friendship to describe nurse-parent closeness, as an aspect of relational complexity, might not always be the right fit. We begin, though, by recognizing how friendship does contribute to understanding relational complexity in nurse-parent relationships.

Filling in the Blanks: Two Ways

> *Parent: All the other research I've done, we just fill in—it's more fill-in-the-blank kind of things, like papers I filled in over a year and a half, two years, so this is my first interview.*

At the beginning of one of the research interviews, a parent expressed excitement about participating in a research interview that did not just involve "filling in the blanks" of survey-style research. The phrase "fill in the blanks" is an idiom. It means "to put information into blank spaces: to provide missing information" (Merriam-Webster, n.d.). One can fill in the blanks, quite literally, in a survey to describe something. One can also fill in the blanks when one needs to provide their own conclusion (Merriam-Webster, n.d.) to something that has been left unsaid or misunderstood. "Filling in the blanks" became a portal for two interpretations related to friendship in nurse-parent relationships. The first interpretation addresses the relational spaces that nurses might be filling in for absent family and friends. The second interpretation provides a way to discuss the many other ways in which nurses and parents described their relationships with one another, beyond friendship.

Filling in the Blanks for Family and Friends

When parents described closeness or experiences of friendship with nurses, they often said it felt as though nurses sometimes understood their experiences better than their family and friends. For parents, while nurses were not parenting a child with cancer, they were going through the experience with parents—as companions. Parents' friends and family, on the other hand, were not living the day-to-day with parents, and sometimes it even felt taxing to fill them in on all the details of their child's cancer, let alone have time to talk about how they, as parents, were doing.

> *Parent: Our other friends have never had sick kids. They've never been around sick kids. So, you can tell them, "Oh yeah, we had a really rough night," and they're like, "Oh yeah, sure." But then you tell the nurses, our nurse friends, "Oh, we had a really rough night," and they're like, "Yes! You did. We understand that because we know what a rough night during chemo looks like."*

> *Parent: You get certain family and friends who jump in and pick up the slack, and do whatever, and then you get a lot of people who disappear from your life because they don't understand or can't be part of it.*

Given the experience of having a child with cancer, it is not uncommon for parents of children with cancer to experience loneliness and social isolation (Chodidjah et al., 2022; Davies et al., 2022; Hamama-Raz, 2012; Klassen, Gulati, Granek, et al., 2012; Wakefield et al., 2011). Notably, this research was conducted during the height of the COVID-19 pandemic. While the COVID-19 pandemic is not a focus of this research, it is interesting to note that parents and nurses both described how pandemic restrictions may have heightened the loneliness and social isolation already associated with being a parent of a child with cancer.

> *Nurse: They spend all their time in the hospital and [with] COVID. They're literally seeing nobody else.*

> *Parent: A lot of times on the unit, you're in isolation…These days, with COVID, you can't even have friends or family come to visit.*

These findings were consistent with research by Davies et al. (2022) on how additional visiting restrictions during the COVID-19 pandemic (i.e., only one parent at the bedside; no siblings, extended family, or friend visitors) further contributed to a sense of loneliness and social isolation among parents of children with cancer.

Loneliness and social isolation are significant psychosocial outcomes for parents of children diagnosed with and treated for cancer. However, parental psychosocial needs are often underacknowledged and under-resourced, as the focus is usually on tangible parental support needs such as financial support, educational needs related to the child's cancer, and, of course, caring for their sick child. Wakefield et al. (2011) reported that parents of children with cancer are at increased risk of loneliness, anxiety, and post-traumatic stress, even after their child has completed treatment. Klassen, Gulati, Granek, et al. (2012) reported that even when social supports are available, most single parents and some immigrant parents of children with cancer report feeling lonely and isolated, further emphasizing the need to address parents' social support needs. Davies et al. (2022) demonstrated that parenting a child with cancer, particularly when partners, siblings, extended family, and friends were unable to visit during COVID, intensified parents' experiences of loneliness. Parent participants in a study by Hamama-Raz et al. (2012) concluded that improved nursing supports could help address parent participants' reports of loneliness, helplessness, and high emotional distress related to having a child with cancer. As parents' distress about their child's cancer can significantly affect their children's experience of cancer (Caes et al., 2014; Cho et al., 2023; Link & Fortier, 2016), it is necessary for nurses to consider how to respond to parents' psychosocial support needs. As this research has identified, parents also need relational supports, which include nurse-parent relationships.

