



Nothing is more important than my partner's health: Turkish men's perspectives on partner's appearance after mastectomy and alopecia



Ayla Gürsoy, RN, PhD Prof. Dr. ^{a, *}, Sema Koçan, RN, MSN Teach. Assis. ^b,
Cemile Aktuğ, RN, BSN Res. Assis. ^c

^a Karadeniz Technical University, Faculty of Health Sciences, Nursing Department, Surgical Nursing, 61040 Trabzon, Turkey

^b Recep Tayyip Erdogan University, Vocational School of Health Services, 53100 Rize, Turkey

^c Gümüşhane University, Faculty of Health Sciences, Nursing Department, 29100 Gümüşhane, Turkey

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ABSTRACT

Purposes: The aim of this study was to acquire a deeper understanding of male experiences on the emotional and social impact of their partners' mastectomy and chemotherapy-induced alopecia.

Methods: A purposive sample of 16 males whose partners had undergone mastectomy and alopecia due to chemotherapy was chosen. The data were collected through a semi-structured interview method. Interpretative Phenomenological Analysis of tape-recorded interviews was employed.

Results: Two main themes emerged from the data: facing the changes and my wife and I at present. Male partners were affected differently by the change in the physical appearance of their female partners. Our study participants said it was a difficult experience to see their partners for the first time after the surgery, but they emphasized that it was more important that their partners were healthy than the fact that they did not have a breast and hair. They also said they did not know how to behave towards their partners after surgery and/or chemotherapy. Nevertheless, they felt that the disease process of their partners had strengthened their bond and had not negatively influenced their relationship with others.

Conclusions: The changes in the partners' physical appearance after mastectomy and chemotherapy affected males differently in psychological, emotional and social terms. Since nurses working in this field are in contact with patients during all phases of treatment and care, it would be positive and beneficial to plan nursing interventions that give emotional support for male partners of patients with breast cancer.

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1. Introduction

Breast cancer is one of the most frequent types of cancer diagnosed in women. Although several treatment modalities are currently in use, patients experience not only physiological effects but also serious emotional and social responses (Al-Azri et al., 2014; Beatty et al., 2008). Surgical therapy and chemotherapy of breast cancer usually result in some changes in a woman's appearance. Negative changes in the body can be perceived as loss of fertility, attraction, sexuality and a woman's femininity (Koçan and Gürsoy, 2016; Begovic et al., 2012; Preston, 2010).

A woman's emotional reactions to mastectomy are closely related to the meaning and significance of the breast to her. If a

woman has always been valued by others for her physical qualities and as attractive, the loss of a breast can cause psychological problems. Kinsinger et al. (2011) reported that patients who had undergone treatment for breast cancer experienced psychiatric problems such as adjustment disorder (72.9%) and major depression (27.1%). The study of Koçan and Gürsoy (2016) found that women were dissatisfied with their appearance after treatment. They felt incomplete, and they stated that the relationship with their husbands had changed.

During the treatment of breast cancer, impaired body image and perceived negative changes in body image can cause relationship problems between partners. Women worry about changes in the relationship with their husbands and fear that their marriage may be in jeopardy (Koçan and Gürsoy, 2016; Al-Ghazal et al., 2000). In fact, sexual problems became an issue in their relationship for 52% of women who had undergone mastectomy (Fobair et al., 2006).

Although a man is expected to support his partner during the

* Corresponding author.

E-mail addresses: aylagursoy68@gmail.com (A. Gürsoy), semakocan66@gmail.com (S. Koçan), cemileaktug@gmail.com (C. Aktuğ).

entire experience of breast cancer, the reality is that no one can prepare for the tough challenges associated with this health crisis. Many men experience feelings of inadequacy and despair concerning the ill partner's emotional problems as well as the changing roles and responsibilities related to the usual home and daily routine (Weiss, 2004). Some of the male partners in the study by Lethborg et al. (2003) stated that they were shocked by the breast cancer diagnosis and could not believe it, but then they focused on doing their best for their partner to survive. In the same study, one male participant reported that his wife's disease made him concerned about what would happen in the future. In the study of Duggleby et al. (2015), one of the participants stated he had to assume many more responsibilities at home for his family and children because of the changes in his wife during her treatment for breast cancer. In the study of Chung and Hwang (2012), partners of women with breast cancer reported that the diagnosis of breast cancer was like hitting a wall, and they were shocked to hear the diagnosis. One participant in the study of Çömez and Karayurt (2016) expressed that he experienced a real tsunami and his life was ruined due to the diagnosis of breast cancer. In the same study, most of the participants stated that their partners avoided talking about the illness, and they (the patients) stayed away from crowds during the treatment process. During the illness and treatment, couples did not talk much about these topics. They could not express their thoughts and feelings clearly, and they also avoided intimate contact with each other (Northouse et al., 2002).

