

# Transitions of Male Partners of Women With Breast Cancer: Hope, Guilt, and Quality of Life

Wendy Duggleby, PhD, RN, AOCN®, Jasmine Thomas, MA, Kelly Struthers Montford, MA, Roanne Thomas, PhD, Cheryl Nekolaichuk, PhD, Sunita Ghosh, PhD, Ceiwen Cumming, PhD, and Katia Tonkin, MBBS, FRCP(UK), MD, FRCPC

**B**reast cancer is the second most prevalent type of cancer in the world, with more than one million new cases of breast cancer diagnosed every year (World Health Organization, 2014). Men frequently provide physical and psychological care and support to their partners with breast cancer (American Cancer Society, 2014; Canadian Cancer Society's Advisory Committee on Cancer Statistics, 2014). A diagnosis of breast cancer affects not only the women with breast cancer, but also their male partners, resulting in considerable changes to their lives (Zahlis & Lewis, 2010). How family caregivers deal with these transitions has an impact on their quality of life (Duggleby, Swindle, Peacock, & Ghosh, 2011). Significant changes or transitions are disruptive to the individual, and they often result in distress and feelings of loss (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2010). Male spouses of women with breast cancer experience significant levels of distress and disruptions in their sleep, eating habits, and ability to work (Fitch & Allard, 2007). Although a growing body of literature that describes factors influencing the quality of life of male spouses exists, no published study has specifically considered how their quality of life is affected by the types of transitions that accompany caregiving for a spouse with breast cancer, as well as how they deal with these transitions.

Studies exploring the experience of male spouses of women with breast cancer suggest that they undergo multiple concurrent transitions. For example, in a qualitative study involving 48 spouses of newly diagnosed women with breast cancer, the spouses described changes in their relationships with their wives, as well as in their communication, roles, and hope (Zahlis & Lewis, 2010). Participants described how the diagnosis either brought the couple closer or made their relationship more difficult. The diagnosis also affected their communication (positively and negatively) and their physical relationship, and it changed their relationships with their children. Significant changes in relationships

**Purpose/Objectives:** To (a) describe the types of transitions experienced by male spousal caregivers of women with breast cancer and the strategies used by male spouses to deal with these transitions and (b) examine factors related to their quality of life, including demographic variables, self-efficacy, caregiver guilt, hope, the quality of life of their partner with breast cancer, and transitions.

**Design:** Cross-sectional, transformational, mixed-methods approach.

**Setting:** Participants' homes.

**Sample:** 105 dyads of male spouses and their female partners diagnosed with stages I–III breast cancer.

**Methods:** 600 surveys were mailed to women with breast cancer and their male partners. Significant variables were entered into a multivariate model.

**Main Research Variable:** Male caregiver quality of life.

**Findings:** The quality of life of male spouse participants was positively influenced by hope ( $p < 0.01$ ). It was negatively influenced by caregiver guilt scores ( $p < 0.01$ ) and the method of dealing with their transitions by "doing what needs to be done" ( $p = 0.04$ ).

**Conclusions:** The male caregivers with higher quality-of-life scores reported higher hope and lower caregiver guilt scores. They reported lower quality-of-life scores if they dealt with transitions by "doing what needs to be done."

**Implications for Nursing:** Strategies to support male spouses of women with breast cancer should involve ways to foster hope, reduce feelings of guilt, and encourage male caregivers to engage more in supporting their spouses.

**Key Words:** male caregivers; breast cancer; hope; guilt; transitions; mixed-methods approach

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were also reported in other qualitative studies of male spouses of women with breast cancer (Northouse, 1989; Zahlis & Shands, 1991).

Another transition experienced by male spouses of women with breast cancer was that of changes in roles. Following the diagnosis, male spouses often took on unfamiliar physical and caregiving tasks for their