The weight of having a child with cancer is immense. Understandably, parents often shift their entire focus towards their sick child. Sometimes, this necessary shift can have detrimental effects on parents' psychosocial needs, particularly their relational support needs. It is not uncommon, as many participants in this research suggested, for nurses and parents to become close with one another, which, during the intensity of treatment or palliative care, might result in parents feeling more understood by their nurses than by their own family and friends. In this way, nurses sometimes fill in the blanks for parents' family and friends. It is important, though, to remember that nurses are not a replacement for family and friends. However, it is worth considering that sometimes nurses do fill in relational blanks for parents of children with cancer that others might not be able to. Filling in these relational blanks, although only temporarily, is worthy of greater attention. While it might be easier to be "just a nurse" to parents, it is likely that, at times, nurses will be described by parents, as the participants in this study suggested, as "like friends," "like extended cousins," and "like family."

Filling in the Blanks for "Friendship, or Whatever it is"

> *Parent: I think those connections—it's just such a funny thing in oncology… because you do—this is such a long process—and you spend a ton of time with these people, and they*

> *walk you through some pretty tough times, so inevitably, whether it's friendship or whatever it is, I don't know, just having that kind of bond, temporary as it may be, is lifesaving in lots of ways.*

It was evident throughout the interviews that nurse-parent relationships mattered significantly to both nurses and parents. As the opening quote of this section demonstrates, these relationships can be "lifesaving in lots of ways." While friendship was used to describe the meaningfulness of nurse-parent relationships, it was not the only term used by participants, nor is friendship exclusive to nurse-parent relationships. After the initial review of the transcripts, though, it remained unclear what else the relational significance of nurse-parent relationships might be called. Put differently, as Gadamer suggested, understanding had come to a standstill.

> The Greeks had a very fine word for that which brings our understanding to a standstill. They called it *atopon*. This word actually means 'the placeless,' that which cannot be fitted into the categories of expectation in our understanding, and which therefore causes us to be suspicious of it. (Gadamer 1970/2007, p. 93)

While calling nurse-parent relationships a form of friendship captured their relational significance at times, in other ways, friendship felt ineffective or insufficient. Conceptually, friendship might describe some aspects of the significance that nurses and parents experience in their relationships with one another. However, upon further review of the transcripts, there were many other ways in which nurses and parents described the significance of their relationships with one another.

> *Parent: I really do feel that it's such a special relationship, and it's such an important—it can make or break your experience in a day, or even on how you reflect back on your care and your kid's care. It's a gamechanger. It's important.*

> *Parent: I think the nurses play a massive role in the whole experience…I know anyone who has been through childhood cancer will give those ladies [sic] that tremendous amount of credit for what they do, but I don't know if anyone who hasn't been through can understand exactly how huge it is what they do.*

> *Nurse: I really feel that relationship-building is as important to me as the skills. In fact, if anything, I think I'm probably weaker in the skills and stronger in relationship-building. I just think that if I can get them to trust me, the rest will follow, but I work really hard at building relationships with families.*

Toner (2017) examined the tension in using "friendship" to describe nurse-adolescent relationships in pediatric oncology. Citing Vernon (2010), Toner argued that the value lies in questioning the relationship's nature rather than labeling it definitively. This perspective encourages a stance of curiosity and critical reflection that is relevant to this research on friendship in nurse-parent relationships. The findings from this research demonstrated that, particularly for parents, relationships with nurses had the potential to be "lifesaving," "a game changer," and "play[ed] a massive role." For nurses, there was a clear value placed on relationships with parents, sometimes even over their value of nursing skills. In the opening quote of this section, a parent said, "whether it's friendship, or whatever it is, I don't know, just having that bond, temporary as it may be, is

lifesaving in lots of ways." They could not have said it more clearly. The nurse-parent relationship might involve friendship, but it might also be something else. Whatever it is, even though it is temporary, what I believe is the most important thing to recognize is that nurse-parent relationships really *do* matter to parents of children with cancer and the nurses who care for them.

