

Information Needs of Wives of Men Following Prostatectomy

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Purpose/Objectives: To identify and evaluate the information needs of wives of men diagnosed with prostate cancer who were treated first with radical prostatectomy and to measure the extent to which their needs were met.

Design: Descriptive.

Setting: Comprehensive cancer center designated by the National Cancer Institute.

Sample: 66 wives of men with prostate cancer.

Methods: On the second day after their husbands underwent prostatectomies, the wives of men with prostate cancer completed the Family Inventory of Needs–Wives and a demographic data form.

Main Research Variables: Information needs and the perceived degree to which they were met.

Findings: All needs were identified as important but were met to varying degrees. Five items were not rated “unmet” by any respondents, whereas four items were considered unmet by at least 30% of respondents. Evidence suggests that the age of the wife influences the percentage of unmet needs, with older wives having more unmet needs. P values for the relationship between needs and the age of the wife, her educational level, and the time between diagnosis and treatment were less than 0.05.

Conclusions: Illness prompts a wife’s need for information, which supports findings of earlier research.

Implications for Nursing: Wives have a wide range of information needs. Assessing education needs and the degree to which they are met can guide nurses in restructuring education. Support and guidance regarding more difficult issues, such as fatigue and sexual activity, can decrease barriers to communication. Using a multimodality approach to education, constantly reassessing needs, and encouraging questions are imperative.

Prostate cancer is the most commonly diagnosed cancer in men and has a projected incidence rate of 232,090 (33%) in 2005. Prostate cancer is the second-leading cause of mortality from a malignancy and is estimated to lead to approximately 10% of all cancer deaths in men, or 30,350 cases per year. The probability of developing invasive prostate cancer increases with age. Although African Americans have a higher rate of prostate cancer, they tend to be diagnosed at a later stage and have a poorer survival rate compared to Caucasians. An estimated 90% of all new cases will be diagnosed at local or regional stages, at which the relative five-year survival rate is 100% (Jemal et al., 2005). Options for initial therapy for localized prostate cancer include radical prostatectomy and radiotherapy (National Comprehensive Cancer Network, 2004).

A diagnosis of prostate cancer affects the patient, his wife, and his significant others. Treating the patient as a whole involves including his family members to the degree that he desires. Information needs extend beyond the patient to his wife, particularly when she is the primary caregiver. The wife

Key Points . . .

- ▶ Family members of patients with cancer have a need for information.
- ▶ Decreased length of hospitalizations and clinical appointments diminishes the time and opportunity available for education.
- ▶ A valid and reliable tool identified information needs and the perceived degree to which they were met.
- ▶ All needs were considered to be important; however, four needs that were unmet in at least 30% of respondents draw attention to areas for improvement.

of the patient with cancer is a cosufferer of the disease and therefore provides and needs support (Northouse & Peters-Golden, 1993).

Although studies have reported that family members of patients with cancer need information, family members consistently have difficulty in obtaining information about patients (Hilton, 1993; Houts, Ruseñas, Simmonds, & Hufford, 1991; Wilson & Morse, 1991; Zahlis & Shands, 1991). When information needs are unmet, the emotional distress of patients increases and adjustment to illness is hampered (Mesters, van den Borne, De Boer, & Pruyn, 2001; Poroch, 1995). Family members’ need for information has been overlooked frequently by the healthcare system (Harden et al., 2002; Meissner, Anderson, & Odenkirchen, 1990; Northouse & Peters-Golden, 1993; Rees, Bath, & Lloyd-Williams, 1998; Wilson & Morse).

With the evolution of managed care, patient hospitalizations and clinic appointments have shortened, thus diminishing the time and opportunities to evaluate learning needs and provide education. Wives may not be present, and their information needs may vary from those of the patient. Nurses are challenged to appropriately tailor education that is effective and desirable to both the patient and his wife. Therefore, an adequate description of wives’ information needs is necessary to contribute to improved care for these patients.

Recently, several studies of the information needs of family members of patients with cancer have been reported (Echlin & Rees, 2002; Kilpatrick, Kristjanson, Tataryn, & Fraser, Tina M. Mason, ARNP, MSN, AOCN®, is an oncology clinical nurse specialist in the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa. (Submitted July 2003. Accepted for publication July 14, 2004.)

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