



## Health-related quality of life and sense of coherence among partners of women with breast cancer in Israel



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### A B S T R A C T

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**Purpose:** To compare HRQOL of husbands of women with non-metastatic breast cancer to husbands of healthy women. Additionally, to examine the impact of Sense of Coherence (SOC), socio-demographic, and clinical variables, on HRQOL of spouses in both groups.

**Method:** This study used a comparative, matched, convenience sample. Husbands of women with non-metastatic breast cancer ( $n = 50$ ), undergoing chemotherapy during 3–6 months after diagnoses and spouses of healthy women ( $n = 50$ ) participated in a study. HRQOL was measured using the Medical Outcomes Study (MOS SF-36), and coping characteristics were measured using the Short Sense of Coherence scale. Socio-demographic factors, cancer stage, and treatments were collected. The groups were matched by age, education, employment (working/not working). The physical and mental component summary scores were dependent variables in the regression analysis.

**Result:** Physical and Mental Component Summary indexes in the study group were significantly lower than in the control group. Higher education level, greater income, or more daily working hours were associated with better physical health index (added 30% to explaining the variance). The only personal variable predicting the mental component of QOL was financial situation (added 7%). Higher SOC was associated with higher HRQOL. Disease and treatment characteristics were found to have no influence upon the husbands' QOL.

**Conclusions:** While the main influence found in this study of a woman's breast cancer on her partner's quality of life is on the mental component, the partner's physical health should also be taken into account.

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### Introduction

As cancer care has shifted from inpatient to outpatient settings, family members have been called on to provide primary care at home (Tamayo et al., 2010), in particular for their spouse (Wagner et al., 2006). This home care can include assistance with self-care, financial management, transportation, medical care, and

emotional support (Braun et al., 2007). The impact of the illness on the caregiver is related to the amount of time required to perform caregiving tasks and the number of caregiving tasks performed. As the time spouses devote to caregiving and the number of tasks increase, their impact on their physical health, psychological distress, and income level increase (Nijboer et al., 1998; Wadhwa et al., 2013; Gaugler et al., 2008; Passik and Steven, 2005).

Since 1948, when the World Health Organization defined health as not only the absence of disease and infirmity but also the presence of physical, mental, and social well-being, quality of life (QOL) issues have become steadily more important in health care practice and research. The terms QOL and health-related quality of life (HRQOL) refer to physical, psychological, and social domains of health, seen as distinct areas that are influenced by a person's

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experiences, beliefs, expectations, and perceptions (Testa and Simonson, 1996). Factors associated with QOL perception in caregivers are divided into three categories – caregiver characteristics, patient characteristics, and characteristics of the care situation. Although some studies have suggested a direct link between disease severity and partner QOL, others have not (Kitruncgrote and Cohen, 2006; Kim and Given, 2008). Furthermore, these studies have been conducted in mixed samples: partners of patients with different cancer types, different stages of the disease, types of treatment, or points in the illness trajectory (Wagner et al., 2006; Yabroff and Kim, 2009; Nijboer et al., 2000; Schumacher et al., 2008; Weitzner et al., 1999). The majority of studies focused on psychosocial consequences; information regarding physical consequences is limited (Kim and Given, 2008).

Even though spouses may be the central source of support, there are few studies that focus on their QOL. Particularly, there is a paucity of research on the QOL of husbands of women with breast cancer at the beginning of the cancer journey, during the active phase of treatment. Those studies provide little information on changes in physical health as a result of cancer in a partner (Wagner et al., 2006; Testa and Simonson, 1996; Kitruncgrote and Cohen, 2006; Yabroff and Kim, 2009). Therefore, this study focuses on the HRQOL of husbands of women recently diagnosed with non-metastatic breast cancer.

Breast cancer treatment is a significant stressor and coping responses differ. According to Antonovsky's Salutogenic Theory of Health, the ability to comprehend the whole situation and the capacity to use the available resources is called the sense of coherence (SOC). SOC consists of comprehensibility (ability to understand the situation clearly), meaningfulness (the extent to which the challenges of the situation are worth investing in), and manageability (perception of having access to sufficient resources, either personal or within one's social network, to handle the challenges of the situation) (Antonovsky, 1979, 1987). A growing body of research has been based upon Antonovsky's salutogenic theory in order to evaluate people's ability to cope with illness and its relation to QOL (Drageset et al., 2008; Tzuh Tang and Li, 2008; Eriksson and Lindstrom, 2006, 2007). Although SOC has been found to be an appropriate tool for measuring personal coping abilities and factors which influence QOL, no studies have described the SOC and its relationship to the HRQOL of husbands of women receiving chemotherapy for cancer.