Friend Request—Pending

When we communicate on social media, it often begins with a *friend request*. What is interesting about sending friend requests is that, when one receives a social media friend request, the person may be anywhere on the spectrum from barely an acquaintance to a true friend. Gadamer (1999/2009) was concerned that, despite our access to a rich spectrum of language, "the word 'friendship' is used with colourless frequency" (p. 4). Perhaps using the word *friend* to describe everyone one is connected to on social media platforms is an example of this colourless frequency, in which we use friend to describe too many of our relationships. Gadamer reminded us of an important and necessary caution when using friendship to describe relationships. What, then, to call nurses and parents who experience closeness in their relationships remains up for debate. In the meantime, it is worth noting that both nurses and parents expressed uncertainty about who should initiate, if at all, a friend request on social media. This uncertainty speaks to the difficulty of articulating the significance of the closeness that some parents and nurses experience in their relationships with one another.

> *Parent: So, with the nurses, I let them send me a friend request. I didn't ask to be friends, from a social media standpoint. So, I let them if they wanted to, I don't remember exactly how the conversation arrived with Jasmine…but Karen is "hey, do you want to?" "Yeah, sure, no problem." Those are the only two that I have connected with outside. I know there are a couple of nurses who I would love to catch up with and see how they're doing but I don't know their last name.*
>
> *Nurse: I think that if the family wants—if the family is reaching out to me and requesting—then I should be able to say yes. But if I'm reaching out to them, maybe that's not okay? Maybe it has to be initiated by families?*

Two nurses described how they would leave friend requests on social media from parents pending. As one nurse remarked, "I don't ever accept or deny." In this way, they are neither friends with parents on social media nor not friends with parents on social media; their friendship, at least as recognized on social media, is somewhere in the middle—it is pending.

> *Nurse: So, as a new nurse, I used to accept friend requests after the kid was off therapy, and now I don't ever accept friend requests, and I leave them pending actually…Facebook has pending friend request, so I don't ever accept or deny.*
>
> *Nurse: I am friends with their dad on Facebook, but he found me and asked me to be. I left it sitting there for so long, pending, and it wasn't until, I think it was probably a year, that I felt that it was ok…Sometimes [it] will pop up what they are doing, and I'm like, "Is this weird?"*

A pending request seemed to carry a double meaning: the inability to be more than what professional organizations and institutions deem appropriate, and the inability to acknowledge that, because of their shared experience of co-caring for a child with cancer, their relationship might no longer fit within what is typically accepted as a nurse-parent relationship.

> *Nurse: I honestly see the benefits from being very private, and I honestly see the benefits of being a bit more vulnerable with families, so I definitely think it's a fluid, non-defined aspect of our career…I'm kind of in the middle…in the middle of say no to [it] all…but I'm also not like, "woohoo, who wants to be friends?"*
>
> *Parent: I don't think I was on social media with any of the nurses while they were in treatment. I think I was too afraid to ask. I wanted to, but I was too afraid to ask, thinking "oh, they're not allowed to do this."*
>
> *Nurse: I think that after two years after the child has died, you can follow them, but they're not looking for me then…I think it's an institutional policy, but I could be wrong. I've heard that somewhere.*

Feeling uncertain about not being able to go back and not yet being ready to move forward is consistent with the concept of liminality. First articulated by van Gennep, the concept of liminality was further developed by the anthropologist Victor Turner (1969). For Turner (1969), "liminal entities are neither here nor there; they are betwixt and between" (p. 95). Liminal spaces are ambiguous, eluding culturally accepted classifications (Turner, 1969). Hermeneutics also understands liminality. As we know from Gadamer (1960/2004), "hermeneutic work is based on a polarity of familiarity and strangeness…the true locus of hermeneutics is this in-between" (p. 306). There is a not-yet-here, not-yet-there-ness in which hermeneutics is most at home.

