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Experiences of partners of prostate cancer survivors: A qualitative study

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Abstract

Prostate cancer, Australia's leading cancer, has treatment side effects that reduce the quality of life for both survivors and partners. Limited partner research exists. This study aimed to address this gap in the literature by gathering data directly from partners to obtain a deeper understanding of their experiences of prostate cancer survivorship that helps inform healthcare service providers. A qualitative approach was taken to explore participant views (N = 16) via three focus groups and two in-depth interviews. Five themes emerged relating to care-giver burden, knowledge deficit, isolation, changes of sexual relations, and unmet needs. Possible implications for practice may include the need for specific partner related information and interventions to assist couples to cope with the emotional distress caused by treatment side effects.

keywords

prostate cancer, survivorship, partner, qualitative, quality of life

In Australia, one in two men will be diagnosed with cancer and one in four of these will be prostate cancer (Cancer Australia, 2014). Excluding non-melanoma skin cancer, prostate cancer is the most common cancer diagnosed in Australia, which has one of the highest prostate cancer incident rates in the world (Ferlay et al., 2015). Incidents are predicted to increase in Australia, to over 30,000 new cases diagnosed each year by 2020, making prostate cancer an important area for Australian oncology research (Australian Institute of Health and Welfare [AIHW], 2012). Survivorship is an important phase in the Australian prostate cancer trajectory with 93% five-year survival rates. In 2010, this equated to over 168,000 Australian men living with the impact of prostate cancer treatment (AIHW, 2014). Many of these survivors are left suffering from a range of physical and psychosocial comorbidities including sexual dysfunction, incontinence, bowel issues, loss of libido, depression and anxiety (Dunn & Kazer, 2011). These treatment side effects have been found to worsen with time and reduce the quality of life of survivors and indirectly their partners (Namiki & Arai, 2010).

Gender identity theory has been used to explain the reduced quality of life in survivors as treatment side-effects have been found to diminish their masculine identity, preventing some from seeking help and talking about their feelings, preferring to rely exclusively on their partners' support (Appleton et al., 2015; Hyde et al., 2016). Recent studies have found that diminished masculinity can be buffered by partners who are supportive (Manne, Badr, Zaider, Nelson, & Kissane, 2010), and open communication and intimacy within prostate cancer survivors' relationships have been found to help some couples positively adjust to the impact of prostate cancer treatment (Hyde et al., 2016; Zaider, Manne, Nelson, Mulhall, & Kissane, 2012). However, some couples coping with prostate cancer survivorship have reported instances of

intimacy withdrawal and constrained communication within the relationship which led to marital dissatisfaction (Chambers et al., 2013). Further studies found male participants reported that they had contained and controlled their partner's communication to minimize the impact of prostate cancer on their masculinity despite knowing this negatively impacted their partner's well-being (Wenger & Oliffe, 2014), and avoidant communication behavior in couples during prostate cancer survivorship led to reduced intimacy levels and resulted in relationship dissatisfaction (Harden et al., 2013; Zaider et al., 2012). Partners have also been found to suppress their communication. For example, one study found that partners did not share their concerns about sexual dysfunction to reduce survivor worry (Ervik & Asplund, 2012). A further study, reported partners were unable to talk about their sexual dissatisfaction due to a fear this would upset the survivor (O'Connor, McCabe, Conaglen, & Conaglen, 2012).

Prostate cancer has been referred to as a couple's disease as the psychosocial aspects of recovery impact the well-being of both men and their partners (Wittmann et al., 2009). Men surviving prostate cancer have expressed that partners play an important role in providing instrumental support and encouragement in their recovery (Wittmann, 2015). Research has reported that some partners who provided emotional support have enabled prostate cancer survivors to cope with the side-effects of treatment and reduce the distress caused by diminished masculine self-esteem (Harden et al., 2002). However, research has found that partners report significant increases in distress and poor mental health due to this emotional care-giving burden (Chambers et al., 2013), and that partners reported feeling exhausted by the demands of their care-giving role, lacked relevant information, and felt excluded from decision making by experiencing constrained communication within their relationship (Wootten et al., 2014). Thus, some prostate cancer

partners have reported experiencing levels of distress twice that of the survivor, and rates of depression have been found to be significantly higher in partners experiencing prostate cancer survivorship when compared to other Australian females (Couper et al., 2009; Schover et al., 2002).

