

# Husbands` perceptions of their wives breast cancer

## A Systematic Literature Review

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## **BACHELOR'S THESIS**

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### **Abstract**

Breast cancer is the most common type of cancer affecting women globally and globally it has been ranked second after lung cancer in terms of its mortality rate. The extent to which breast cancer affects women is severe, and similarly the husbands are more or less affected by the disease though indirectly. Breast cancer has been referred to as a disease of the couples and not an illness of the wife's breast. Therefore, the aim of this thesis is to explore the husband's experiences of their wife's breast cancer and how they were supported.

The theoretical framework applied in this study was the theory of illness trajectory by Wiener & Dodd. This study was based on a systematic literature review using an inductive approach. A total of six peer-reviewed articles involving qualitative studies and related to investigating the experiences of husbands of wives with breast cancer were included in this study. Three main themes were developed based on the articles reviewed including coping, marital relationship, and support.

The results shows that positivity and having hope for each day was the only means they could cope with illness.it also reported that few husbands felt supported by family members and friends, such as assisting in paying for the treatment bills and showing concern about their wife's illness. The findings concluded that breast cancer affected their relationship with their wives, which impacted their sexual life.

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Language: English    Key words: Husband's perception; Spouse perception; Spouse experience; Partner's role and breast cancer

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## Table of contents

|              |   |    |
|--------------|---|----|
| 1            | Introduction .....  | 1  |
| 2            | Aim of the study .....  | 2  |
| 3            | Background .....  | 2  |
| 3.1          | Anatomy of the Human Breast .....                                     | 2  |
| 3.2          | Breast cancer development .....                                       | 3  |
| 3.3          | Breast cancer risk factors .....                                      | 4  |
| 3.7          | Breast cancer treatment .....   | 6  |
| Surgery      | .....   | 7  |
| Radiotherapy | .....   | 7  |
| 4            | Women's experiences of breast cancer .....                            | 8  |
| 5            | Theoretical framework .....   | 9  |
| 6            | Methodology .....   | 11 |
| 6.1          | Data collection .....   | 11 |
| 6.2          | Data analysis .....   | 12 |
| 6.3          | Inclusion criteria .....  | 14 |
| 6.4          | Content analysis .....  | 14 |
| 6.5          | Ethical consideration .....   | 15 |
| 7            | Results .....   | 15 |
| 7.1          | What is the husband`s experience of their wife`s breast cancer? ..... | 16 |
| 7.1.1        | Coping .....  | 16 |
| 7.1.2        | Marital relationship .....  | 20 |
| 8            | Discussion .....  | 24 |
| 8.1          | Result discussion .....   | 24 |
| 8.1.1        | Coping .....  | 25 |
| 8.1.2        | Marital Relationship .....  | 26 |
| 8.1.3        | Support .....   | 26 |
| 8.1          | Method discussion .....   | 27 |
| 9            | Conclusion .....  | 28 |
| 10           | References .....  | 30 |
| 11           | Appendices .....  | 35 |

## 1 Introduction

Globally, breast cancer is the most common type of cancer affecting women and it is ranked second after lung cancer in terms of mortality rate (International Agency of Research on Cancer, 2018). Nearly 5,000 women are diagnosed with breast cancer each year in Finland (Cancer Society of Finland, 2019).

Nearly half of the breast cancer cases occur in women above the age of 60 years, roughly a quarter between the ages of 25-49 years and the rest between the ages of 50-59 years. There are very few women below the age of 25 years who are affected by breast cancer in Finland (Cancer Society of Finland, 2019). Early diagnosis is very important, and it is key to the use of less invasive treatment and high chances of cure and overall survival. The number of breast cancer survivors is increasing due to the advancements in biomedical treatment and increased early diagnosis and treatment. Over the years, the mortality rates from breast cancer have significantly reduced in Finland have significantly reduced following the screening programs implemented in the early 1990s (Williams & Jeanetta, 2015). However, for the majority of the women, being diagnosed with breast cancer is seen as a life-threatening illness that is linked to suffering, pain, and death.

Therefore, the amount of suffering that women with breast cancer experience are severe, and their husbands are not an exception and they experience similar suffering. This has led to breast cancer being referred to as a disease of the couples, not only an illness of the wife's breast (Zahlis, & Lewis, 2010). Breast cancer indirectly affects the patient's partners, especially during the advanced stage of the disease. Studies have reported stress among husbands of wives diagnosed with breast cancer. However, the stress levels are not comparable to their wife's anxiety. During the course of the wife's illness, most often, healthcare professionals normally focus on caring for the affected women and no one cares about the husband who is also suffering similarly.

Therefore, husbands are neglected in the context of care. For this reason, I felt inspired to research this topic to gain an in-depth understanding of the husband's perception of having a wife with breast cancer and how they were supported emotionally.

The theoretical basis of this study is based on the theory of illness trajectory, which emphasizes not only on the pathophysiology of the illness but also on the work done by the family member and health care professional to support women with breast cancer.

## **2 Aim of the study**

This study aimed to explore the perceptions of husbands whose wives had been diagnosed with breast cancer. The study focused mainly on the husband's experience and how they were able to cope with the illness.

Research questions:

1. What is the husband's experience of their wife's breast cancer?
2. How was the husband supported?

## **3 Background**

To gain in-depth knowledge and understanding of breast cancer, peer-reviewed articles, and other literature sources were used. Therefore, this section discusses the background of the study based on the anatomy of the human breast, pathophysiology, manifestation, diagnosis and prevention, treatments, and lastly, the side effects of the treatments.

### **3.1 Anatomy of the Human Breast**

The human breast is organized into 15 to 20 sections known as lobes. The lobes comprise smaller structures known as lobules that produce milk. The lobes, lobules, and bulbs are connected to tiny tubes known as ducts (PDQ Cancer Information Summaries, 2018a). The breast also has blood vessels, lymph vessels, and lymph nodes. The lymph vessels carry a colorless liquid fluid called lymph within the lymph nodes. The lymph nodes are tiny bean shaped which filter the lymph and accumulate white blood cells, which aid in fighting against foreign objects. Parts of the lymph nodes are seen near the axilla (under the arm), over the collarbone, and in the chest (PDQ Cancer Information Summaries, 2018a).

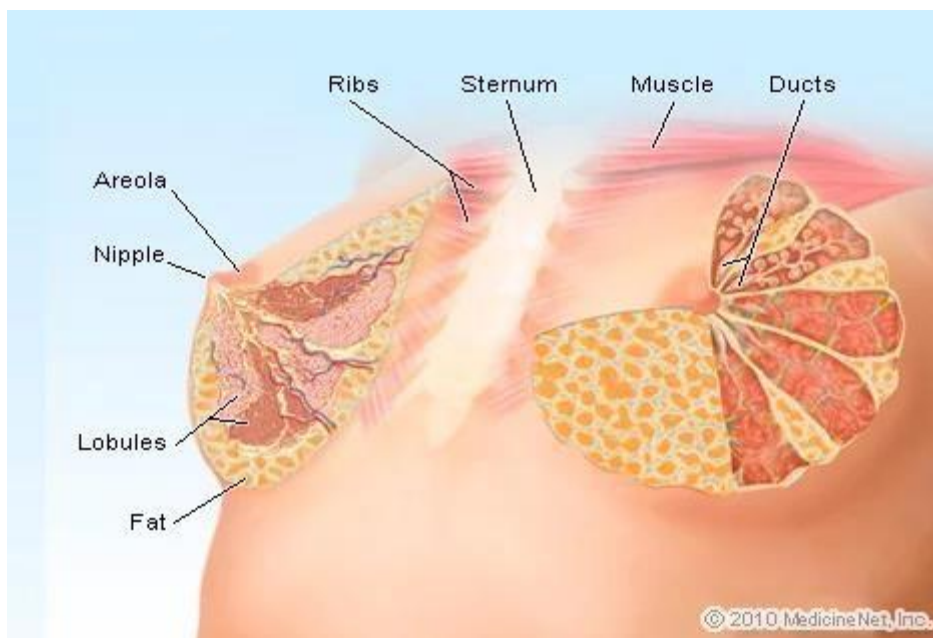


Figure 1 Anatomy of the human breast (Medicinet, 2010)

