Identifying Problems Faced by Spouses and Partners of Patients With Prostate Cancer

Starlyn M. Hawes, BA, Vanessa L. Malcarne, PhD, Celine M. Ko, MA, MS, Georgia Robbins Sadler, BSN, MBA, PhD, Rajni Banthia, PhD, Sandra A. Sherman, MS, James W. Varni, PhD, and Joseph Schmidt, MD

Purpose/Objectives: To describe problems chosen as targets of problem-solving therapy by spouses and partners of patients with prostate cancer.

Design: Descriptive, cross-sectional.

Setting: Spouses’ and partners’ homes.

Sample: Spouses and partners (N = 66) aged 32–79 years (X̄ = 60 years). The sample was predominantly Caucasian (82%) and African American (8%).

Methods: As part of a randomized clinical trial, women received problem-solving therapy to help manage issues related to their husbands’ or partners’ prostate cancer. The issues they chose to address during therapy and the categorization of the issues fell into four groups: treatment and side-effect issues, patient issues, family issues, and spouse issues. Scores on the Social Problem-Solving Inventory—Revised, which measures everyday problem-solving skills, and the Profile of Mood States, which measures mood disturbance, were contrasted with the problems women chose to address.

Main Research Variables: Problems faced by spouses and partners of patients with prostate cancer.

Findings: The most frequently reported categories were spouse issues (e.g., women’s emotional wellness, balancing their medical concerns with their husbands’ condition) and patient issues (e.g., men’s lack of communication, fear, or depression).

Conclusions: Findings of this study alert nurses to a variety of key problem areas for spouses and partners of patients with prostate cancer.

Implications for Nursing: Spouses and partners play a critical role when their loved ones have cancer. Understanding the problems spouses and partners face can help nurses design optimal supportive care interventions.

Key Points . . .

➤ Because spouses and partners play a critical role when men are diagnosed with prostate cancer, they need to be offered optimal support.

➤ A prostate cancer diagnosis uniquely affects patients’ spouses and partners, but the associated problems seldom have been investigated. Healthcare providers should not assume that problems faced by spouses and partners revolve solely around treatment-related issues.

➤ Meeting the needs of spouses and partners throughout the illness trajectory is important to improve quality of life for both members of the dyad.

A cancer diagnosis disrupts the lives of newly diagnosed individuals and also has a significant impact on their families (Kurtz, Kurtz, Given, & Given, 1995). The American Cancer Society (2006) estimated that 234,460 new cases of prostate cancer will be reported in the United States in 2006, and an estimated 27,350 men will die from the disease, making it the second leading cause of cancer death in men. The combination of better diagnostic methods along with increasing screening rates has resulted in 85% of prostate cancers being detected while the disease is in the localized and regional stages (American Cancer Society). However, for prostate cancer, early diagnosis and treatment have not been shown to improve survival rates (Boehmer & Clark, 2001). What has increased is the time from diagnosis to death and, hence, the time during which the disease, treatment sequelae, and emotional consequences must be managed. Therefore, attention is being focused increasingly on improving quality of life postdiagnosis.

Starlyn M. Hawes, BA, is a research assistant at Rebecca and John Moores University of California, San Diego (UCSD), Cancer Center; Vanessa L. Malcarne, PhD, is a professor in the Department of Psychology at San Diego State University (SDSU) and a researcher at the Rebecca and John Moores UCSD Cancer Center; Celine M. Ko, MA, MS, is a doctoral student in the SDSU/UCSD Joint Doctoral Program in Clinical Psychology; Georgia Robbins Sadler, BSN, MBA, PhD, is a professor of surgery in the School of Medicine at UCSD and director of community outreach at the Rebecca and John Moores UCSD Cancer Center; Rajni Banthia, PhD, is a postdoctoral fellow in health psychology at the University of California, San Francisco; Sandra A. Sherman, MS, is a doctoral student in the SDSU/UCSD Joint Doctoral Program in Clinical Psychology; James W. Varni, PhD, is a professor of psychology at Texas A & M University in College Station; and Joseph Schmidt, MD, is a professor of surgery/urology in the School of Medicine at UCSD. Funding for this project was provided by the California Cancer Research Program (No. 99–00556V-10049), the National Cancer Institute (No. R25 CA 65745), and the Rebecca and John Moores UCSD Cancer Center Fund. The lead author was funded by the McNair Scholars program through a grant from the U.S. Department of Education (No. P217A030016). (Submitted July 2005. Accepted for publication October 10, 2005.)