The psychosocial needs of the spouses of cancer patients: what is the benefit of the inclusion of the patient in the intervention?

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Introduction

Cancer has negative consequences not only on the patient but also on their spouse. It is well documented that partners of cancer patients are generally the main caregiver and the most important source of support for their ill spouse (Libert et al., 2006). Existing studies refer to higher emotional distress (Schmid-Büchi et al., 2012), a perception of inequity (Ybema et al., 2002) and more unsatisfied psychosocial needs (Thomas et al., 2003) in partners of cancer patients. Psychological interventions for spouses of cancer patients were poorly documented until now, but Wagener (2012) showed that an intervention combining a psychosocial needs ranking and a problem-solving training is effective to improve the spouse’s satisfaction and well-being.

Aims of the study

We want to see if:
1. The combination of the two interventions has a more positive effect on partners who are accompanied by the patient during the interventions.
2. The intervention has an impact on the patient, which is supposed to be different according to the group.

Method

PARTICIPANTS : 23 couples in which one of the partners has a cancer were randomly assigned into 2 groups: the experimental group (EG, N = 12, both partners participated in the intervention), and the control group (CG, N = 11, only the spouse participated). Participants’ mean age was 61.3 (SD = 11.59) and the cancer was diagnosed on average 28 months earlier.

EXPERIMENTAL DESIGN: We conducted a longitudinal study: participants were evaluated before and after the intervention. The total duration of their participation was 4 weeks².

QUESTIONNAIRES :
- To & T1 (spouses) : Psychosocial Needs Inventory – PNI (Thomas et al., 2003); Hospital Anxiety and Depression Scale – HADS (Zigmond & Snaith, 1983); Perception Of Inequity – POI (Kuijer et al., 2004)
- To & T1 (patients) : Hospital Anxiety and Depression Scale – HADS (Zigmond & Snaith, 1983); Perception Of Inequity – POI (Kuijer et al., 2004)

INTERVENTION:
The intervention was composed of a combination of:
1. A psychosocial needs ranking, based on the results of the PNI (+/- 15 min).
2. A problem-solving training, applied on the most important and unsatisfied psychosocial need, revealed during the first step of the intervention (+/- 30 min).

Results

ANOVA's were conducted to evaluate the evolution of the psychosocial needs and psychological state for both partners. Student t tests were conducted to evaluate the differences between the 2 groups at the first time measure point.

IMPACT OF THE INTERVENTION ON THE SPOUSES: after the intervention, we see an improvement of the satisfaction linked to the selected psychosocial need (F = 19.94 ; p = .000). Nevertheless, results do not show a significant decrease of the emotional distress (F = 2.44 ; p = .135). No significant difference between the 2 groups were found for these variables.

However, more qualitative data suggest that 57% of the spouses report a positive experience of the intervention (mostly the benefits of dialogue or an adaptive behavioral change). This positive experience is more reported in the CG (70% of the spouses) than in the EG (45.45% of the spouses).

IMPACT OF THE INTERVENTION ON THE PATIENTS : The perception of underinvestment and overbenefit felt by the patients decreases after the intervention (F = 9.02 ; p = .007). There is no significant differences between the groups.

Conclusions and discussion

The intervention has a positive effect on both partners. It improves the spouse’s satisfaction linked to a specific unsatisfied psychosocial need and helps the patient to feel less underinvested in the relationship. However, the participation of the patient in the intervention shows no significant differences for them or their partner. Although, some qualitative data are in favor of an individual intervention for the partners of cancer patients.

The lack of a positive effect of an intervention including partners could be explained by the fact that spouses generally do not want to express their distress in front of the patients and also by the small samples size. Plus, problem-solving training is not the only available method to improve the well-being of the partners. It would be useful to investigate the effects of other interventions such as psychoeducational modules, support groups or individual counselling. However, it seems very important to continue research with couples dealing with cancer, especially with the healthy spouse, to improve understanding of their situation. That information could then be used to improve existing interventions and increase their well-being.

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Bibliography available upon request.