In writing, hyphens are used to divide or compound words (American Psychological Association, 2020). According to Carson (2002), a hyphen marks the distance between two parties while also offering a bridge across the divide. Put differently, the hyphen does double duty (Carson, 2002). For Carson, the hyphen in the doctor-patient relationship is an important signifier of the space that both divides and brings together the doctor and the patient. The hyphen signifies "the reserve, the holding back, that is no doubt necessary when doctor and patient come together to consider matters personal and sometimes grave" (p. 171), while also serving as a reminder of the working together that is necessary to achieve what neither the doctor nor the patient can accomplish alone. Following Carson, I propose that the hyphen in the nurse-parent relationship demonstrates an important space that stands between nurses and parents, one that involves professional boundaries. However, the hyphen also offers a bridge across the divide of professional boundaries, which can, at times, push nurses to the far edge of the nurse and parents to the far edge of the parent. What feels important to recognize is that nurse-parent relationships, which involve complexity, intensity, challenge, pain, and suffering, but also meaningfulness, laughter, and celebration, have the capacity to exist well in a hyphenated—a neither here, nor there—space.

A perplexing aspect of liminality is that transition is pending. Liminality is about moving from one state to another. As Moules et al. (2026) wrote, "being in-between is a tension that requires the ability to suspend certain things while holding other things in attention" (p. 209). Put differently,

liminality draws our attention to what we might otherwise not have noticed or even cared much about. Liminality might also allow something to be unnamed yet still experienced, still felt. Liminality honours that which appears to be "inexpressible, while allowing experience to sustain its own richness" (Risser, 2019, p. 1). The pending request, the liminal space in which a nurse or parent is neither a nurse nor a parent nor a friend, honours the difficulty of articulating the meaningfulness that nurses and parents might experience in their relationships with one another.

The Difficulty of) Finding Language that Works[1]

How often have you had an experience, especially one that is deeply profound, after which you exclaimed, 'it so moved me there are no words to say what it means?' Words have failed to take hold of the meaning of the experience, and yet, presumably, you do want to speak about it, you do want to bring it to its understanding, if not to yourself, then to another. (Risser, 2019b, p. 1)

There is an inexplicability to describing the closeness that nurses and parents sometimes experience in their relationships. These experiences can feel ungraspable and even unknowable if you have not had an experience like it before. These encounters, as Gadamer (1970/2007) argued, might "leave us speechless" (p. 93), almost as though language has deserted us.

> *Parent: Oncology nurses are just a different breed, and you just care differently…It's just, I don't know, and I'm sorry that I don't have a better qualifier for it, but it just feels…different.*

While it is certainly simpler to leave the understanding of friendship in nurse-parent relationships as "friendship, or whatever it is," there is still an opportunity to "find language that works" (Moules et al., 2015, p. 202). As Gadamer (1970/2007) also reminded us, "language deserts us…precisely because what enlightens is standing so strongly before our ever more encompassing gaze that words would not be adequate to grasp it" (p. 93). Before going further, we want to be clear that it is not our intention to contradict ourselves from the previous section, in which there was some room for the ambiguity of "not not friendship" and "friendship, or whatever it is." Rather, our intention in this section is to say, "yes, and…"; to continue working to give language to the relational significance that nurses and parents experience in their relationships with one another. As Risser (2019b) argued in the quote that opens this section, we do want to speak about relational significance in nurse-parent relationships and bring it to understanding, especially for those who might be influential in improving relational care supports for both nurses and parents in pediatric oncology contexts.

Risser (2019b) provided two examples of experiences involving a sense of being at a loss for words. The first example comes from Kant, and it is an experience of what we would call the sublime (Risser, 2019b). According to Risser, what is taking place in these profound, seemingly language-less experiences is wonder:

> a deeper phenomenon that draws us into the strange and challenging. The experience of wonder signals a certain placelessness with respect to what we are experiencing…[and] to be left almost speechless in wonder, one can say, is to be at the opening of thinking and speaking. (p. 2).

