Engaging Hope: The Experiences of Male Spouses of Women With Breast Cancer

Wendy Duggleby, PhD, RN, AOCN®, Jill Bally, RN, Dan Cooper, MDiv, RQHR, Heather Doell, MN, RN, and Roanne Thomas, PhD

Male spouses comprise a significant portion (30%–40%) of informal caregivers for chronically ill partners (Kramer & Thompson, 2002). Male spouses of women with breast cancer provide physical, as well as psychological, care in response to their partners needs (American Cancer Society, 2010; Canadian Cancer Society and National Cancer Institute of Canada, 2010). Several studies report that male spouses of women with breast cancer suffer emotional, psychological, and physical effects, such as poor physical and mental health (Fitch & Allard, 2007; Russell, 2008; Wagner, Bigatti, & Storniolo, 2006). They often experienced stress and frustration at the inability to fix their newfound life circumstances and report being overwhelmed and unprepared for the challenges of caregiving (Zahis & Lewis, 2010). Male spouses also have as many concerns as their partners with breast cancer (Foy & Rose, 2001), with their stress and distress having cumulative and long-lasting effects on their health, which, ultimately, reduces their quality of life (QOL) (Kramer & Thompson, 2002; Wagner et al., 2006).

Hope has been defined as the possibility of a better future in the context of uncertainty (Duggleby et al., 2010) and has been identified as a valuable psychological resource that is beneficial for caregivers of family members with various illnesses (Benzein & Berg, 2005; Bland & Darlington, 2002; Borneman, Stahl, Ferrell, & Smith, 2002; Kylma, Vehvilainen-Julkunen, & Lahdevirta, 2003; Verhaeghe, van Zuuren, Defloor, Duijnstee, & Grypdonck, 2007). Positive physical and mental health outcomes and improved levels of coping are significantly related to hope (Bluvol & Ford-Gilboe, 2004; Duggleby et al., 2007). The research suggests that hope is an important construct that can have positive effects on caregivers, as well as positive benefits for male spouses of women with breast cancer. Studies exploring the hope experience of male spouses of women with breast cancer appear to be nonexistent in the published literature. With new cases of breast cancer affecting as many as 23,200 and 207,090 people in Canada and the United States, respectively (American Cancer Society, 2010; Canadian Cancer Society and National Cancer Institute of Canada, 2010), a clear and comprehensive understanding of the male spouses’ hope experiences is needed to address this knowledge gap. The objective of this study was to explore the hope experience in the male spouse caregiver population. The findings may inform and guide healthcare practice that could help

**Purpose/Objectives:** To explore the hope experience of male spouses of women with breast cancer.

**Design:** Thorne’s qualitative interpretive descriptive approach was used.

**Setting:** Homes of participants in two western Canadian provinces.

**Sample:** 11 male spouses of women with breast cancer.

**Methods:** 24 open-ended tape-recorded telephone interviews were completed. Data were transcribed and then analyzed using Thorne’s approach.

**Main Research Variables:** Hope.

**Findings:** The participants described their hope as tangible and important to them. Hope was influenced by their partners’ hope and courage and gave participants the courage to support their partners. The overarching theme was engaging hope. The participants described their hope as always being there, but with the diagnoses of their partners’ breast cancer, they needed to engage their hope. Other themes were finding balance, discovering what works, and focusing on the positives.

**Conclusions:** The participants emphasized the importance and the positive outcomes associated with hope, such as being able to continue caring for their partner.

**Implications for Nursing:** The importance of hope in the participants’ lives underscores the need to find ways to foster hope in this population. The findings also suggest that the hope experience of men may differ from the experience of women; therefore, strategies to foster hope in this population should be tailored to the male experience.