It is evident that partners of men surviving prostate cancer play a critical role in supporting and helping couples adjust to life after treatment. However, a large number of prostate cancer studies collect data from men to understand the impact on partners from the male perspective, with others only reporting data collected from the couple (Galbraith, Fink, & Wilkins, 2011). This pattern continues and has created a gap in the literature that has sought data directly from partners or reports exclusively their experiences of prostate cancer survivorship. In order to improve information and services that better supports the partner and/or survivors needs, a better understanding of a partners' experience and the factors that influence these during prostate cancer survivorship is needed.

This study aimed to address this gap in the literature by gathering data directly from partners and exploring a deeper understanding of their experiences of prostate cancer survivorship to help inform healthcare service providers. A qualitative based methodology was deemed the most appropriate approach to understanding these partner experiences as it enabled exploration of different perspectives to address the gap in the literature (Porter, 2007), and allowed for sensitivity when discussing topics like sexual dysfunction in participant relationships (Braun & Clarke, 2013).

Method

Participants

Participants were recruited from local cancer community care centers and prostate cancer support groups. Participants were eligible if they were over 18 years of age, they could speak English, and an intimate or married partner of a man whose initial prostate cancer treatment had been completed at least twelve months prior to the study commencement. The study was open to both female and male partners. A total of 16 Caucasian female participants ranging in age from 48-88 ($M = 69$, $SD = 11$), who had been in their relationship between 3-67 years ($M = 36$, $SD = 19$), provided informed consent and participated in the study. Participants reported that their partners had been treated for localized prostate cancer, including radical prostatectomy ($n = 9$), radiotherapy ($n = 3$), hormone therapy ($n = 2$), and other treatments ($n = 2$). Years of survivorship (from initial treatment completion to study commencement) ranged between 1 and 11 years ($M = 5$, $SD = 3$). One participant's partner was undergoing further treatment at the time of data collection.

Procedure

A purposive sample of partners of prostate cancer survivors were recruited using a variety of recruitment strategies: (a) a presentation overviewing the research was given at prostate support group meetings, and a flyer detailing the study was provided to survivors to distribute to their partners; (b) a recruitment email was sent to prostate cancer survivors by staff from a local cancer community care center; and (c) snowball sampling via partners of prostate cancer survivors. Interested participants contacted the researcher and were given an opportunity to ask questions prior to the study commencement, then invited to take part in a focus groups or

telephone interview. Signed informed consent was obtained via email or in-person prior to the study.

Three two-hour focus groups followed by two one-hour telephone interviews were conducted over a three-month period. This triangulation of data collection method (i.e. the use of individual interviews after a focus group) was utilized as it has been found to improve data richness and increase validity (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). Focus groups comprising four to five participants was employed as smaller supportive groups enable participants to talk more openly about sensitive topics like sexual dysfunction (Braun & Clarke, 2013). Each focus group was co-facilitated by both a male and female researcher. Interviews were conducted by telephone as some participants were immobile and this gave all respondents an opportunity to participate. Data collection ceased after data saturation was established (Hill, 2012).

Both focus groups and interviews used a semi-structured guide to encourage a deeper exploration of participant experiences and meanings for example, questions included ‘What have been some of the biggest challenges/changes for you and your partner since his cancer diagnosis? How would you describe the impact of prostate cancer on your relationship? What have been your needs because of your partner’s prostate cancer diagnosis and treatment?’ Focus group and interview discussions were recorded and transcribed verbatim, ensuring participant information was de-identified during this process. All names used in this article are pseudonyms. IRB approval was obtained for this study (S16897).