Studies show that men are sensitive to their partners' appearance after mastectomy. They do not want to see them naked and tend to avoid sexual relations after the surgery (Nasiri et al., 2012; Zahlis and Lewis, 2010). Patients and their partners experience fear, anxiety, anger and despair during the illness. However, the partners tend to suppress these feelings and refrain from expressing their thoughts because they try to remain positive and supportive toward their spouse (Zahlis and Lewis, 2010; Büchi et al., 2008).

During the treatment of breast cancer, patients require extra social support. This support is usually expected to be provided by the husband of the patient. In fact, studies have found that women whose husbands are very supportive are often able to cope more effectively using problem solving skills than those without such support (Zahlis and Lewis, 2010; Lethborg et al., 2003). The study of Sherman et al. (2009) focused on the relationship between the social and emotional supports and coping skills of patients who had demonstrated effective coping skills during their cancer diagnosis and treatment. These were patients who also had received adequate support from their partners. One of the male partners in the study of Zahlis and Lewis (2010) expressed that he felt desperate and weak because his spare time was devoted to supporting his wife. Consequently, this left him unable to carry out his usual daily activities, to include his job and spending time with his friends.

Effective communication between partners is highly important for both patient and her family during the diagnosis and treatment of cancer. Yet communication is often hindered and misunderstood during times of serious illness and added family stresses (Boyd, 2013; Fergus and Gray, 2009).

Many studies have been conducted regarding patients' psychological problems after a breast cancer diagnosis. The results of these studies provide data about patients' experiences during breast cancer and its treatment process. One area of study focuses on the mental and social problems experienced by the partners of breast cancer patients (Kadmon et al., 2008). Worries of women about their appearance are related to how their partners see them. As is the case for women, their partners are also not prepared for the experiences of the disease process, and they find themselves in a difficult situation. With the diagnosis and treatment of breast

cancer, the physical and psychological healths of women become more important and partners are expected to adapt quickly and to support their wives. However, information about how partners of patients perceive the changes related to appearance is limited especially in Turkey. Yet, knowledge of men's experiences during a partner's breast cancer diagnosis and treatment can be helpful to others going through similar trials. This study's objective was to reveal men's psychological, emotional and social experiences in terms of their partners' physical change after mastectomy and chemotherapy-induced alopecia. These questions were investigated: (a) Which reactions are common experiences, (b) which experiences have shared meaning, and (c) which changes occurred in the man's life in reaction to his wife's mastectomy and alopecia? (d) How did the changes affect the relationship with each other and others?

2. Methods

2.1. Design

This study was based on the qualitative and phenomenological approach known as "interpretative phenomenological analysis" (Smith and Osborn, 2003). This analysis has been improved over the last 10 years as a distinctive approach to conducting empirical research in psychology. It offers a theoretical underpinning, a set of methodological procedures and a corpus of studies (Chapman and Smith, 2002). This approach explains the participants' experiences, understanding of these experiences, and underlying psychological processes. This method of analysis provides the detailed information regarding experiences without orienting the addressed themes a priori (Smith and Osborn, 2003).

2.2. Participants

The research relied on criterion sampling methods. Participants of the research working group spoke Turkish, were at least primary school graduates, and were volunteers whose wives' diagnosis and mastectomy had occurred during the last five years. Their wives had also experienced alopecia due to chemotherapy. Participants who had experienced a diagnosis or treatment of psychological problems, who had speech or hearing disorders, and whose wives had other health problems which may have affected body image negatively were excluded from the research. Eighteen men initially participated in the research, however, two of them eventually declined to continue without reason. They were then excluded from the sampling and the research was completed with 16 men who fit the criteria. Patients' personal details were obtained from records at university hospitals' outpatient chemotherapy departments in two different cities in Turkey's Eastern Black Sea region. The patients who fit the criteria for the study were then contacted. They were also informed that they were volunteers and that whenever they wanted to withdraw from the research, they were free to do so. The method and aim of the study were explained, approval was obtained from the relevant institutions, and an appointment was made to interview prospective participants.

2.3. Procedure

Approval to conduct this research was obtained from the university hospitals and Research Ethics Committee. The first researcher kept all data safe at the university where only the researchers could access them. The data were collected with a semi-structured interview. These were carried out in an empty room of the hospital and every participant was interviewed once. The

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