

Describing Health-Related Outcomes for Couples Experiencing Prostate Cancer: Differences and Similarities

Michael E. Galbraith, RN, PhD, Leli W. Pedro, RN, DNSc, OCN®,
Anna R. Jaffe, MS, and Tiffany L. Allen, BS

Purpose/Objectives: To describe health-related outcomes for couples dealing with prostate cancer before the patient started treatment and 6, 12, and 18 months after treatment.

Design: Survey with longitudinal, comparative, and predictive elements.

Setting: Tertiary care nonprofit medical center in the southwestern United States.

Sample: A convenience sample of 216 patients treated for prostate cancer and their partners was enrolled. The mean age of patients was 68 years; 64 years for their partners. The average length of marriage was about 35 years. About 75% of patients and more than 50% of partners had at least some college education.

Methods: Study participants completed questionnaires before treatment and 6, 12, and 18 months after treatment.

Main Research Variables: Health-related quality of life, health status, and marital satisfaction.

Findings: Patients' scores were associated with partners' scores more than 50% of the time throughout the study. Relationship satisfaction was the most strongly related variable between patient and partner. Cross-lag analyses suggest that couples' scores demonstrate a reciprocal pattern of influence between the dyads throughout the study.

Conclusions: Patients' scores were associated with partners' scores on most outcome variables. Both are affected by prostate cancer and the treatment experience.

Implications for Nursing: Nurses should actively include partners in all information and education sessions connected with prostate cancer treatment and follow-up. In addition, the unique experiences of partners of patients with prostate cancer should be identified and addressed.

Key Points . . .

- ▶ Survivors of prostate cancer are the fastest growing group of cancer survivors in the United States.
- ▶ Prostate cancer and treatment have an emotional and physical effect on patients and their partners.
- ▶ Partners' health-related and relational outcome is affected regardless of the type of treatment patients receive for prostate cancer. Integrating partners into long-term follow-up nursing care will help address their unique needs.

considerably longer after prostate cancer diagnosis and treatment (Institute of Medicine and National Research Council of the National Academies, 2005; Lewis, 2004). The purpose of this study was to describe the health status, health-related quality of life (HRQOL), and marital satisfaction of patients who have been diagnosed and treated for early-stage prostate cancer and their partners.

Health-Related Quality of Life

Although most studies have focused on mortality and morbidity for patients with prostate cancer, some have focused on HRQOL outcomes, ranging from soon after treatment to months or years after treatment (Althof, 2002; Bacon, Giovannucci, Testa, & Kawachi, 2001; Kim et al., 2001; Sunny, Hopfgarten, Adolfsson, & Steineck, 2007). More than 50% of patients who have been treated for prostate cancer report

Prostate cancer is the most common non-skin cancer diagnosis afflicting men, accounting for an estimated 33% of all cancer cases with about 186,320 new cases diagnosed in 2008 (American Cancer Society, 2008). Although prostate cancer is unique to men, it also affects their partners. The experience of diagnosis and treatment can have a number of physical, psychological, relational, and emotional short- and long-term effects on patients and their partners (Canada, Neese, Sui, & Schover, 2005; Centers for Disease Control and Prevention, 2003; Crowe & Costello, 2003; Fan, 2002; Harden, 2005; Harden et al., 2002; Litwin, Melmed, & Nakazon, 2001; Skerrett, 2003; Walsh, Marschke, Ricker, & Burnett, 2000). Understanding health-related outcomes is important for patients who have been treated for and survived prostate cancer and their partners because patients are living

Michael E. Galbraith, RN, PhD, is an associate professor and Leli W. Pedro, RN, DNSc, OCN®, is an assistant professor, both in the College of Nursing at the University of Colorado Denver; Anna R. Jaffe, MS, is the quality program lead at Asante Health System in Medford, OR; and Tiffany L. Allen, BS, is a research assistant II in the School of Nursing, Southern Region, at the Oregon Health and Science University in Ashland. No financial relationships to disclose. This study was funded by the National Institute for Nursing Research (NINR 1R15NR05300-01A01). Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society. (Submitted July 2007. Accepted for publication January 7, 2008.)

Digital Object Identifier: 10.1188/08.ONF.794-801