Analysis

All transcripts were analyzed and coded using NVivo software version 11. A six-phased process of thematic analysis guided by an inductive data-driven approach was used to reflect how participants made meaning of their experience within the broader social context and to provide flexibility, as this area of research was not bound by theoretical frameworks (Braun & Clarke, 2006). Themes from the first two focus groups and an interview were identified independently by the male researcher and female research assistant to ensure consistency and validity in understanding and capturing partners' experiences of prostate cancer survivorship. These themes were then compared between researchers. This method of triangulation validated the findings by ensuring that they reflected the richness of the data-set and reduced any researcher bias that contributed to the creation of this knowledge (Marshall & Rossman, 2011). Any differences were discussed until agreement was reached. This process was repeated for the third focus group and second interview. During this process saturation was established, and a decision made that no further participants were required as concepts were being repeated and no new themes emerged (Hill, 2012).

Results

Thematic analysis revealed five salient themes as being relevant to these partners' experience of prostate cancer survivorship regardless of time since treatment and treatment type (see Figure 1). These themes were: emotional care-giver burden, not knowing what to expect, suffering in silence, grieving the loss of sex and intimacy, and the invisible victim of prostate cancer.

However, some participants' experiences of intimacy issues and communication difficulties differed dependent on their age or how long they had been in their relationship.

Emotional care-giver burden

The first theme that participants described was that of an emotional care-giver burden. Many women shared how the negative impact of sexual dysfunction and incontinence post treatment had left their partners suffering depression and feeling anxious about their symptoms. As a result, participants felt a sense of responsibility to be the sole provider of emotional support and encouragement to try and help their partners cope.

It was almost like once his sexuality had gone he wanted to die, he gave up. He has been suffering from depression for quite a few years now, I try to cheer him up and encourage him to do things...to get involved just so he had other things in his life, but he won't his life just revolves around me... I've had to be his backbone, it's so exhausting. (Diana)

Many participants shared how their role in the dyad had changed. This involved having to take more of a lead in their partner's emotional care following treatment. Some also described their role as providing instrumental support, like making medical appointments and ensuring medications were taken appropriately. Most women reported feeling overwhelmed and lost with this new sense of responsibility. Other partners shared that the experience of emotional care-giving had started to take its toll to the point where they were struggling to cope.

I didn't know how to cope with his moods, he has always been the support for me and I was trying to support him, but I felt absolutely useless...I know it's been very hard for

him to mentally readjust to the whole thing but I'm really struggling, I don't know what to do, I've tried everything. (Florence)

Participants differed in how they managed the burden of their care-giving role. Younger participants sought support from healthcare teams and were happier to share the responsibility of care for their partner. Whilst older participants struggled alone as best they could, describing a sense of duty and stoicism to take on the carer responsibility. These women expressed feeling an expectation that it was their role to look after their husband when he was ill and that they felt they should be happy that their partner was alive. This perspective had left them feeling a sense of guilt and shame when they were unable to cope.

Not knowing what to expect

The second theme of not knowing what to expect articulates how the women in the study felt unprepared for how prostate cancer would impact their lives. This was partly caused by a lack of meaningful information and the availability of relevant support services focused on a partner's experience. Some women expressed feeling upset at not being given enough information at the beginning when they needed it most. Participants described how important it was to have information and someone to talk to before treatment, when they didn't know what questions to ask or what to expect, and was when their anxiety was high.

I got really angry and frustrated at the lack of information. You need to know at the beginning what sort of changes will happen, especially in your sexual life... this type of information is not something you can put in a brochure, you need to be able to talk to

someone, sexual counselling or someone who can help you figure out what you need to do and how to prepare for what's going to happen. (Joan)

Most participants said the information that they were given focused on explaining the treatment options for prostate cancer, yet they wanted to know how to cope with post-treatment side-effects and what impact this would have on their quality of life. Many women discussed that their interactions with healthcare professionals focused only on treatment choices and that the implications had not been fully explained to them. Participants voiced how medical teams were only focused on curing the cancer and were reluctant to discuss the impact of sexual dysfunction on their quality of life,