### 3.2 Breast cancer development

Cancer developing in the mammary gland is the most common type of cancer in women. Breast cancer forms in the breast tissues, and it becomes invasive when cancer spreads to the surrounding tissues. Usually, breast cancer develops in the milk ducts (ductal cancer), in the glands which produce milk (lobular cancers) and there are few cases of sarcomas and lymphomas (American Cancer Society, 2019). It occurs when uncontrolled cell division occurs and results in tumor development. Tumor division may take place in different sites, including lobules, ducts, and connective tissues, and ductal cancer is one of the common types (Mendez-Gracia & Nava-Castro, et al, 2019). In breast cancer, the patient's survival rate is five years for 99% for those with stage I primary tumors. However, when a metastatic tumor exists, the five years' survival rate reduces to about 23% (Mendez-Gracia & NavaCastro et al, 2019). The spread of cancer to other parts of the body occurs in two forms: through the lymphatic path, which leads to an attack on the lymph nodes or organs, and the blood path, which leads to an attack on other parts of the body. In breast cancer, the spread occurs most preferentially to the bone, lung, liver, and the brain (Mendez-Gracia & NavaCastro et al, 2019).

### **3.3 Breast cancer risk factors**

Breast cancer causes can be idiopathic. There are various factors reported to increase the risk of breast cancer. However, it is impossible to determine the specific cause. Studies have shown that women who give birth to their first child before they are 20 years old have a low risk of developing breast cancer compared to women give birth to their first child after the age of 30 years. Besides, menopause caused by surgical removal of the ovaries, which stops the ovaries from producing estrogen and progesterone decreases the risk of developing breast cancer. The existence of a specific type of benign tumor in the breast is reported to also increase the risk. Breastfeeding is also reported to reduce the risk of breast cancer (Akram, Iqbal, Daniyal, & Khan, 2017).

Hormonal factors influence the development of breast cancer, for example, increased levels of estrogen in the body increases the risk of breast cancer. Hormone Replacement Therapy used as a treatment for menopausal symptoms also increases the risk of breast cancer, mostly if the hormone treatment is used for more than five years and contains progesterone and estrogen. However, the use of contraceptives has not been proven to increase the risk of breast cancer (Cancer Society of Finland, 2019). Genetic factors are associated with increasing the risk for breast cancer, and these have been reported in about 10% of the breast cancer cases including BRCA1 and BRCA2 hereditary breast cancer and Li-Fraumeni syndrome (Dark, 2013). Besides, being overweight, excessive consumption of alcohol, and undergoing radiation during adolescence have been linked to increasing the risk of breast cancer development.

Breast examination is recommended for people who either received radiation as a child or as an adolescent. The breast examination includes breast ultrasound, magnetic, or mammography every 1-2 years. (Cancer Society of Finland, 2019).

### **3.4 Breast cancer manifestation**

The breast cancer symptoms can vary from one to woman to another. Recognizing the early sign and symptoms of breast cancer gives you a better opportunity for a successful treatment. The most common breast cancer symptom is a lump or mass. When it is a painless, hard mass, and uneven around the perimeter of the breast, it may indicate cancer. On the other hand, sarcoma may be tender, soft, and round (American Cancer Society, 2019a). Redness and swelling of the breast it a typical sign of inflammation of the mammary gland and can be treated with antibiotics. Sometimes, the symptoms are precipitated by cancer



(inflammatory breast cancer), in which the inflammations are not treatable with antibiotics (Cancer Society of Finland, 2019). The most common breast cancer symptoms are the nodule in the chest. Sometimes, the nodules in the chest may be benign which are cysts and not cancerous. Breast cancer can also develop in the armpits (Cancer Society of Finland, 2019).

Paget's condition of the nipples is reported in 1% of every breast cancer situation and is associated with current or a long history of atopic dermatitis, changes in the nipple site with itching, burning and bleeding. There can also be a visible basal lump (Dark, 2013). Breast cancer can metastasize to other parts of the body and the symptoms from the spread of the illness vary depending on where it is detected. For instance, metastases in the skeleton result in pain in the big bones and metastases in the liver results in weight loss, loss of appetite, and nausea (Cancer Society of Finland, 2019).

### **3.5 Breast cancer diagnosis**

Breast cancer is often diagnosed after the symptoms have developed and, in most cases, many women with breast cancer have no symptoms. A breast cancer diagnosis is successful when the cancer is detected on time, and the treatment procedures are affected immediately. Recently, about 90 percent of breast cancer patients in Finland have a five-year survival after the illness is diagnosed (Cancer Society of Finland, 2019) due to improved treatment such as medication, surgery, and radiation therapy. Breast self-examination is beneficial in terms of early diagnosis of breast cancer and this results in a reduction in the mortality rate. Physicians support women on how to carry out monthly breast self-examination and have an idea about the typical anatomy of the breast. Most breast cancers are detected during a routine screening and may be found during the onset of cancer which in most cases happens before the progression of the symptoms (American Cancer Society, 2019).

Mammography can be used to detect any changes in the breasts before the onset of cancer symptoms progresses. Previous studies show that women who go for frequent mammography screening are diagnosed with breast cancer on time, and are likely not to require vicious treatment such as mastectomy and chemotherapy (American Cancer Society, 2019b). For women with dense breast tissue, it is difficult to use mammography to detect tumors and younger women are likely to have dense breast tissue (PDQ Cancer Information Summaries, 2018). Women between the ages of 50 to 69 who have regular mammograms screening are at a lower risk of mortality caused by breast cancer compared to women who do not undergo mammogram screening (PDQ Cancer Information

Summaries, 2019). This is because breast cancer can be detected at onset and can be easily treated and cured in its early stage.

Clinical breast examination (CBE) is carried out by a gynaecologist and it is easy and cheap, even though its effectiveness in decreasing mortality has not been examined (Department Health Republic of South Africa, 2017). The NCCN guidelines 2013 suggested a monthly clinical breast examination (CBE) for women at average risk > 40 years old and breast self-examination to expand and manifest breast self-awareness (Shah, Rosso & Nathanson, 2014). Magnetic resonance imaging (MRI) is a detection technique that uses a magnet, radio waves, and a computer to analyse detailed events of part of the body. This method does not use x-rays, and women do not encounter radiation. It is used for screening women who are a higher risk of developing breast cancer such as specific changes in a gene such as BRCA2 genes, family history (first relative, for example, mother, daughter or sister) with breast cancer and specific genetic diseases, for example, Li-Fraumeni or Cowden disease. An MRI is much preferable compared to mammography to detect breast mass (PDQ Cancer Information Summaries, 2019). Thermography is a method where a specific camera is used to feel the heat and track the temperature of the skin that envelops the breasts. The tumour may affect temperature changes which can be presented in the thermogram. However, there are currently no randomized controlled trials of thermography to detect how well it can be used to diagnose breast cancer or its effect (PDQ Cancer Information Summaries, 2019).

### **3.6 Prevention of breast cancer**

Breast cancer perhaps can be prevented by adapting or avoiding the risk factors as well as an effective integrated prevention strategy. This can be by promoting breastfeeding, consuming a healthy diet, physical activity, and minimizing alcohol intake. This could ultimately influence minimizing the risk of breast cancer in the long term (World Health Organisation, 2020).