The second example that Risser provided, in which one might feel "*almost* speechless" (p. 2) happens "in those deeply personal experiences that range from the traumatic to the blissful, but also in the awkward situation of speaking in the face of death" (p. 2). In nurse-parent relationships, there is something to relate to in both of Risser's examples. There are certainly sublime moments of wonder and even joy, for example, celebrating a child's last chemotherapy, and moments of deep sorrow—speechlessly and tearfully holding a parent as they sob over the death of their child. How might one even begin to give language to the relational significance of these moments between nurses and parents? As Gadamer (1970/2007) suggested, though, "the breakdown of language actually testifies to one's capacity to search out an expression for everything…In actuality, speaking has not come to an end but to a beginning" (p. 93). However, as Risser argued, simply giving names to objects, or, in this research, calling the relational significance between nurses' and parents' friendship, is not language in its fullest sense. In fact, once identified, something like friendship can become contained; "drained of its particularity when translated into words, which, ultimately, as the work of concepts, can only convey the general" (Risser, 2019b, p. 3). Yet despite the potential shortcomings of language, we still rely on it to communicate thoughtfully and effectively.

There are several points Risser (2019b) made that are relevant when seeking a way to express the inexplicability of relational significance in nurse-parent relationships. First, Risser argued that language is speculative (Risser, 2019b). By this, Risser meant that "the subject matter is 'mirrored' in it but not just in a simple way; think of it more like a hall of mirrors" (p. 7). Put differently, naming something complex echoes the complexity of what is being named. Second, Risser argued that even if understanding must be worked out, there may be no success in finding the words for what one is trying to say. As Risser noted, "there are indeed limits to the communication of meaning" (p. 7). Risser then admitted, "what has been said in words is always less than what is meant, as those deeply personal experiences often attest to" (p. 7). However, Risser's third point is that, despite the seemingly impossible challenge of language's limits in describing meaning, there remains, quoting Gadamer (1985/2000), "an unstilled desire for the appropriate word" (p. 17). For Risser, this pursuit of the better word "constitutes the true life and essence of language" (p. 7).

The difficulty we experienced when presenting the findings from this research was finding the right word, if not friendship, to describe the significance of the nurse-parent relationship. However, after engaging with the data, two words have resonated with us, and we will propose them. There is a German word that Carson (2002) argued is untranslatable into English. The word is "*das Zwischenmenschliche"* or "Zwischenmenschlichkeit". Carson described this word as meaning:

> something that happens between people when they are 'in sync,' taking each other seriously and holding each other in mutual regard, Martin Buber wrote, 'In a real conversation…what is essential does not take place in each of the participants or in a neutral world which includes the two and all other things; but it takes place between them in the most precise sense, as if it were a dimension which is accessible only to them.' (p. 179)

Carson goes on to argue that, for Buber, this does not happen only in the "great thundering moments of life" (p. 179). This way of connecting also occurs in ordinary experiences (Carson,

2002). Nurses and parents sometimes experience an "in syncness" that involves taking one another seriously and holding each other in mutual regard (Carson, 2002). It is a precise experience, and the inexplicableness of the relational significance they sometimes experience can feel as though it is in a dimension only accessible to them (Carson, 2002). As the parent quotes have previously suggested, relational significance is sometimes difficult to describe.

> *Parent: Whether it's friendship or whatever it is, I don't know.*

The result, though, of relational significance, often involves an abundance, or as Carson called it, a surplus, of meaning. Dealing with surpluses is not our forte in healthcare. Too often, the focus is on streamlining, cost-saving, and making do with less. In many ways, we do not even know how to use surpluses effectively.

There are few tangible benefits to caring for children with cancer. By this, we mean that nurses do not receive extra pay for this work, and parents certainly do not receive tangible rewards for parenting a child with cancer. Caring for children with cancer is hard, emotional, and sometimes devastating work. What there seems to be, instead, is an abundance of meaning. Caring for children with cancer changes your life. Whether as a parent or as a nurse, the surplus of meaning that results from this experience alters the way you move forward. It is impossible to be unchanged by the experience. Importantly, the meaningfulness is multifaceted. By this, we mean that it is not necessarily meaningful in the positive sense. Sometimes the meaningfulness that comes from caring for children with cancer involves devastating loss. The experience, as a whole, matters significantly. Given the surplus of meaning that we suggest nurses and parents experience in their relationships with one another because of caring for children with cancer, it might be difficult to know what to do with it. For example, a nurse may be so moved by a relationship with a parent of a child with cancer, or a parent may feel that nurses feel more like family than their biological family. As Carson (2002) noted, though, we "take note of it, take it in, reinvest it in the relationship, and pass it on" (p. 180).