The doctors certainly didn't give us any help on the sexual side of things, they never mentioned it, basically it felt like they were saying "I'm here to cure the cancer I'm not here to help you with anything else." I believe the medical profession has got this mindset that once they have treated the cancer then they think that you don't need to worry about anything else. (Anne)

Even those participants who shared having a good experience with healthcare providers expressed a need for information that was not just treatment focused and was relevant to partners. This lack of relevant information and not knowing what to expect had left many women feeling lost and unsure of what to do to help their partner after treatment was completed. Some participants said they felt they were left to deal with it on their own and were just given a "bag of information to take home and read" (Margaret) when they wanted support and information to

help prepare for changes in their relationship. Participants described having a sense of helplessness and uncertainty that had left them feeling distressed,

I felt absolutely useless, I really wanted to do something to help my husband but I didn't know where to turn as there wasn't any information for the wives... I just needed someone to talk to, I remember going off and just crying as I didn't know what to do to help him. (Audrey)

Suffering in silence

The third theme captures how restricted communication left many partners suffering in silence. Women shared how important communication was to them and that they needed to be able to talk about what they were going through. However, many participants reported feeling an overwhelming “grief all the time” (Diana) as they could not express their pain or be heard. Some partners shared how they felt they could not even talk to their friends or families as they worried it might burden them, or that it was not appropriate to talk openly about their relationship issues to their adult children. Most participants shared how they were constrained by their partners, and how their partners were unwilling to talk about their issues.

Communication is a big issue for us. I've said “unless we know what each other's thinking we can't help each other”, but he's very private ...also he didn't really want anyone else to know about this... I've had to respect his wishes, but it has left me with no one to talk to. (Margaret)

In contrast, some younger participants described how they had taken the lead to ensure important issues were discussed. Also, other women who had always been able to discuss issues with their partner prior to prostate cancer continued to talk openly during survivorship. But, many older partners found it harder to talk and described how they came from an era where men did not talk about their feelings and the intimate side of their relationship was not discussed.

Regardless of the differing experiences, all participants agreed that they needed help in being able to vocalize some of their feelings so they did not have to suffer in silence. Even those in close relationships admitted they held back on discussing some things that they felt would upset their partner. Participants shared how the focus group process had provided an opportunity to talk about things that would not have discussed in any other context,

We do talk to a certain degree but it's not quite the same...I just feel better for being in this group and having an opportunity to talk about things that I've kept bottled up. Some of the things I've said here this morning I wouldn't say to anyone else. (Elizabeth)

Grieving the loss of sex and intimacy

The fourth theme conveys how participants were grieving the loss of sex and intimacy within their relationships. Many women defined intimacy as having cuddles and doing things together that maintained a close relationship; whereas, they described how their partners “equated sex with love” (Mary). Some participants shared how erectile dysfunction had left their husbands feeling less of a man because they could not perform sexually. This resulted in many men withdrawing from the relationship which left participants grieving a loss of intimacy both physically and emotionally.

If I'm being honest I'm missing that intimacy...as far as he was concerned the sexual side of our relationship was finished and that didn't seem to bother him, but it upset me... He just withdrew totally from the relationship...it didn't seem to matter to him what I wanted or needed...now it feels like we are just acquaintances rather than husband and wife. (Marie)

It became apparent that participants differed in their sexual needs and expectations of intimacy, and this seemed to determine how they coped. A younger participant, and some who had had an active sexual life prior to treatment, expressed feeling more distressed by the sexual dysfunction in their relationship. These participants described exploring new intimacy options as a couple, even those who relied on what was familiar before the cancer diagnosis were willing to encourage their partner and take the lead, which they said they had not done before. Some partners, who had been married for a long time explained that sex had not been part of their relationship for a number of years, thus, finding satisfaction in companionship. However, most women admitted that they simply withdrew from the physical side of the relationship as well in an attempt to cope with their loss and protect their partner from his.

There was definite withdrawal on my side, in fact it was all my side...I didn't want to put him in that position and remind him of his sexual issues...making him feel inadequate, I didn't want him to think that I thought he was less of a man. (Rosa)

Despite differing definitions and coping strategies, all the participants agreed that intimacy was important to them and that they would have benefitted from support to help them adjust to the intimacy changes in their relationship.