### **3.7 Breast cancer treatment**

Breast cancer treatment is classified based on biological prognosis and prevalence. The treatment procedure consists of surgery, radiotherapy, and drug treatment (chemotherapy, hormonal therapy, and in certain cases, antibodies) (Cancer Society of Finland, 2019). The treatment options vary depending on if the breast cancer is narrow, metastatic, or recurring (Newton, Hickey, & Brant, 2<sup>nd</sup> ed).

## Surgery

Surgery is the most common form of breast cancer treatment. The idea of the surgery is to remove the cancerous tissues from the chest, and if needed, from the armpit. During surgery, it is also determined if the armpit lymph nodes are metastatic. This is important to prevent breast cancer from spreading via the lymphatic system (Cancer Society of Finland, 2019).

Surgery can be divided into two forms:

- **Lumpectomy:** This is a kind of surgery where only the affected part of the breast is removed. The aim is to remove the cancerous region and a few near-normal tissues. The amount of breast removed is based on the size and site of the tumor.
- **Mastectomy:** This is a form of surgery where the entire breast is removed, containing the entire breast tissue and a few of the surrounding tissues. There are various kinds of mastectomies. Some women may get a double mastectomy, where both breasts are removed (American Cancer Society, 2019c).

## Radiotherapy

Radiation therapy is a treatment that manages and decreases the risk of recurrence of cancer cells. Accelerated partial breast irradiation (APBI) can be used, it distributes a high concentration dose of radiation to the tumor over a short period than other radiation therapies. It can be administered intraoperatively with one treatment or postoperatively with a balloon inserted over five days. Irradiation can be applied to treat solitary bone metastasis and in emergency treatment for spinal cord compression (Newton, Hickey & Brant, 2<sup>nd</sup> ed). Drug treatment aims to destroy cancer cells in the whole body. It includes chemotherapy, hormonal therapy, and the use of antibodies. This treatment method is given regarding factors such as age, health, size of the tumor, nodal involvement, hormone receptors i.e., HER2, and other factors (Newton, Hickey & Brant, 2<sup>nd</sup> ed).

### **3.9 Side effects of treatment**

Individuals undergoing cancer treatment often experience severe physical and emotional side effects, which usually begin before the treatments, aggravate with treatment and continues as a cancer survivor. Cancer-related side effects may have a damaging effect on the individual's quality of life as they intrude into their daily life activities (Palesh, Scheiber, Kesler, Mustain, et al, 2017).

Side effects of hormonal therapy include hot flashes, joint pain, and bone thinning. Chemotherapy may cause hair loss, diarrhoea, neuropathy, fatigue, and mouth sores. Radiation therapy may cause peeling of the skin, itching, and soreness. Surgery may cause pain and lymphedema. Targeted therapies have similar side effects to chemotherapy which are vomiting, fatigue, and diarrhoea (Breastcancer.org, 2019).

## **4 Women's experiences of breast cancer**

In this section, a literature search was conducted to explore the experiences of women with breast cancer. These experiences were classified into mutual support and fear of uncertainty.

### **Mutual support**

This is based on findings on how women with breast cancer are supported by family members and friends in both positive and negative ways. Women with breast cancer have reported that they are able to get emotional support from family members (partners, mothers, brothers, sisters, and children), and this encourages them to cope with the stressful life situation of cancer treatments (Hajian, Mehrabi, Simbar & Houshyari, 2017). In a study involving Canadian Punjabi-speaking South Asian women, they reported that their family member were not supportive of them. "The partners did not understand their body weakness after cancer treatment, and they expected them to do all the household work which was their responsibility (Gurum, et al, 2018).

### **Fear of uncertainty**

Fear of uncertainty remains a primary stressor that affects women's experiences throughout the illness trajectory. Women describe the fear of uncertainty to be linked to three events: the future, surgery, and losing the breast. However how breast cancer influences the future is the most important, since the future raises a feeling of uncertainty, fear, and exhaustion. Some women with breast cancer try to think positively by focusing on the present: "*I want to manage things as they are today. If I have to be worried about the future too, I won't be at ease*". Others have said: "*I try to plan as if this does not exist*" (Drageset, Lindstrøm, Giske, & Underlid, 2011).

Some women are anxious about the kind of treatment they would receive after surgery, and how it will affect their lives: *I'm very concerned about the anesthesia; how will I react?* Few

have reported that losing a breast is horrible. *'I'm willing to fight to keep it! My greatest fear is to lose the breast'* (Drageset, Lindstrøm, Giske, & Underlid, 2011).

## **5 Theoretical framework**

The theory of illness trajectory by Wiener & Dodd formed the theoretical basis for this study. The theory describes the experience aspect concerning a chronic illness. It specifies the facts about the progress of the disease, which are seen by the individual's reaction to the disease in relation to the people around them, and the interventions.

The theory is explained based on the alms of nursing. Life is the centre of a human body, hence physiological interruption caused by an illness spreads over other life situations to create a new method of living and new self-awareness. Reactions to these interruptions result from the condition that is connected to different situations experiences in a person's life and the connection with other people (Alligood, 2014).

Wiener & Dodd (1993) addressed severe distress about the conceptual attribution of the aspect of uncertainty in knowing the response of living with a disease disruption in the sociological framework (Alligood, 2014). Living with a severe illness amplifies the uncertainty of living especially for those who accept the illness in their capacity to react to the uncertainties.

| Domain  | Sources of Uncertainty   | Dimensions of Uncertainty  |
|---|--|--|
| UNCERTAIN TEMPORALITY   | Life is perceived to be in a constant state of flux related to illness and treatment.  | Loss of temporal predictability prompts concerns surrounding:  |
| Taken-for-granted expectations regarding the flow of life events are disrupted.<br>A temporal disjunction in the biography  | The self of the past is viewed differently (e.g., the way it used to be).<br>Expectations of the present self are distorted by illness and treatment.  | <ul style="list-style-type: none"> <li>• <i>Duration</i>: how long</li> <li>• <i>Pace</i>: how fast</li> <li>• <i>Frequency</i>: how often the experience of time is distorted (i.e., stretched out, constrained, or limitless)</li> </ul> |
|   | Anticipation of the future self is altered.  |  |
| UNCERTAIN BODY  | Faith in the body is shaken (body failure).  | Ambiguity in reading body signs. Concerns surrounding:   |
| Changes related to illness and treatment are centered in one's ability to perform usual activities involving appearance, physiological functions, and response to treatment.                          | The conception of the former body (the way it used to be) comes along with the altered state of the body at present and the changed expectations for how the body may perform in the future. | <ul style="list-style-type: none"> <li>• What is being done to the body</li> <li>• Jeopardized body resistance</li> <li>• Efficacy and risks of treatment</li> <li>• Disease recurrence</li> </ul>   |
| UNCERTAIN IDENTITY Interpretation of self is distorted as the body fails to perform in usual ways, and expectations related to the flow of events (temporality) are altered by disease and treatment. | Body failure and difficulty reading the new body upset the former conception of self.<br>Skewed temporality impairs the expected life course.  | Expected life course is shattered. Evidence gleaned from reading the body is not interpretable within the usual frame of understanding.<br>Hope is sustained despite changing circumstances.   |

Table 1. Illness Trajectory: States of Uncertainty (Penrod, J, Kitko, L, McGhan, G, 2017.)

Wiener & Dodd illustrated that life is located in a biological context, the idea of a person is planted in a physical body and is formed based on the idea to function normal or live a familiar lifestyle to achieve the purpose of various roles (Alligood, 2014). The main aspect of the biological context, which is: *Temporality* refers to an idea of how the body used to be before the illness and the uncertainty that is mixed into the image of oneself. The body is based on the changes that are related to the illness and treatment that is connected to the inability of the body to function (appearance and physiological function). *Identity* is based on how the body presently looks and the inability of the body to function as usual, and this is connected to the treatment and the pain of understanding the present body. Things to do with lifestyle and living with an illness are types of work. The circle of work involves the patients and other people with whom the patient communicates, who are the family members and healthcare professionals. The patient is the core worker; therefore, all duties are carried out by the family members and healthcare professionals. The form of work is arranged within the four trajectory work carried out by patients and families (Alligood, 2014).