The second word that might be useful in describing the significance of nurse-parent relationships is companionship. The term companionship might help to deepen understanding. As Risser (2019b) wrote, "the right word is the word that comes as an increase to meaning" (p. 9). Etymologically, from the Late Latin *companionem*, the word companion literally means "bread fellow, messmate" (Online Etymology Dictionary, n.d.). Nurses and parents are often messmates, not in the sense that they share meals, but quite literally that they are in the messes together.

> *Nurse: You are actually in the room doing the things with the patients and the families and I think that probably makes the relationship a bit closer than with the doctors, because your patient puked all over you, I'm helping change, I'm helping clean up, your patient's bleeding, like I'm the one in there actually doing the things, which I think obviously makes you close with people.*

Companion is also defined as "one that accompanies another" and "one that keeps company with another" (Merriam-Webster, n.d.).

> *Nurse: I think parents see us more as on a level playing field with them, than a physician…I find that the questions happen during the family meeting to the physician, for sure, but the reiteration of the answers happens with the nurse, or the breaking down of the feelings, I feel like happens with a nurse.*

While it is possible to have friends as companions, companionship does not require friendship. Companions may or may not be equals. For example, companions can be employed to serve another (Merriam-Webster, n.d.). There is also a sense of temporality associated with companionship, in that one is a companion for a period, for a particular experience. A companion goes alongside another, offering support and care, and sometimes even provides information or advice about a particular subject (Merriam-Webster, n.d.).

Moules et al. (2016) offered two other words related to companion, linked by their origins in 1600s biblical translation. The first word is *helpmeet*, which literally means "a helper like himself [sic]" (Online Etymology Dictionary, n.d.), and the other word is *playmate*, which means a "companion or playfellow" (Online Etymology Dictionary, n.d.). According to Moules et al. (2016), "if a companion is a 'helper like himself [sic],' then professionals in pediatric oncology are eminently suitable companions" (p. 574). Moules et al. (2016) also noted the inescapable idea that companionship might be related to playfulness. For Moules et al., playfulness is not about trivializing the experience of nurse-parent relationships. Rather, it is a way to recognize that playfulness "is a state of wonder and openness that is both deeply existential and a pragmatic recognition of contingency" (p. 574). Put differently, for Moules et al., companionship is the solid ground from which parents might be supported in the unfamiliar and terrifying context of having a child with cancer. Companionship also offers a "soft landing" (Moules et al., 2016, p. 574) when having a child with cancer tests parents in ways they had not expected. In addition to Moules et al.'s insights about how playfulness connects to companionship, sometimes, to walk through darkness, we require some light. Put differently, for many nurses and parents, levity through humour offers a way to navigate the difficulty and often painful experience of caring for children with cancer.

> *Parent: There were days when it was horrible and there were days when it was fun, the nurses were always doing goofy things, if you needed it. They have a really good read on it.*

> *Parent: She had an anaphylactic reaction, which is a huge deal, but we can all laugh about it afterwards because she had enormous lips and things like that. It's ridiculous and not funny at all, but at some point, there becomes some sick sense of humour about it.*

Parents and nurses recognize that humour and playfulness are essential to childhood cancer care. Of course, having a "good read" on the situation, as one parent reflected in the quote above, is part of a nurse's ability to discern what is needed in each particular moment, with each particular parent. However, it would be untrue to say that laughter or playfulness is never involved in nurse-parent relationships. Arguably, this playfulness is a significant contributor to the companionship that nurses and parents experience in their relationships. Returning to the project of finding ways to express meaningfulness and considering the accompaniment, helpfulness, and playfulness that nurses offer parents of children with cancer, companionship might be a more fulsome way to

recognize the relational significance of nurse-parent relationships. To understand nurse-parent relational complexity, considering and acknowledging the companionship that nurses and parents experience in their relationships with one another, perhaps allows for both an enlargement and intensification of understanding (Risser, 2019b).