The invisible victim of prostate cancer

The fifth theme describes how partners are often forgotten, and as a result can become an invisible victim of prostate cancer. Participants shared how they felt excluded throughout their prostate cancer experience, and how very few people seemed to understand or enquire about what they were going through. Most of the women shared being ignored by the medical profession despite their desire to be included in consultations and treatment decisions. Many reported they did not have an opportunity to express their concerns with the specialist and said they were made to feel that their needs were not important. Participants agreed that prostate cancer was actually a couple's disease and that the impact on partners should also be considered.

He only spoke to my husband about what he thought or was worried about, it was as if I wasn't there. The urologist didn't consider the fact that he was treating the partner of somebody else...I think this is a really important issue because it's the kind of cancer that affected both of us. I think doctors really need to treat the couple rather than the man.

(Mary)

Participants expressed that it was harder to cope when their needs were not recognized or supported. These women talked about how their experiences of exclusion had left them feeling distressed and some felt trapped in a relationship that required them to put their partner's needs ahead of their own needs. Few had sought help from counsellors, whilst most didn't know where to obtain support. Many participants felt that their partners were so consumed in their own illness that they had no awareness of what they were going through, or the needs they may have.

He was so focused on what was happening with him that he hadn't thought about what was happening to me...I felt so alone, I just wanted to escape to somewhere where I wasn't thinking about it...I just needed some respite but nobody seemed to care. (Agnes)

Participants felt that it would be helpful if their partners and the medical teams realized from a women's perspective what they have to go through. This insight participants felt would increase awareness of a partners needs and help future generations get important support to help them cope with their experience of prostate cancer survivorship.

Discussion

The results of this exploratory study suggest a number of factors influenced these participants' experiences of their partners' prostate cancer and how they coped during survivorship. This study highlighted that some partners are impacted when faced with a new role of emotional caregiving. This role required some participants to provide emotional support and reassurance to their partner who was struggling with diminished masculinity and symptoms of depression. Harden et al., (2013) found other partners experienced distress due to an emotional burden as they often lack appropriate support. Gender identity theory has been used to understand how men are impacted by a diminished masculinity during prostate cancer survivorship, but this theory is not often associated with the partners' experiences. The results of this study suggest gender identity theory may be useful in understanding the experiences of partners. Some women described feeling a sense of duty and an expectation for them to take on the emotional care of their husband. These experiences appear consistent with a gendered position found in general cancer studies where socially constructed ideologies establish expectations for women to provide

emotional support which can leave them feeling overwhelmed and burdened (Ussher & Sandoval, 2008). This study, when combined with previous research, suggests partners may be feeling confused when they either did not know where to get help, or do not feel it is available for them. If left unsupported there is a risk that some partners could experience burnout and suffer mental health issues if they feel they are unable to achieve their feminine carer ideal. This distress could subsequently impact both them and the survivors' quality of life.

For these partners of prostate cancer survivors, inadequate information left them feeling unprepared for the physical and emotional changes in their partner, which they described as impacting their relationship. Consistent with other studies, a lack of relevant information has been related to a sense that some partners feel unable to cope, which causes them to feel anguish and helplessness (Galbraith et al., 2011). Knowledge regarding changes to relationship quality of life, as well as treatment procedures, have been found to enable couples to prepare and adjust in prostate cancer survivorship (Dieperink et al., 2016). Some partners in the current study would have liked this information when making treatment decisions so that they felt fully informed. Another study also found that some carers felt it was important that they were given an opportunity to ask questions and be supported emotionally when providing a critical social resource in helping their men adjust and recover from their illness (Hyde et al., 2016). Therefore, service providers may need to consider what information could be required by partners during consultations and how best to facilitate understanding the couple's needs.