- Illness-related work: diagnosis, symptoms management, care plan, crisis management.

- Every-lifework: the lifestyle of daily life, marital relationship, caring family, finances, and pleasure.
- Biographical work: emotions, and distribution of tasks by communicating with family members.
- Uncertainty abatement work: activity performs to minimize the effect of temporal, body, and identity uncertainty.

The theory of illness Trajectory surrounds not only the physiological factor of the illness, as well as the tasks done by the family members and health care during the progression of the illness (Wiener & Dodd, 1993).

## **6 Methodology**

This study adopted a systematic literature review method using qualitative studies on the perceptions of husbands whose wives have breast cancer. Qualitative studies aim to acquire knowledge of the actual social phenomena (Renz, Carrington & Badger, 2018). It also refers to an “emergent design”, a fashion that develops in fields as the research expands. It usually involves the use of different data collection approaches. Qualitative research aids the researcher to approach the ideas and understanding of the research participants, which can permit an insight into the meaning that contributes to their experience (Sutton & Zubin, 2015).

A systematic literature review is a data review process that mainly focuses on the research questions and use of systematic and accurate methods to review, identify, summarize, and critically assess related research, and to abstract and analyses data from the studies that are covered in the review (Gerrish & Lathlean, 2013). This chapter also addresses the ethical considerations that arise when conducting qualitative research, data collection and explains how the data was collected and analysed and content analysis.

### **6.1 Data collection**

Data collection is a concept of collecting and analysing data of interest to respond to the study’s research questions. There are various methods of collecting data and in this study, a systematic literature search was conducted to collect relevant data for the study. To conduct a good quality literature review, the review must be complete, accurate, and advance (Polit & Beck, 2012). A good search approach assists in finding related data for analysis. There are

various methods for searching for evidence-based materials. One approach is searching a bibliographic database, which can be accessed through a computer; it contains several articles and journals. Another method is referred to as the ancestry approach; it requires the use of citations from related studies to find recent studies of similar topics. Thirdly the descendant approach is used to search for a recent critical study and to search using reference indexes for an earlier study that is related to the main topic. Lastly, the use of grey literature means to research within a narrower collection, for example, unpublished data, and seminar papers, etc. (Polit & Beck, 2012). In this study, the first two approaches were used. Primarily, a search through a database was performed, and once a related article was found, the next approach was applied to search for citations for other previous studies.

A bibliographic database consists of numerous amounts of data with information such as topic, author, year, type of data, and so on. To find answers to the research questions, it is essential to use an inclusion and exclusion guide (Polit & Beck, 2012). In this study, data was collected by searching from various databases such as CINAHL, PubMed, and EBSCO. The main search focused on articles from all over the world, with English as the main language. Articles written in other languages and abstracts are excluded from this study. Besides, published articles from scientific journals not exceedingly more than ten years old were considered. Keywords related to the study topic were used to search “husband perception,” “spouse perception,” “spouse experience,” “partner role,” and “breast cancer, wives with breast cancer. The search through the databases using the keywords produced several articles as shown in figure 2.

## **6.2 Data analysis**

The study utilized qualitative content analysis through an inductive approach to analyze data from the selected articles. Six articles were chosen for review, and all articles were printed out and carefully read to gain an understanding of the studies and use the data to respond to the research questions. Secondly, the data was coded by underlining repeated themes that were linked to the research question within the margins of the text.

The article was read several times to ensure that all relevant information was included. The themes were grouped into categories. The organization process of the data included marking all information that appeared to answer the research question in one color, and possible responses were marked using a different color. The articles were read again to ensure that all quotations were related to the theme and colored in the text. All the quotations which were



similar in smaller groups were cut out and sorted into groups that seemed to form relevant data sets. This was performed until the precise quotations from each group were determined. Sub-categories were then created, and from these, the main categories were formed.

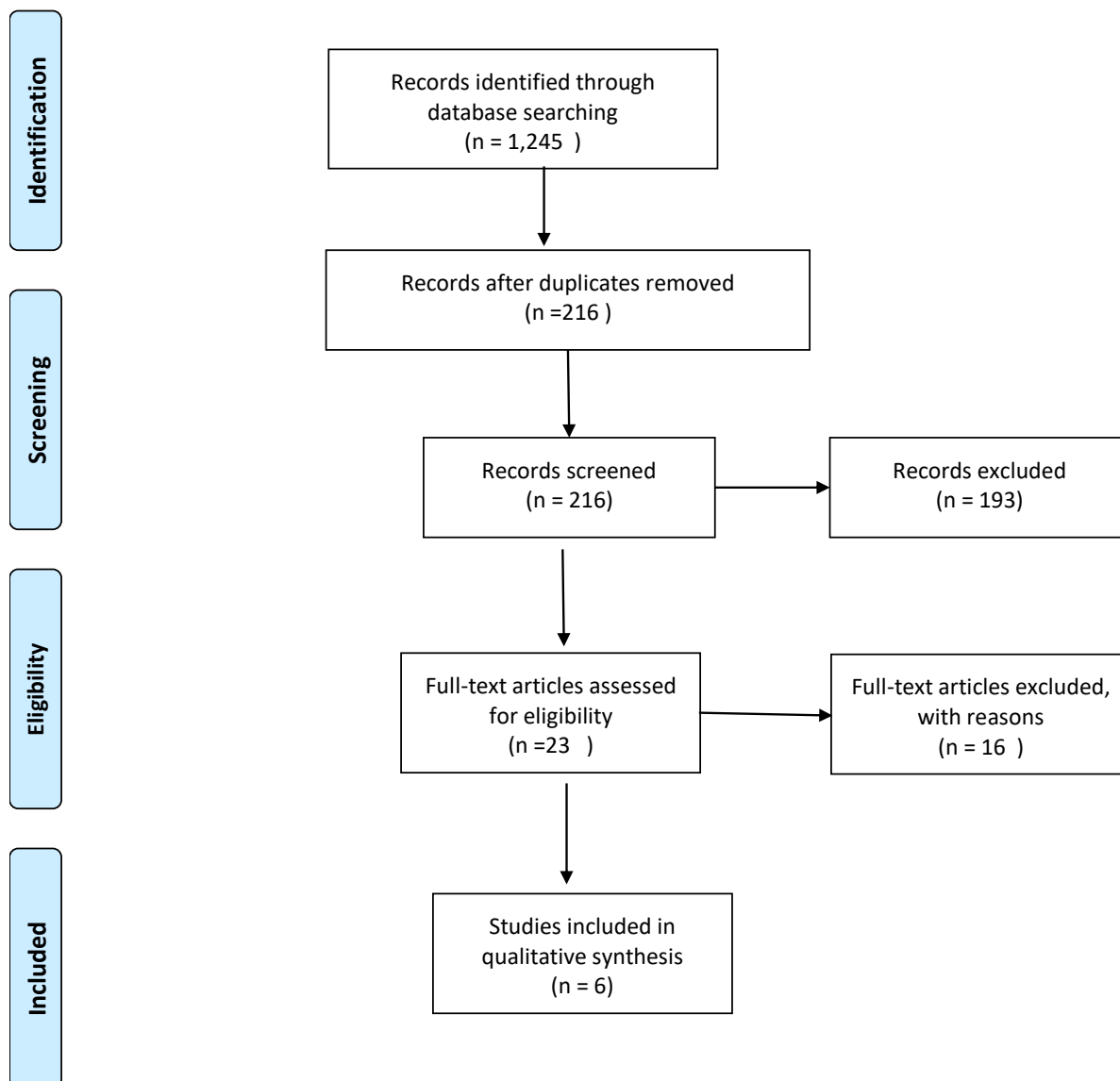


Figure 2 Prisma Flow Diagram (Liberati, et al., 2009)

### 6.3 Inclusion criteria

Many articles were found during the search, and the articles were evaluated for their content. Only articles published within the last ten years were included in the study. Besides, only those with a qualitative study approach, full-text articles, published in English, peer reviewed, and contained relevant information related to the study topic were included. The articles described various aspects of the experiences of husbands whose wives had been diagnosed with breast cancer.

