

# Social, Marital, and Sexual Adjustment of Israeli Men Whose Wives Were Diagnosed With Breast Cancer

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**Purpose/Objectives:** To explore the psychosocial adjustment of Israeli men whose wives were diagnosed with breast cancer.

**Design:** Descriptive study.

**Setting:** An urban tertiary medical center.

**Sample:** A convenience sample of 50 Israeli men whose wives had been diagnosed with breast cancer. The average age was 53.8 years. All of the men spoke and wrote Hebrew.

**Methods:** Husbands completed a demographic and wives' health-related questionnaire, the Social Support Questionnaire to measure social support from their wives, the Psychosocial Adjustment to Illness Scale to measure adjustment to a serious disease of the wives, and the Locke Wallace Marital Adjustment Scale to measure marital and sexual adjustment.

**Main Research Variables:** Psychosocial adjustment, social support, relationships with their partners, and relationships with the healthcare system.

**Findings:** A fifth of the men reported various levels of stress and concern. Half described financial difficulties. Three-quarters of the men noted changes in their relationships. More than a third of the husbands experienced a reduction in communication with their families. All of the men expressed satisfaction with the healthcare system, although some of them expressed a need to receive more information.

**Conclusions:** Husbands of women with breast cancer grapple with multiple issues on several fronts. They need support and information from the healthcare team even if they do not request it in a timely or direct manner.

**Implications for Nursing:** Response to the unspoken needs of men whose wives have breast cancer necessitates education and ongoing staff education to develop strategic support and communication.

support. In addition, Northouse found that husbands' emotional adjustment was not connected to age, education, length of marriage, or the wives' medical condition. Positive adjustment was associated with positive life adjustment, minimal fears, and the ability to function at home, work, and in social situations.

Sabo, Brown, and Smith (1990) found that husbands generally mentioned an inability to function and difficulty helping their wives cope with the illness and treatment. Husbands reported insomnia, eating disorders, struggles in the workplace, and difficulty maintaining the household while supporting their wives.

The importance of professional support for husbands also was examined in several studies (Bultz, Specia, Brasher, Geggie, & Page, 2000; Rees & Bath, 2001). In their study, Rees and Bath sampled 109 husbands of women with breast cancer to estimate the husbands' informational needs and identify corresponding resources. They also defined and delineated the significance of the information provided by healthcare professionals. Of 109 men, 67 (61%) requested information on their wives' condition from a professional. The information provided by the staff was integrated from sources such as the media, Internet, and conversations with women who had similar experiences.

Psychosocial issues connected with intimacy and sexuality, typical of a breast cancer diagnosis, have been reported (Bransfield, 1982; Hughes, 1996; Northouse et al., 1991; Weiss, 2004; Wellisch et al., 1978). Marital stress was found to be a characteristic of a couple's struggle with the disease. The stress expressed itself in sexual relationships and couples' communication patterns (Northouse et al.). Hughes found that a breast cancer diagnosis can bring changes to marital intimacy. Many couples reported a decline in the frequency and enjoyment of sexual activity.

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**B**reast cancer is the most prevalent cancer for women in Israel. More than 4,000 women are diagnosed, and 900 die annually. One in nine men may have to cope with a wife's breast cancer (Israeli Ministry of Health, 2002), influencing their personal and marital lives. In 1980, Gates demonstrated the importance of spouse support for patients with breast cancer, especially when women are adjusting to the stress and fear connected to a breast cancer diagnosis and treatment plan. Wellisch, Jamison, and Pasnau (1978) stated that the emotional repercussions of a breast cancer diagnosis and mastectomy were transferred to the woman's partner and family.

Northouse (1988) and Northouse, Cracchiolo-Caraway, and Appel (1991) found that husbands suffered emotional issues as a result of their wife's illness. Northouse, interviewing 50 couples 3 and 30 days after mastectomy, found that the adjustment of husbands was connected to previous social