CRITIQUE COMMENTARY ON RESEARCH ARTICLE

‘All I can do is help’: Transition experiences of male spouse caregivers of women with breast cancer


I am currently being trained to consider a family nursing perspective in my practice and one of my areas of interest is oncology. I was interested in this article, as it highlights an intersection between oncology and family nursing. The male-spouse-as-caregiver is something seen when working with families but, as mentioned in the article, could stand to be addressed more in research. I am thrilled that this article builds on this knowledge.

I was curious to learn more about the population mentioned in the title (male spouse caregivers): what type of male spouses self-identify, or are identified by others, as caregivers? The ‘Participants’ section featured a brief description of who the cancer patients and their spouses were. Although the sociodemographic portrait of the participants was briefly touched upon near the end, I would have appreciated this portrait earlier, ideally linked to background information. As mentioned in ‘Limitations’, it is possible that the participants self-selected into the study, indicating a potential source of bias. Adding more sociodemographic and cancer-related data would have been helpful to contextualize the analysis.

While reading the methodology section, I contemplated why the authors used data from a Transition Survey if they wanted to explore the caregiving role. It was not clear to me how its five open-ended questions yielded the information needed, as all questions focused on change; none of them touched upon the acts of or perceptions related to caregiving. In the face of breast cancer, how is the link between ‘transition’ and ‘assuming a caregiving role’ made, especially given that 10% of the men surveyed perceived no change to have occurred? I cannot fully latch on to the idea that most spouses of cancer patients shift into caregiving roles (barring in couples where “special care” is required). The quotes pulled from the survey indicated that in some situations, some husbands had to take on added responsibilities: more household chores, or having to “be more aware of her (his wife’s) worries and fears”. However, doesn’t any transition in a familial relationship require a potential shift in responsibilities? If so, does that shifting automatically put someone into a caregiving role? Or do they simply remain in their dynamic roles, in this case of husband and wife, adapting to the ‘new normal’ of living with breast cancer? Perhaps a clearer definition of what being a caregiver means would have helped clarify these questions.

Regardless of whether a shift to a caregiving role is present, I greatly appreciated the implications of this research. I will now explore the themes presented to enhance my holistic family-centred nursing process.

In the future, I hope to come across even more literature about ‘spousal’ caregiving, particularly as it impacts non-heterosexual and non-monogamous or non-married couples. Coming from a large city, I work in a milieu that pulls from diverse patient populations, where families and caregiving are both highly unique phenomena. I would also like to know more about what caregiving looks like for other cancer types, and during other points of cancer illness trajectories.

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