**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 reduce their fears and frustrations. Some women, however, found these protective efforts to be antagonistic to their own and their partners’ coping, especially when attempts to hide negative feelings were unsuccessful. Another aspect of protection was ongoing consideration of the future and taking care of business, financially and emotionally, in the event of premature death or other unfavourable outcomes. (2) *Keeping us up* referred to men’s awareness of how their own coping and distress affected their partners, and their attempts to adopt a positive outlook. Spouses saw these efforts as supportive because they did not have to worry about their partners feeling demoralised. (3) Many women expressed the importance of feeling close to their partners, or *maintaining connection*. Such feelings were fostered by sharing experiences (eg, medical appointments), spending time together doing practical activities and mutually enjoyable pastimes, and openly expressing affection. (4) *Considering spouse* referred to men’s recognition of the negative impact of their illness on their partner, and the efforts of the couple to be more sensitive and thoughtful, especially after surgery. Men showed concern for their partners by encouraging them to take care of themselves and to connect with other support systems. Men used concrete gestures and verbal expressions to show their appreciation for the care they received. Such expressions positively influenced how women perceived themselves and their role, and their subjective experiences of their efforts being worthwhile 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 us 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 “heteromasculinity” frameworks are portrayed as unmarked opposites 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. Furthermore, the claim of applicability of the results to “white heterosexual couples” is problematic in that it also implies a homogenous group, reliably informed through the 34 interviewed couples. Secondly, “female spouses” and “heterosexual relationships” are central to this research, yet little attention is given to femininities or constructions of heterosexual relationships.

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.1

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