Table 2 Inclusion & exclusion criteria

| Keywords            | Inclusion criteria                          | Exclusion criteria                                   |
|---------------------|---|--|
| Husband perceptions | Articles published in the last 10 years.    | More than 10 years old articles.                     |
| Spouse perceptions  | English language                            | Other language than English                          |
| Spouse experience   | Peer -viewed                                | Not peer-viewed                                      |
| Partner role        | Full text                                   | Not full text  |
| Breast cancer       | Articles that answer the research questions | Articles that doesn't answer the research questions. |

### 6.4 Content analysis

A content analysis made it possible to understand the phenomenal experienced by husbands whose wives had been diagnosed with breast cancer and to identify how they were supported. Content analysis is a group of analytical means varying from instinctive and suggestive reasoning to efficient and adequate exact textual analysis (Polit & Beck, 2017).

The researcher assessed and evaluated the presence, context, and connection of specific words and ideas, and then concluded the information within the texts (Writing CSU, 2020).

Content analysis is a research method that can be used either in qualitative or quantitative data analysis; however, it can be used in an inductive or deductive format. Content analysis

was carried out using an inductive approach to analyse the data and identify the main categories.

Firstly, the researcher read the material several times to gain an understanding of the data and analyse using the best coding approach. Secondly, data coding was carried out, after which categories and abstractions were created. The sub-categories were grouped as categories and several categories were put together, and grouped into main categories (Elo & Kyngäs, 2007). The categories were about the husband's experiences of having a wife diagnosed with breast cancer. Therefore, these experiences are important to reveal aspects that nurses taking care of women with breast cancer can focus on to guide the spouses based on the process, treatment, side effects, emotional support, marital stability, how to live a normal life, and cope with the illness.

### **6.5 Ethical consideration**

In this study, ethical consideration was carried out according to Novia University of Applied science guidance on thesis writing. Also based on the Finnish National Board on Research Integrity (TENK) whose mandate is to provide reliable data needed for this study and to ensure that all data collected should be significant for healthcare organizations rather than to cause harm (Finnish National Board on Research Integrity, 2019). Ethics in conducting research does not only involve human protection and animal subjects but also for public safety. The study was also conducted about the U.S. Public Health Service regulation on research misconduct which is fabrication, falsification, and plagiarism. Fabrication is a process of formulating data or study results using different methods other than those shown in the study. A falsification is an act of manipulating or misreporting data in a way that they are not correctly presented in the results. Plagiarism is an act of obtaining information from other studies, ideas, someone's work, unpublished studies and use it as one's own without giving credit (Polit & Bec, 2012). This study ensured that all articles and literature were not used or modified in any other way that could have influenced or falsely affected the results.

## **7 Results**

This chapter presents the responses that guided the answering of the research questions. The three main categories are grouped into sub-categories which were created based on the research questions including coping, marital relationship, and support.

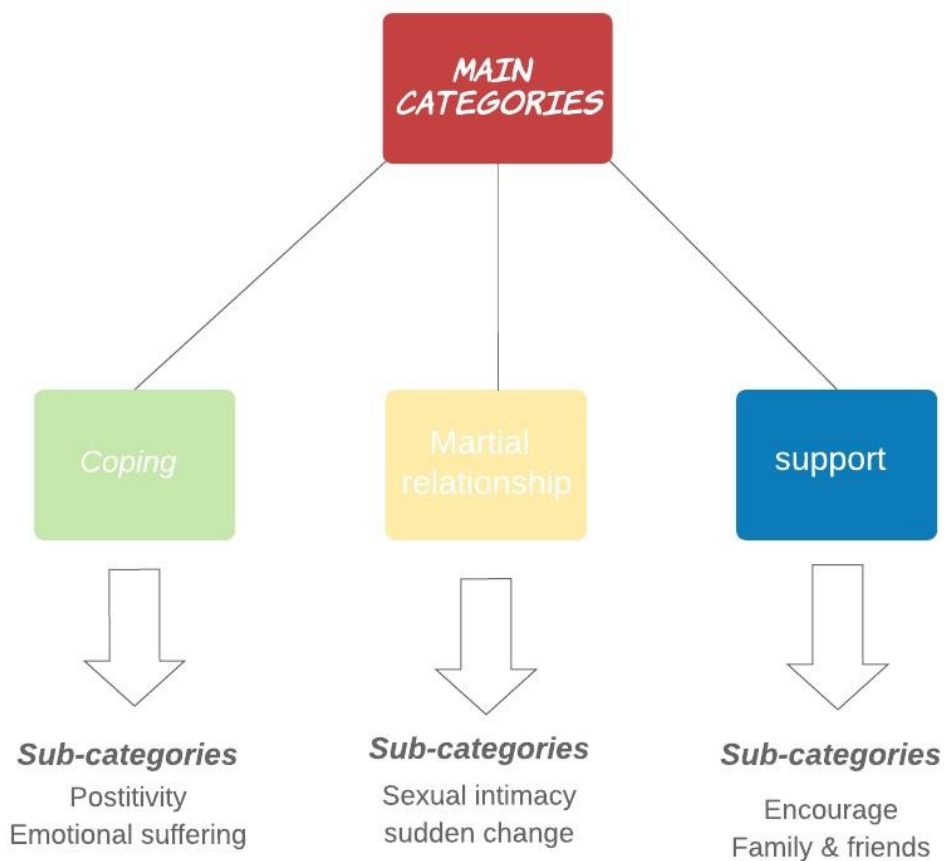


Figure 3 categorization of data analysis

## 7.1 What is the husband's experience of their wife's breast cancer?

This section presented the categories including **coping, marital relationship, and support**. The sub-categories are presented in bold and italics. The sub-categories for coping are *positivity and emotional suffering*. The sub-categories for marital relationships are *sexual intimacy and sudden change*. The sub-categories for support are *encouraged, family and friends*.

### 7.1.1 Coping

Husbands of women with breast cancer provide both psychological and physical care to their partners while responding to their needs (Duggleby et al., 2010). Several studies have reported that these husbands suffer physical, emotional, and even psychological effects

(Kleine et al, 2019; Mushtaq & Ali, 2019; Russell, 2008). Besides, they also experience stress and are frustrated due to their lack of preparedness of the new life circumstances and their inability to fix the situation. This shows that husbands also share many concerns as their wives with breast cancer and these can also affect their overall health (Catania et al, 2019). However, studies reveal that these husbands are expected to cope with the illness (Yıldız & Hiçdurmaz, 2019). Improved coping levels are associated with hope. Positivity and hope have a positive effect on increasing the emotional well-being of the husband`s both during the diagnosis period and treatment process. Hope can be defined as the belief for a better future in the middle of uncertainty and it is a valuable resource for husbands of women with breast cancer (Duggleby et al., 2010). Both husbands and wives with breast cancer use hope as a means of coping with the uncertainty of the illness in the future. the study Duggleby et al., (2010), explored the hope experiences of the husband of wives with breast cancer.

### ***Positivity***

The husbands highlighted that their lives had suddenly changed and been full of distress following their wife`s diagnosis. *“And she says they found a lump and they believe it’s the real thing . . . and it hit me. That was my lowest point, I think, in my life.”* (Duggleby et al, 2010, p 402). However, in these feelings of hopelessness, the husbands had to focus on the positives by engaging hope.