Expanding on Friendship

It is difficult to bring together certain experiences of profound closeness, meaning, and connection between nurses and parents who care for children with cancer. Yet despite these experiences feeling almost inexpressible, there remains a significant need to convey this relational significance in words. As Dillard (2016) wrote, failing to at least attempt to describe nurse-parent relational significance risks losing it. This means the "lifesaving" contribution that nurse-parent relationships make to parents' experiences of having a child with cancer might continue to be underacknowledged, misunderstood, and relatively unsupported. In an increasingly biomedical and policy-focused approach to nursing care, the significance of relationships is at risk of being deprioritized (Dierckx de Casterlé, 2015). When representing the relational significance of nurse-parent relationships, friendship might fit, even if it is rare, involves inequality, and is limited to particular situations. Friendship contributes to the complexity and significance of nurse-parent relationships. However, friendship is not the only word that might help us better understand relational complexity and significance. Hermeneutics has a "tragic, loving relationship with language" (Moules, 2002, p. 15), and for this reason, it was significant to do the hard work of expanding understanding about relational significance in nurse-parent relationships. The gift of hermeneutics is a capacity to understand differently (Moules et al., 2026). Sometimes understanding differently involves seeking a way to understand something better, in the sense of evoking a more expansive and transformative understanding of experiences (Risser, 2019b). It is for these reasons that the fit of friendship in nurse-parent relationships has been discussed—to question it, to be curious about it, and to consider how companionship even further extends our understanding of nurse-parent relational significance. This unfolding of language has not been linear (Risser, 2019b)—companionship does not simply replace friendship. Rather, companionship expands friendship; it is a "yes, and…" to friendship.

Moving from Philosophy to Implications for Practice

The difficulty of describing the closeness sometimes experienced in nurse-parent relationships contributes to the relational complexity of these relationships. We would like to propose two ways in which the interpretations from this research on finding the right fit of language could apply in practice. First, clarifying the significance of nurse-parent relations remains a critical clinical and research imperative. Hermeneutics supports the importance of finding language that fits to describe experiences, as language "lies at [its] heart" (Schmidt, 2000, p. 1). So, despite the difficulty of finding language that fits to describe the relational complexity in nurse-parent relationships, there remains, as Gadamer (1985/2000) suggested, "an unstilled desire for the appropriate word" (p. 17). This pursuit of a better way to understand, through language, "constitutes the true life and essence of language" (Risser, 2019, p. 7). If practice changes related to improving support for nurse-parent relationships are going to happen, it matters how we describe the particularities of nurse-parent relationships. When we find a good fit of language, we are better able to demonstrate the

significance and contributions that quality nurse-parent relationships make to parents' and nurses' experiences of caring for children with cancer.

The second application from this research concerns the importance of finding language that fits when nurses and parents communicate. Gadamer (1998) wrote of communication, "communication [*Mitteilung*]—what a beautiful word! It involves the idea that we share [*teilen*] something with one another [*miteinander*] that does not become less in the sharing but perhaps even grows" (p. 6). While communication can be beautiful, it is not uncomplicated and can be difficult at times (Risser, 2019a). Understanding the other requires significant effort, and for communicative understanding to occur, the one who wants to understand must be open and adopt a posture of humility (Risser, 2019a). Thus, being open to the other involves both responsibility and humility. Through this openness and humility, "conversation can thus have a transformative power, as we know from a successful outcome in a therapeutic situation" (Risser, 2019a, p. 8). As nurses, we often use the term *therapeutic communication* to describe the communication that occurs "from a successful therapeutic situation" (Risser, 2019a, p. 8). While therapeutic communication is a common term in nursing practice, it can be an ambiguous concept to apply in practice (Xue & Heffernan, 2021). Therapeutic communication requires nurses to be attentive to parents' particular situations, using language that demonstrates approachability, sensitivity, and respect (Jones et al., 2015). It takes effort to find language that fits each unique parent, but effective communication is crucial to establishing and maintaining meaningful nurse-parent relationships (Fisher et al., 2014; Jones et al., 2015; Kynoe et al., 2020; Mcharo et al., 2022). Consistent with parent reports from this research, it has been argued that conversations unrelated to a child's medical care can make a considerable difference in parents' care experiences, demonstrating that nurses are interested in and care about the parents as well (Jones et al., 2015; McHaro et al., 2022). Arguably, effective communication that involves information sharing and the ability to establish rapport takes practice. Fisher et al. (2014) suggested that nurse-parent communication can be improved through skill development. While we would argue that skills training is not the only way to improve nurse-parent communication, it is worthwhile to consider how, as nurses, we might more commonly focus on developing and maintaining annual skills training (e.g., central venous catheter certifications, chemotherapy and biotherapy certifications) and perhaps neglect to recognize the influence of quality communication in nurse-parent relationships.