This study also highlighted the issue of poor communication experienced by many partners during prostate cancer survivorship. Previous research suggests that how a couple communicates

may influence their ability to cope and manage intimacy changes in their relationship (Song et al., 2012). Conformity to gender norms may help an understanding of how couples are influenced by typical hegemonic ideals. Consistent with previous research (Wenger, 2013), masculinity appears to prevent some men from seeking help or talking about their feelings leading them to cope by withdrawing from the relationship. This lack of communication was experienced by this studies participants, who in contrast found they needed to talk. Participants coped with this conflict by self-silencing, which has been found to be a typical behaviour in women who attempt to maintain a feminine ideal that positions them as natural carers (Ussher & Perz, 2010). The partner experiences found in this study appear consistent with other couples who reported they avoided talking about sexual dysfunction and needed help in vocalizing their concerns to better understand each other's needs (Manne et al., 2010). This experience of ineffective communication undermines the benefits of social support theory, that supportive relational communication can be an important resource that helps buffer the distress of the disease burden (Cohen & Wills, 1985). Therefore, consideration could be given to the provision of couples counselling to help those who are struggling to talk about the issues they face during prostate cancer survivorship, as participants in this study felt they were from a generation not used to talking about sexual issues and they stated this type of intervention would have helped improve the well-being of the couple.

Partners in this study articulated how men and women differ in their understanding and experiences of sexual desire and intimacy. Previous research supports this gender difference finding many men express intimacy through penetrative sex (O'Shaughnessy, Ireland, Pelentsov, Thomas, & Esterman, 2013) and women express intimacy through emotional connection (Ni

Lochlainn & Kenny, 2013). Some partners expressed a feeling of grief over the loss of intimacy both physically due to treatment side-effects but also emotionally when their partners withdraw from the relationship. Withdrawal behavior of men has been reported as a coping strategy due to a loss of libido and impotence (Zaider et al., 2012). Findings in this study also revealed that some partners withdraw from intimacy to protect their husbands from feeling less of a man. However, a participant's level of sexual desire and age appeared to influence their experience of intimacy and how they coped. Previous research has found that partners who take the lead in initiating sexual intimacy have more satisfactory relationships, however many are reluctant to do so which can lead to relational distress (Wittmann, 2015). Like Hawkins et al., (2009), very few partners in this study reported experiencing non-sexual intimacy post treatment. This can be an issue as intimacy is a primary psychological need that can improve relationship satisfaction and build resistance to stressors (Crisp & Turner, 2014). When considered alongside previous research, this study may indicate that partners would benefit from support in helping them adjust to the sexual dysfunction and relational intimacy caused by prostate cancer. Further research would assist in understanding any further factors that influence levels of intimacy distress within couples experiencing prostate cancer survivorship.

As identified in previous research (Wootten et al., 2014), this study revealed that some partners felt ignored by the healthcare professionals they had encountered. Participants felt their interactions with healthcare professionals were limited by a predominant focus on the illness. Furthermore, some partners also felt their needs were being neglected as their husbands were absorbed by their own prostate cancer issues. Results of this study suggest that these partners have their own needs that have not been recognized. As found in other research (Couper et al.,

2009), this study revealed that a lack of understanding from a partners' perspective left some participants feeling exhausted and isolated. This study and previous research suggest that partners can be at risk of burnout during the survivorship phase. Participants in this study identified that the provision of specific support for their needs could help improve their well-being and build resilience to the demands of their care-giving role.

This study suggests that some partners can play a critical role in helping the couple adjust during prostate cancer survivorship, but a gap in the literature exists in understanding their direct experiences. This study gives voice to some partners of prostate cancer survivors in one regional area of Australia; however, the study's findings are limited by the small non-representative sample, and the exploratory nature of the qualitative approach restricts the generalization of these results. Further studies are needed to identify and compare any similarity and differences in a broad range of partner experiences. Despite recruiting for both male and female partners, all the participants in this study were female. Research has shown that same sex partners experiences may be different from heterosexual partners, so further research is recommended to understand the needs of this population (Rosser et al., 2016). This study recruited partners using a variety of methods, some which relied on prostate cancer survivors to notify their partners of this opportunity. Thus, findings may be biased towards couples that have a more open approach to communication and further research should be conducted to investigate how different communication strategies impact partner wellbeing. This study gathered preliminary data exploring experiences from partners across broad age groups and length of survivorship. Further research is needed to understand how younger partners and/or those who are in new relationships cope with the challenges of prostate cancer. This may provide a different generational