The husbands noted that they needed new hope daily to help them deal with the new situation. Besides, this hope was focused on how they could support themselves as well as take care of their wives. *“I guess to me hope means that there is a reason to feel positive.”* (Duggleby et al, 2010, p 403). This hope increased their positivity to a better future amid chronic illness. The husbands highlighted how they had to focus their lives only on the positive aspects to have hope. *“Look to the future and get a positive twist on it. You can draw from the past, but you always have to find or focus on whatever’s good.”* (Duggleby et al, 2010, p 403).

Focusing on the positives requires adequate learning as an individual as well as growth. This is because a positive outlook is important for both the husband and the wife. More so if the wife had a positive outlook this greatly influenced the husband's hope. For some husbands,

living positively gave them hope and courage to face the illness together with their wives (Duggleby et al, 2010, p 403).

In the study by Neris & Yokoyama dos Anjos (2014), husbands were reported to use hope and positivism to cope with their wife's sufferings during diagnosis and even throughout their treatment. Therefore, by being hopeful and positive, and despite the negative effects of breast cancer, the husbands reported that their wife's illness had strengthened their relationships.

Husbands in this study described their experience with their wife breast cancer as a big event which has resulted in a change in different parts of their lives, such as more mutual closeness between both partners which led to unconditional support during the process of the illness (Neris & Yokoyama dos Anjos, 2014).

*“Some husbands presented that hiding their feelings and showing a positive attitude was a way they could support and understand their wife`s illness”* (Neris & Yokoyama dos Anjos C 2014, p 923).

*“My wife continues to stay positive and certainly that keeps me staying positive and supportive, and we hope my positive is part of the support that I provide as well”* (Duggleby, Bally, Cooper D et al, 2012, p403).

Husband`s describe that the positive outlook on their wife`s faces has strengthened them to stay positive and living each day hoping for the best.

*“Hope is something I live, actually... I think every day you get up in the morning there is still hope”* (Duggleby W, Bally J, Doell H & Thomas R 2012 p 402)

### ***Emotional suffering***

Numerous studies have shown that husbands whose wives had been diagnosed with breast cancer suffer from distress including anxiety, physical symptoms, and a depressed mood

(Derakhshan & Karbassian, 2017; Duprez et al, 2017). This is especially so for wives in early-stage breast cancer. Besides, elevated levels of distress have been shown to persist significantly up to 3 years after diagnosis and in some cases, the level of distress in the husbands exceeds that of the wives (Zahlis & Lewis, 2010). In a study on the distress level of husbands, it was shown that it was equal to the morbidity level of their wives and remained higher than normal for up to 18 months (Segrin, et al, 2019).

In another study, husbands of women who had undergone mastectomy reported experiencing disruptions in their eating, working abilities, and sleep. They attributed all these disruptions to their wives' diagnosis of breast cancer (Yıldız & Hiçdurmaz, 2019). During the process of the illness, it was shown that husbands experienced mixed feelings, which was contributed to the fact that breast cancer is an illness that is stigmatized by society.

*" They worried that the cancer would not be cured or that it would recur sometime in the future". (Zahlis & Lewis, 2010)*

In the study by Zahlis & Lewis, (2010) the spouses described the experience after diagnosis as shocking, devastating, frightening, worrying, and one full of rage, guilt, and sadness.

"when I found out she had it. I mean, I think I bawled for 2 days." For others, it was difficult for them to accept how things had turned out, the physical effects of surgery and the loss of the wife's breast were difficult to accept?" (Zahlis & Lewis, 2010). They felt both emotionally and physically drained and they were ultimately worried even about their health.

It was reported that several husbands whose wives had breast cancer experienced stress during the treatment process, which led to fear of recurrence of the illness in the future. Besides, they have also been reported to have much concern about their wife's other debilitating symptoms, the unpredictable nature of the illness, and uncertainty with the disease outcomes.

*"We have gotten to the point of not arguing, but...becoming so depressed talking about it, that we just have to stop, you know?" (Zahlis & Lewis, 2010)*

The husbands also expressed how they experienced worry especially due to what cancer meant for their wife's mental and physical health and the children as well as their possible risk for breast cancer. They were worried that cancer would not be cured or would recur at some point later in the future. They highlight how on several occasions they had thoughts

about their wives' potential death and how the children would be affected as they tried to manage to be single parents.

*"Dealing with the possibility that she may not survive this has changed my life....my emotional life...I've considered life without her and it's not a pleasant prospect."* (Zahlis & Lewis, 2010)

Besides, the husbands felt difficulties explaining to the children about the illness of their mother. They did not know the exact words to use to describe the illness.

*"Husbands reported the challenges they experienced to parent their children about breast cancer. For others, it was stressful to know what to say to their children about the breast cancer and they tried to say things in a non-threatening way"* (Zahlis & Lewis, 2010).

The husbands also described how they felt emotionally powerless when it came to help their wives. They felt emotionally disturbed seeing their wife in pain and how she suffered after treatment.

*"The hardest times I have is when (my wife's) upset about something.... I can't do anything about it. All I can do is try to hold her hand and get her through it. But it gives me a real sense of inadequacy that I can't help her."* (Zahlis & Lewis, 2010).

### **7.1.2 Marital relationship**

The subcategories under the marital relationship category were sexual intimacy and sudden change. During the illness process, it can be hard for couples to handle relationships and can frequently lead to conflicts or worse. The husbands noted that after the diagnosis, one of their greatest fears was the destruction of their relationship and family. They further articulated that the thought of losing a loved one made them feel helpless and did not know how they could cope financially and psychologically. Besides, they noted that a man would have a negative attitude towards the wife if they could not meet the financial obligations that came with the treatment needs. They also acknowledged that this feeling of helplessness greatly affected his role as the head of the family who was responsible for taking care of his wife too. The husbands indicated that during the process of illness, marital satisfaction had changed.



*“It is tough on the man .... how can he cope with this woman who now has a defect in her body, usually, instead of standing by the wife who needs his support to be able psychologically to fight her illness, frequently? the man rejects this wife and marries another one who can satisfy his needs”* (Taha, et al., 2013 p6).

### ***Sexual intimacy***

Cancer puts a strain on intimate relationships. Cancer treatments may cause changes in sexual desire and function (Taha H et al..2013 p6). At the same time, the husband may feel helpless, fearful, or unsure of how to deal with the situation. For some men, they acknowledged that they cared for their wives at the beginning but with time they started ignoring the wife and even thoughts of searching for another marriage partner because she no longer satisfies her needs.

*“He begins to sympathize with his wife, and then he starts to change his position, ignores her and looks for another marriage. Because she is ill and cannot satisfy his needs”* (Taha, et al.,2013 p6).

Husband describes that there was decrease sexual intercourse which resulted from breast cancer treatment (Neris & Yokoyama dos Anjos C 2014 p 8).

*“After her surgery, she didn’t want to have sex anymore, and I didn’t care very much, because we begin to see it in a different light, to do it another way. So, I didn’t seek her out anymore. She rejected me saying that she had breast cancer. I think she died to everything, everything died to her. And since then, we haven’t had any more sex. I stopped seeking her out because it’s no use* (Yoshimochi et al..2018, p4).

### ***Sudden change***

Some husbands noted that mastectomy had varying consequences on their marital relationship (Taha, et al., 2013).

*“if she is young it is difficult to accept...if she is unmarried this will influence her marriage chances, if she is already married, this will influence her marital relation and influence her ability to breast feed her kids”* (Taha, et al., 2013, p8)

Some of the young husband's associated mastectomy with deformation of the female body.

They noted that a woman who went through mastectomy became less of a woman.

*“It means that there is a defect in her body, if she has had a mastectomy, she will be done with as a female”* (Taha, et al., 2013, p8).

The sudden change of the body image and physical appearance changes may result in a feeling of less attractive or desirable.