Concluding Thoughts

The relational significance of nurse-parent relationships is immense, and the quality of these relationships can significantly shape parents' experiences of having a child with cancer. As one parent remarked, "they can be lifesaving in lots of ways." Nurse-parent relationships are also marked by complexity, such as when nurses crawl into king-sized death beds to administer pain medication to a sleeping child, knowing the child is slowly fading as they lie between their parents. They also involve moments of anger, feeling unheard, and sometimes unrelenting grief. There are also moments of laughter and triumph—like when all the nurses gather to sing (to the tune of Happy Birthday): "Happy Last Chemo Day to you!" In nurse-parent relationships, there are always boundaries to negotiate, always needing to determine which side of the line to stand on, and whether the benefits might outweigh the risks. These ethically complex yet markedly powerful moments contribute to the dance in, around, and through friendship that nurses and parents experience with one another as a result of caring for children with cancer. While friendship is not

the only way to mark the significance of these relationships, for some parents and some nurses, in particular circumstances, friendship is a way to acknowledge how much these relationships have the potential to make not just *a* difference, but *the* difference, for parents of children with cancer and the nurses who care for them.

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Notes

[1] A version of this section was published in Moules et al. (2026). *Conducting hermeneutic research: From philosophy to practice* (2nd ed.). Peter Lang and permission has been given to publish it in this manuscript.

Table 1: Inclusion Criteria

Participation Criteria	Rationale
Parents	
Spoke English	Constraints of the study budget and capacity limited the opportunity to support translators for this research.
Had experienced having a child diagnosed and treated for cancer for a minimum of six months	Rodriguez et al. (2012) found that stressors related to communication are increasingly burdensome for parents of children who have been diagnosed less than one month ago. Therefore, by including parent participants whose children have been diagnosed greater than six months ago, we worked to mitigate any additional distress that is associated with the initial diagnosis phase.
	Ensured that parents had sufficient time to develop relationships with nurses that had the potential to be complex.
Lived in Alberta, Canada	Recruitment was through Kids Cancer Care of Alberta.
Had access to computer for a video conference (i.e., Zoom) interview	The interviews were conducted during the COVID-19 pandemic. All interviews were conducted via Zoom except one nurse interview, by participant request, which was conducted outdoors and socially distanced.
Nurses	
Spoke English	Constraints of the study budget and capacity limited the opportunity to support translators for this research.
Had worked in a pediatric oncology context for at least one year	This time frame was chosen to ensure that the nurse participants were well-positioned to have experienced the ethical challenges of maintaining professional boundaries, while also engaging in therapeutic relationships with parents.
Lived in Alberta, Canada	Recruitment was through Kids Cancer Care of Alberta.
Had access to computer for a video conference (i.e., Zoom) interview	The interviews were conducted during the COVID-19 pandemic. All interviews were conducted via Zoom except one nurse interview, by participant request, which was conducted outdoors and socially distanced.

Table 2: Participant Demographics	**n**
Parent Characteristic	
Gender	
Female	6
Age (years)	
25 - 35	2
36 - 45	2
46 - 55	2
Relationship to Child	
Mother	6
Child's Cancer Diagnosis	
Acute Lymphoblastic Leukemia	3
Wilm's	1
Congenital Glioblastoma	1
Hepatoblastoma	1
Child's Age (years)	
0 - 3	2
4 - 10	1
11 - 19	2
deceased	1
Length of Time Receiving Care	
6 months – 1 year	2
1 – 5 years	3
>6 years	1
Nurse Characteristic	
Gender	
Female	6
Age	
25 - 35	5
36 - 45	0
46 - 55	1
Years of Pediatric Oncology Nursing Practice	
5 - 10	4
10 – 15	1
15 - 20	1