perspective on communication and intimacy expectations and experiences. Furthermore, having a male researcher may have caused participants in this study to limit sharing their experiences openly, and the analysis to be biased to a male perspective. Male researchers involved in sensitive female research topics like intimacy and sexual relationships has been found to influence how female participants respond and bias findings (Braun & Clarke, 2013). Having a female research assistant was used to mitigate this risk but the knowledge obtained from this study has been mutually constructed between the researchers and the social reality experienced by the participants, and is therefore bound by these factors (Charmaz, 2014).

Prostate cancer survivorship presents couples with an array of complex issues derived from treatment side-effects that impact a couples' intimate relationship. Men have also been found to be reluctant to seek help and become over-reliant on their partners, creating enormous pressure on some partners to cope with both their own distress as well as the emotional-burden of their partners. This distress may further increase if partners attempt to adhere to feminine carer ideals and do not receive appropriate support that targets their unique needs. Social workers, psychologists and healthcare workers are in a key position to consider how best to recognize the partners' needs and assist couples with their quality of life during prostate cancer survivorship.

Conclusion

Despite the limitations, this study found that these partners experienced a range of factors that impacted their quality of life during prostate cancer survivorship. This may be interesting to the providers of prostate cancer psychosocial care, to consider whether sufficient support is available to deal with the complications faced by men and their partner before and after treatment, and into

survivorship. This could indicate a need for some service providers to make strategic changes in information content and delivery, including the provision of appropriate information and interventions directly to partners to meet their needs during prostate cancer survivorship. Further research is needed to evaluate intervention strategies and communication approaches to assess how to meet the needs of couples across age groups, relationship stages and survivorship timespan.

Conflict of interest

There is no known conflict of interest for any of the authors associated with this paper.

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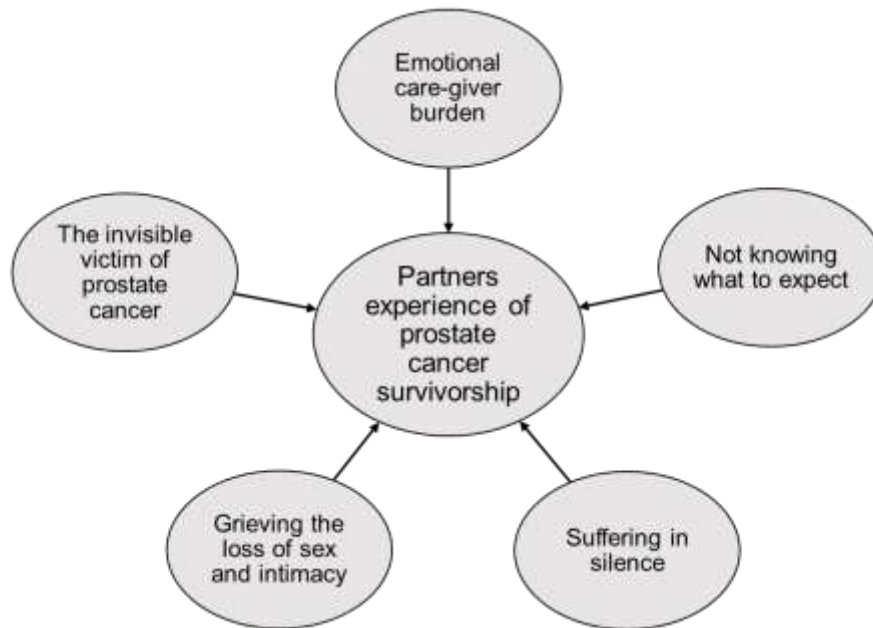


Figure 1. Emergent themes relevant to the participants' experience of prostate cancer survivorship.