*“I also think it`s normal situation, because a woman who used to have two breasts and suddenly is mutilated, he psyche is affected, even if you don`t want it to, it`s shaken. So, at first, there were changes, but then she got better and healed”* (Yoshimochi et al..2018, p4).

*“if a woman`s breast is removed, this will cause a defect that is difficult for the man to accept as it is not something normal”* (Taha H et al..2013 p8).

## **7.2 Support**

This chapter describe how the husbands were supported during the illness process. Cancer is a life-changing and challenging experience for anyone. Having a good support system is important for both the husband and the spouse during the illness. The subcategories under support were encouragement and family and friends.

### ***Encouragement***

A wife with breast cancer requires adequate support, especially from the husband.

Taha et al, (2013) reported that when the husbands realized there might be a possibility that their spouse might be affected by the illness, they encouraged them to seek medical help. Seeking the treatment on time would make it easier for early detection of the illness. They, therefore, encouraged their wives to get more information about breast cancer.

*“My wife went to the doctor recently and had a breast examination, she was afraid but I encourage her, I told her it is better to go and face your doubts and fears, even if God has decided to test you with breast cancer you will be able to discover the disease early when it is easily treatable”* (Taha H et al..2013 p5)

*“I advised my wife to go the health centre, where they held lectures for women and taught her how to practice self-breast examination” (Taha H et al..2013 p5)*

Besides, the husbands also talked of how breast cancer was a concern not only for women but also for them since it could affect, their wives, mothers, sisters, or even daughters. They also acknowledged that they were accountable for the health of their families as well as their well-being (Taha et al, 2013). Husbands also shared the difficulties they faced when trying to encourage their wives to seek breast examination and they associated these difficulties with a lack of knowledge, fear, negligence, and even shyness. *“I wish she would ask me to take her to the doctor, but she doesn’t like to go, I encourage her but she refuses as she is afraid that he might discover she has the disease” (Taha et al, 2013, p5)*

### ***Family and friends***

Cancer affects not only the person with the illness. It affects their family members and friends too. Support from family members and friends is an important and protective factor that may influence the experience for those facing cancer. Most of the participants in the study by Zahlis and Lewis, (2010), noted that they were amazed by the number of family members and friends who supported them. They acknowledged that this support positively influenced their experience with breast cancer. Most men highlighted that they had a friend who listened to them and this helped them in coping with the disease.

*“our family has been very supportive of us, even though they live in the village and have no income, they still their sheep, which were all they have and gave us the money to spend on treatment (Barani Y et al..2019 p3170)*

*Serval husbands reported that friends had be there to listen to them and their concerns about their wife`s breast cancer (Zahlis & Lewis, 2010)*

However, for some husbands, they mentioned that they were surprised at how family and some friends stayed away from them after their diagnosis. However, for some, they thought that maybe the family and friends did not know how to respond to them.

*“The weird thing that has happened is that a lot of friends...don’t ever come by. Won’t stop by. Never have. Just disappeared.” (Zahlis & Lewis, 2010)*

*“since my wife has had breast cancer; my family has put me under pressure several times to leave my wife and marry another woman”* (Barani Y et al..2019 p3170)

## **8 Discussion**

This chapter presents the findings from the literature and theories to support nursing practice. The findings are discussed define new knowledge in connection to the aim of the study, research questions, and theoretical framework. This study aimed to explore the experiences of husbands whose wives had been diagnosed with breast cancer and how they were supported.

### **8.1 Result discussion**

The findings of this study supported previously published articles on the experiences of husbands and their concerns on how their wives to breast cancer significantly impacted on them during this time. Some husbands reported that coping with the illness together enhanced their relationship (Neris & Yokoyama dos Anjos, 2014). Few reported that positivity and having hope for each day was the only means they could cope with illness (Duggleby et al, 2012; Neris & Yokoyama dos Anjos, 2014). The theoretical framework describes that coping is usually seen as a compendium approach used to handle the disruption, purse to isolate actual responses to one’s event that exists within the complication of the life situation or assigned value labels, either good or bad.

The findings also show that husbands experience emotional suffering, challenges, and communication problem with their sick wives (Zahlis & Lewis, 2010). The theoretical framework describes that living with a severe illness amplifies the uncertainty of living for those who agree with the illness in their capacity to react to the uncertainty.

The findings concluded that breast cancer affected their relationship with their wives, which impacted their sexual life (Neris & Yokoyama dos Anjos, 2014; Taha et al, 2013). Some were anxious about losing their loved one and the sudden change of the body image due to the treatment (Barani et al, 2019; Taha et al, 2013; Yoshimochi et al, 2018). The theoretical framework showed that the uncertain body, which are the changes related to illness and treatment and centred in the body’s ability to carry out usual tasks, involving appearance, physiological function, and its response to the treatment (Alligood, 2014).

Few husbands reported they felt supported by family members and friends, such as assisting in paying for the treatment bills and showing concern about their wife's illness (Barani et al, 2019). Similar findings were reported by Zahlis & Lewis, (2010). Some husbands felt that they were not supported by family and friends rather the family members put pressure on them on considering a divorce (Barani et al, 2019; Zahlis & Lewis 2010). Some reported how they encouraged their wives to seek medical care (Taha et al, 2013). Based on the theoretical framework, the activities of life and living with an illness is described. The centre of work involves the person and all others with whom they interact with including family and healthcare providers (Wiener & Dodd, 1993).

### **8.1.1 Coping**

Being sick disrupts a person's life in various ways and these include socially and psychologically as well as affects the self-conceptions. One of the major responses to such disruptions is through coping. Wiener and Dodd (1993), explicated how previous theoretical assumptions have limited the explanation to do with illnesses. This is because coping responses involve sociological interactions with other people as well as through biographical interactions with both self and others. Therefore, the complex interplay of illness and the psychological disruption that it causes requires a detailed perspective and coping mechanisms other than just identifying strategies to manage the disruptions.

Therefore, the theory of illness trajectory addresses challenges by emphasizing the disruption experiences that are related to the illness and processes through which a wife with breast cancer can respond to such disruptions. Therefore, this theory acknowledges that coping is not just a simple stimulus that can be isolated for life's context. Therefore, a wife with breast cancer is a human being and the physiological disruption that come with the illness forces her to other life contexts that create a new way of being and a sense of self in her. Therefore, the responses to these disruptions caused by the disease are interwoven into their families' life and affect the interactions with those close to them as well as their husbands.

Based on the reviewed studies, it is evident that not only do the wives suffer but the husband suffers physical, emotional, and even psychological effects due to the disease (Mushtaq & Ali, 2019). Therefore, they require to develop coping mechanisms to fully support their wives. The studies further emphasize the importance of engaging hope and positivity while focusing on future possibilities (Duggleby et al., 2010). The husbands acknowledged that to cope with the challenges of a wife with breast cancer they were required to learn to listen

and be present (Zahlis & Lewis, 2010). However, future research should focus on defending the most critical knowledge that husbands of wives with breast cancer require and the best ways to hence this knowledge to effectively cope with the disease.

### **8.1.2 Marital Relationship**

The theory of illness trajectory has been associated with the events occurring throughout a chronic illness like breast cancer and how it shapes the wife and those close to her in response to the illness. Besides, it also defines how the sick wife interacts with those around her. Besides, this theory not only focuses on the individual's physiological unfolding of the disease but also the total organization of the work done throughout the illness as well as the impact it has on those around them. The reviewed studies highlighted that men were concerned with how the disease affected their marital relationships. Some men noted that the feeling of helplessness due to the disease caused them to have thoughts of searching for another partner even though this was just a form of withdrawal strategy (Taha et al, 2013). Further, the husbands noted that their wives' emotional suffering affected the couple's quality of life and their marriage as well. Regarding their intimacy, they expressed how they felt enraged and not comfortable anymore since some of their wives' distance themselves since they no longer felt normal after the surgery (Yoshimochi et al, 2018). Therefore, breast cancer can greatly destabilize a couple's sexual life as well as marriage.