The primary purpose of this study was to compare the HRQOL of the partners of women diagnosed with non-metastatic breast cancer receiving chemotherapy, to the HRQOL of partners of healthy women. It also examined the impact of the SOC on QOL among partners of women with breast cancer, and on their ability to deal with the implications of treating the disease.

## Methods

### Participants

One hundred and eight males were recruited for this study: 56 spouses of breast cancer patients (study group) and 52 spouses of healthy women (comparison group). Participants were matched by age, education, employment (working/not working). Participants in each group who could not be matched were removed from the analysis. The final sample included 50 husbands of patients and 50 healthy women's husbands, with an average age of 49.29 years (S.D. = 8.43). Fifty one percent of the participant males were born in Israel, and their educational level was estimated as a mean of 14.68 years (S.D. = 3.36). Eighty-five percent of the participants were employed, working on average 7.99 (S.D. = 4.12) hours daily.

### Procedures

After receiving approval from the Helsinki Committee of the Soroka University Medical Center, the researcher established contact with breast cancer patients and their spouses at the oncology day care unit. Couples who met eligibility criteria were informed about the study and the husbands were invited to participate in the study. Written informed consent was received from both spouses at this meeting. The husbands were then interviewed while their wives received chemotherapy.

Male spouses of women who were receiving chemotherapy 3–6 months after diagnosis of Stage I, II, or III breast cancer were recruited to the study group.

Men in the control group were recruited from community clinics. Recruitment criteria for the control group participation were men whose wives had no acute or chronic illness, including no oncological disease history. The men in the control group and their wives signed the informed consent, as in the study group. A personal history of current or previous oncological disease in the husband was an exclusion criterion for both groups.

## Measures

### Project questionnaire

#### Medical Outcomes Study SF-36

HRQOL was assessed using the Hebrew version of the Medical Outcomes Study (MOS SF-36) Questionnaire. This questionnaire was developed for use in a variety of populations and within a variety of settings (Wagner et al., 2006; Ware and Gandek, 1998; Levin-Epshtein et al., 1998). The measure contains 36 items, divided into eight multi-item scales: mental health index, vitality, role limitations due to emotional problems, social functioning, physical functioning, general health perceptions, bodily pain, and role limitations caused by physical health problems. In addition to the eight mentioned scales, there are two summary scales: Physical Component Summary (PCS) and Mental Component Summary (MCS). The scale scores were computed according to norm-based guidelines. The Hebrew version of the MOS SF-36 has demonstrated high reliability (Levin-Epshtein et al., 1998). In the present study, the Cronbach's alpha scores for individual scales ranged from 0.66 to 0.96: 0.96 for physical functioning, 0.86 for role-physical, 0.91 for pain, 0.81 for vitality, 0.77 for general health, 0.66 for social functioning, 0.87 for role emotional, and 0.79 for mental health.

#### Sense of coherence shorter version of 13 (SOC-13)

In 1987, Antonovsky developed a questionnaire that measured how well a person was able to cope with stress (SOC). Multiple indicators of validity were established, including for the Hebrew translation (Eriksson and Lindstrom, 2005; Delbar and Benor, 2001; Antonovsky and Sagy, 1986). The measure contains 13 items. Each item represents one of three main sub-scales of the SOC construct: comprehensibility, manageability, and meaningfulness. Participants were asked to score each item from 1 to 7 according to its influence. Higher SOC scores indicate a better ability to cope. In the present study, the reliability was  $\alpha = 0.77$ .

To obtain socio-demographic information and the personally reported data about health state, the research team developed a questionnaire to be administered to the participants in both study and control groups.

Additionally, participants were asked about their wives' dependence on them for activities of daily living. The questionnaire asked about 10 activities, and participants indicated in which activities their wives required assistance. This was used as one

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