Indiana University School of Nursing

Breast Cancer Survivors’ Perceptions of Partners’ Intervention Needs

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Disclosures

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Funding

- IU Health Values Grant (PI: Johns)
Problem

Partners of Breast Cancer Survivors have:

1. High levels of distress: depression, anxiety, fear of recurrence\textsuperscript{1-4}

2. More unmet needs than their breast cancer survivor spouse\textsuperscript{5}

3. Lower general health and quality of life than partners of healthy women\textsuperscript{4}
Purpose

To qualitatively assess breast cancer survivors’ perceptions of their partners’ needs and interest in an intervention to improve their fear of cancer recurrence
Parent Study

1. 3-arm trial to reduce FCR
2. Compared Acceptance and Commitment Therapy, Survivorship Education, and Survivor Pamphlet
3. 30 women in each arm
4. Breast cancer survivors any time post diagnosis and treatment
Methods

- Qualitative study
- 11 women randomly selected from any trial arm
- All questions related to the intervention they received
Interview Questions

1. “Do you think that your partner would be interested in participating in a study like this?”

2. “What parts from this study would be helpful for spouses or partners?”

3. “What do you think a study like this could do for couples?”
Content Analysis

1. Interviews recorded and transcribed
2. Themes generated by first author
3. Themes confirmed by co-author
Themes

**Benefits**
- Dyadic

**Barriers**
- Acting like it Never Happened
- Wanting to Move on
- Time

**Themes**
- Partner
- Personal
Benefits to participating

Personal: Benefits to the survivors themselves if partners participated

- “He probably would have learned a little bit about... why I go through the depression I go through and unable to sleep and worried about, you know, when It’s time for my mammogram because I really get stressed out. And... he just keeps saying, ‘Everything is going to be all alright. Everything is going to be all right. Don’t worry.’”

• Pat
Benefits to partners for participating

- “I think that it would be helpful for him to understand that shutting feelings down doesn’t take them away and that there is value in allowing yourself to feel the feelings and the thoughts and to take time every day to pray. I wish he would understand the value of that.”

• Addy
Benefits to Dyad if partners participated

- “I think it would help in ways where I think he would feel comfortable talking to me more about it. Like I feel like it would help our dialog, specifically about cancer or recurrence of cancer, be a little bit better. It’s not that it’s bad, it’s just that – and I honestly can’t say- how often does he think about if my cancer’s going to come back. Does he think about it?”

• Bella
## Barriers to Partner Participation

<table>
<thead>
<tr>
<th>Time</th>
<th>Wanting to Move on</th>
<th>Acting like it never happened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not having the time to attend</td>
<td>Not wanting to discuss or think about the cancer any longer, wanting to get back to normal</td>
<td>Avoiding the topic of cancer</td>
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“My [sessions] were during the daytime and he wouldn’t be able to come to that because he’s working.”
- Leann

“I think [he] has a tendency to think through stuff but he kind of shoves it back in a place, you know, shoves it back somewhere and never – and occasionally it pops up.”
- Ophelia

“I think it would be very helpful. He wouldn’t go. He likes to pretend like it never happened now. When you called and I started talking about it, he got up and walked away.”
- Marilyn
Summary

1. Survivors identified benefits and barriers to partners participating

2. All survivors believed partner participation would be helpful to themselves, their partners, and their relationships
Future Directions

1. Determine if partners express the same intervention needs as described by their survivors

2. Develop future survivorship interventions that include partners to reduce FCR

References


