Active consideration underpinned the efforts of men with prostate cancer to support their spouse caregivers


QUESTION: How do men with prostate cancer and their female spouses characterise the phenomenon of patient provided support for spouse caregivers?

Design
Qualitative study within a large longitudinal study.

Setting
Toronto, Ontario, Canada.

Participants
34 men with prostate cancer (mean age 61 y) and their partners (mean age 57 y). The men were married or living with an intimate female partner and had chosen surgical prostatectomy as their primary treatment at the time of the first semistructured interview. The men and their partners spoke English.

Methods
The men and their partners separately participated in 3 semistructured, 1 hour interviews (before surgery and at 2 and 12 mo after surgery). Questions included “Has your partner attempted to support you? Have you attempted to support your partner? If so, how? Has this been helpful?” Interviews were transcribed verbatim and analysed using the grounded theory method.

Main findings
The core theme, active consideration, reflected men’s inclinations to expand their perspective to include that of their partners and their purposive attempts to reduce the effects of the illness and its treatment on their partners. Active consideration included 4 domains. (1) Easing spousal burden referred to the deliberate steps taken by men to minimise the effects of the disease on their partners. After surgery, some men tried to be self-sufficient by managing their catheters and preparing their own meals. Similarly, men withheld complaints, especially about physical pain. These actions were seen by spouses as stress relieving because they indicated a lack of expectation or need for assistance. Men also contributed to household management by doing odd jobs and cleaning. Spouses especially appreciated these efforts when the men themselves initiated them. Men lessened the impact of illness by recovering as quickly as possible; efforts to maintain connection, and less burdensome.

Conclusion
Active consideration was the theme underlying the efforts of men with prostate cancer to be supportive of their spouse caregivers, and included the 4 domains of easing spousal burden, keeping up, considering spouse, and maintaining connection.

COMMENTARY
The study by Fergus et al is important and timely, both in relation to prostate cancer research and psychosocial research. This study is dedicated to unravelling the specificities of men’s social support for female spouse caregivers through the exploration of “shared” lived experiences of prostate cancer. The findings reiterate the need for clinicians to assess patient and caregiver capacity to provide and receive support. This is especially pertinent given the current “fast track” prostatectomy that results in men being discharged from hospital within 24 hours after surgery. Clearly, clinical assessment of social support and the provision of spouse inclusive education programmes will be major considerations in effective early discharge after prostatectomy.

I do, however, have a number of comments relating to the research concerning theoretical debates. These, of course, are simply matters of intellectual exchange. Firstly, “masculine socialisation” and “heteronormativity” frameworks are portrayed as unmarked variables and unified characteristics in this study. However, the results suggest diversity in men’s support of spouse, which perhaps would have been best considered in the context of masculinities.

Regardless of these theoretical concerns, the research findings from this study offer nurses valuable insight into how men do and do not support spouse caregivers before and after prostatectomy. The authors, through innovative inquiry, have informed a relevant level of prostate cancer abstraction that is attracting further research.

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Evid Based Nurs 2003 6: 31
doi: 10.1136/ebn.6.1.31