### **8.1.3 Support**

Wives with breast cancer experience chronic pain and symptoms and their lives are dominated by treatment. *Based on the Illness Trajectory theory there is an assumption that during illness there are several conditions that impact their lives arise as they try to come into terms with the illness and move on.* Based on this theory some basic biographic processes occur including making the illness part of one's life, coming to terms with the illness and its consequences, restructuring a person's self-concept, and the focus into the future (Zahlis and Lewis, 2010). All these require adequate support to form the husband, family, and friends. This review revealed that since breast cancer is a life-changing and challenging experience for wives, they require adequate support as they try to navigate through the changes taking place in their lives. (Taha et al, 2013) noted how the husband participants in the study supported their wives and even encouraged them to get more information about breast cancer.

## 8.1 Method discussion

This study adopted an inductive content analysis method. The trustworthiness of this study is expressed in terms of transferability, dependability, conformability, credibility, and authenticity (Elo et al., 2014). Trustworthiness can be achieved through the accuracy of the data collection and the option of the analysis (Elo et al., 2014). To illustrate trustworthiness, the study needs to clarify the process of the categories that were constructed for this study, also reporting the findings, methods, and analysis process.

The trustworthiness of this study is illustrated by describing the accuracy of the data collection. For this study, a systematic literature review and inductive content analysis method were used. The set of keywords used for this study were husband perceptions, spouse perceptions, spouse experience, partner role, and breast cancer. Furthermore, to permit the reader's capacity to evaluate the trustworthiness of this thesis, the analytic approach is well explained.

The collected data was presented to the reader in an orderly manner describing how the categories were developed and organized. The data gathered in this study was suitable for the created categories after abstraction and no overlap in the categories was allowed.

Confirming the suitability of the analysis is illustrated by ensuring that the researcher's understanding of the results and with quotations from articles, were accurately presented from the selected articles provided.

The findings are shown in an accurate manner presenting the relationship between the data and findings. The categories and the sub-categories are described in a clear format. The results were related to the aim of the study and the research questions.

The transferability of this study is illustrated based on the factors contributing to the husbands' experience and how they got supported with their wife's illness and these findings may be used in nursing practice.

The results are shown in a manner that permits the researcher to seek for other interpretations. The conformability was illustrated using quotations to ensure the trustworthiness of the study. The results are produced from the selected articles and not from the writer's point of view. The number of quotations was narrowed since too many quotes that may affect the

result. To ensure trustworthiness and reliability, the data were assessed for their similarity and differences. A systematic literature review was used in this study and data was collected from some databases like EBSCO, CINAHL, and PubMed. The articles were analyzed by conducting a qualitative content analysis using an inductive approach. The method was the most suitable to gain in-depth knowledge from the data collected.

The author's interest in conducting this study was to find out the husband's experience of their wife's illness and how they were supported. Data collection and analysis was based on six articles published between the year 2010-2019. The study findings in relation to the aim of the study were analyzed and three categories were formed and from which other subcategories emerged. The six articles reviewed in this study provided a piece of good source information that enhanced the study's trustworthiness for future research.

However, this study's limitations were that psychological distress and how husbands act as caregivers for their wives with breast cancer were not evaluated. Besides, the study did not also focus on how the husband felt when their wife was diagnosed with cancer, the treatment during early survivorship, and their quality of life. However, the focus was on the process of the illness and how they got supported.

## **9 Conclusion**

Being the husband of a wife diagnosed with breast cancer leads them to a similar experience of the illness. Besides, this study confirmed that the experiences and perceptions of the husband towards breast cancer were greatly affected by their wife's illness in various aspects of their life. Despite all the challenges faced by the husbands they did not leave their wives; they supported and stood by their side and the illness journey. This was even though some did not receive any form of support from family and friends. For some husbands, the family's insisted that they search for another partner since their wives were sick and suffering.

Breast cancer is a life-threatening experience both for the patient and family members. The family member is the second caregiver for the patient after the primary health care providers. Therefore, they must be also cared for similarly together with their wives especially emotionally so that they can also adequately support their wives. Nurses should provide



intervention for the husbands to such as provide them with information about the illness, emotional, social, and sexual needs.

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## 11 Appendices

### Appendix 1 Articles included in the content analysis

| Authors, Title & Journals   | Aims  | Participant                                       | Methods   | Result  |
|---|---|---|---|---|
| Taha, H., et al., 2013. <i>Would a man smell a rose then throw it away? Jordanian men's perspectives on women's breast cancer and breast health.</i> BMC Women's Health     | To explore Jordanian men's individual and contextual perspectives on women's breast cancer and their own role in the breast health of the females within their families | 24 married men aged 27 to 45 year were recruited. | Exploratory qualitative, using a qualitative                            | Men feels responsible for their family's health and wellbeing and offer to help the sick spouse. Their marital relation is affected by the disease.   |
| Duggleby, W., Bally, J., Cooper, D., Doell, H., Thomas, R. 2012. <i>Enagaging hope: the experience of male spouses of women with breast cancer.</i> Oncology Nursing Forum. | To explore the hope experience of male spouses of women with breast cancer  | 11 male spouse of women with breast cancer        | Descriptive qualitative approach. 24 open-ended tape-recorded telephone | The husband of women diagnosed with breast cancer found hope to be important, but it said it depended on the courage and hope expressed by the sick spouse. Hope was an important factor in supporting their wife |

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| <p>Keesing, S., Rosenwax, L., McNamara 2016. <i>A dyadic approach to understand the impact of breast cancer on relationships between partners during early survivorship.</i> BMC Women`s Health</p> | <p>To explore the experience of women and their partners during survivorship and contributes a range of insights into the lives of those intimately affected by breast cancer.</p> | <p>eight Australian women of survivors of breast cancer</p> | <p>In-depth interview</p>  | <p>Women and their partners reported changes in their previous roles, responsibilities, and relationship during early breast cancer survivorships. They also reported a range of communication, intimacy, and sexuality concern which greatly impacted on their relationship.</p> |
| <p>Zahlis, H &amp; Lewis, M .2010. <i>Coming to grips with breast cancer: the spouse`s experience with his wife`s first six months</i></p>  | <p>To describe in spouse own words, their experience with their wife`s newly diagnosed early stage breast cancer.</p>  | <p>48 spouses participated</p>                              | <p>Qualitative study using a structured interview</p>                          | <p>Their experiences were organized into the core construct of Coming to Grips reflected by four domains: (1) Feeling nailed by the breast cancer; (2) Changing us; (3) Taking care of me; and (4) Making things work.</p>  |
| <p>Neris, R., Yokoyama dos Anjos 2014. <i>Experience of spouses of</i></p>  | <p>To gather, to characterize, to analyze, to</p>  | <p>Eight articles were collected between the</p>            | <p>Integrative literature review carried out in a database of VHL, PubMed,</p> | <p>The findings from the articles highlighted the experiences of</p>  |



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| <p><i>women with breast cancer: an integrative literature review.</i></p> <p>Yoshimochi, B., Antonio dos santos, M., Caetano de loyola, A., Pinto de Magalhes, A., Panobianco, S. 2018. <i>The experience of the partner of women with breast cancer.</i> Journal of nursing</p> | <p>synthesize and to integrate primary studies that examined the experiences of husbands of women with breast cancer</p> <p>To understand the experience of partners of women with breast cancer.</p> | <p>year 2000 and 2012.</p> <p>10 partners of women with breast cancer</p> | <p>CINHAL, and SciELO</p> <p>Qualitative study based on the theoretical methodological framework. Using structure interview.</p> | <p>the involvement and the care of the husbands towards their wife's illness.</p> <p>The partners experienced emotional disease caused by the fear of losing their partners.</p> |
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