CASE STUDY OF HISPANIC MALE CAREGIVERS OF CANCER PATIENTS

By

Nicole Broeckelmann

Submitted in partial fulfillment of the Requirements for Departmental Honors in The Harris School of Nursing Texas Christian University Fort Worth, Texas

May 4, 2015
CASE STUDY OF HISPANIC MALE CAREGIVERS OF CANCER PATIENTS

Project Approved:

Supervising Professor: Jo Nell Wells, PhD, RN-BC, OCN
Department of Nursing

Lisa Bashore, PhD, APRN, CPNP-PC, CPON
Department of Nursing

Karla O'Donald, M.A.
Department of Spanish and Hispanic Studies
Abstract

Background and Significance:

The Hispanic population is the largest and fastest-growing minority group in the United States (American Cancer Society, 2012). In this population, cancer is the leading cause of death which accounts for 21% of deaths overall and 15% of deaths in children (American Cancer Society, 2012; Centers for Disease Control and Prevention [CDC], 2015). Female family members across cultures most often provide primary home care for ill family members. Many researchers have focused on caregiving; however, a gap in the scholarly literature exists regarding male caregivers in the Hispanic community.

Purpose:

The purpose of this study was to address the clinical practice question, “What is the lived experience of male Hispanic family members who care for an ill female family member with cancer?” In addition to answering this question, this study will make basic comparisons to what is known about female caregiving in this culture.

Methods:

The student researcher followed case study methodology to learn from one Hispanic family’s retrospective self-report about the husband and sons caring for an ill family member with breast cancer. The student researcher followed case study interview methodology to gain insights about the participants’ family dynamics and perspectives related to role reversals of both males and females in this family during the time of the cancer illness.
Participants/Sample:

The student researcher served as the research tool to interview, record, and describe four family members’ self-report of the gender role influence during the family cancer illness of the wife/mother. To address the clinical practice question the student researcher conducted in-depth interviews of the male family members and the wife and mother, who was the cancer patient.

Findings/Results:

The themes revealed in this case study of male Hispanic caregivers were “faith and God,” “close family bond,” and the “desire to emotionally protect one another.” The wife identified that her family was there for support during her illness, especially her husband and adult-age sons. Through her perspective, the wife included that her husband and sons faced difficulties of learning to do the household chores while maintaining the caretaker role. The mother also stated that it was difficult when her second oldest son left for his freshman year of college in a different state while she was still undergoing treatment because the two were very close. He described himself as being his mother’s moral and emotional support when it may have been difficult for other family members to provide comfort to her. However, she states that because her family is so close, they were able to get through her illness with each other’s support. Importantly, she includes that in addition to her familial support, faith guided her through this difficult time. The male family members’ perspective revealed that being a caregiver of their wife/mother was not an option, but just something they did when she was sick. All three participants spoke to the changes in the household including the males now cooking, cleaning, and doing the
dishes, among other chores, so that the female cancer patient could rest. The student researcher made comparisons of these study findings with the selected theoretical framework on female Mexican American family cancer caregiving.

**Practice Implications:**

Male Hispanic family caregivers can meet role challenges with a sense of responsibility and find increased family strength from the experience. Findings from this study have implications for health care providers who will guide Hispanic families when caring for an ill family member with cancer. Culturally appropriate support strategies for male Hispanic caregivers can be based on insights gained from the study. The data gathered from this qualitative study can be used in other similar situations of male Hispanic caregivers who are providing care for their female family members.

Key Words: Hispanic, caregiver, male, case study, cancer
Acknowledgements

I would like to thank Dr. Wells for her support and guidance in this Honors project. I would also like to thank Dr. Bashore for stepping in and guiding me through many crucial steps of the process. In addition, I cannot thank Professor O’Donald enough for her overwhelming support in my project; I would not have been able to do this project without her perseverance. Thank you for reaching out and helping me find the case study family, and even coming with me on my first interview. I would also like to thank the Nursing Department and Marcela Varela-Sisley for supporting my project and aiding with the transcriptions of the interviews.
# Table of Contents

INTRODUCTION ..................................................................................................................1

LITERATURE REVIEW ......................................................................................................1

THEORETICAL FRAMEWORK .............................................................................................4

METHODOLOGY ..................................................................................................................5

Sample ..................................................................................................................................5

Data Collection ..................................................................................................................6

Data Analysis ....................................................................................................................7

FINDINGS .............................................................................................................................8

Faith and God ....................................................................................................................8

Close Family Bond ............................................................................................................12

Protect One Another ........................................................................................................14

DISCUSSION .....................................................................................................................18

CONCLUSION ...................................................................................................................20

TABLE 1 ..............................................................................................................................22

TABLE 2 ..............................................................................................................................23

FIGURE 1 ............................................................................................................................24

APPENDIX A ......................................................................................................................25

REFERENCES ....................................................................................................................26
List Of Tables

Table 1: Literature Pertaining to Gender Roles .................................................................22

Table 2: Literature Pertaining to Male Caregivers ............................................................23
List Of Figures

Figure 1: “Theory of Mexican American Family Cancer Caregiving” .......................... 24
Introduction

The Hispanic population in the United States increased 43% between 2000 and 2010 and by 2050, approximately 30% of all Americans will identify as Hispanic (Siegel, 2012). Cancer is the leading cause of death among Hispanics due to poverty and reduced access to medical services (Siegel, 2012). As a result of population growth, Hispanics diagnosed with cancer will continue to increase. Hispanics often experience an undue burden of cancer and consequently, receive healthcare in the home due to decreased access to resources. The majority of Hispanic caregiving literature is based on female caregivers because they usually provide care in the home to the ill person. An estimated 66% of caregivers are female, leaving only 34% of caregivers to be males (The National Alliance for Caregiving and AARP, 2009).

The student researcher conducted retrospective interviews of a Hispanic family to describe their experience during the wife and mother’s cancer illness, in which the husband and older sons became the main caretakers during diagnosis and treatment for her breast cancer. The purpose of this study was to address the clinical practice question, “What is the lived experience of male Hispanic family members who care for an ill female family member with cancer?”

Literature review

The student researcher followed a literature search strategy to find key articles related to the purpose of the study and searched the following databases; CINAHL Complete, Academic Search Complete, PsychINFO, Global Heath, and SocINDEX. The initial search terms included: “male caregiver* AND cancer*” to provide background
information on the topic. Following this search, “men OR male* OR man AND Hispanic OR Latino OR Mexican American AND caregiver.” The results yielded between 26 and 236 articles, however, the researcher deemed only nine articles were relevant for this research study. When the search term “cancer” was added, no relevant articles were found. The majority of the Hispanic caregiving articles related to the elderly population, specifically regarding Dementia and Alzheimers. The author also searched, “Hispanic OR Latino OR Mexican American AND gender roles *” to facilitate the literature review regarding cultural gender expectations. The articles used in the literature review are from the past five years with the exception of three articles because of pertinent information; the publication dates range from 2004 to 2012.

**Gender Roles**

Many references exist that identify gender roles in the Hispanic or Latino culture. Key articles describe the Hispanic male as having characteristics such as *machismo* and *caballerismo*. See Table 1 for list of full references. The literature revealed there is not a single definition for *machismo*; however, the authors agree the word is associated with both positive and negative connotations (Diaz, 2013; Galanti, 2003; Liang, 2011; Saez, 2009). The positive characteristics of *machismo* include the Hispanic males’ inclination to provide for and protect their family. These characteristics cause the male to have a strong work ethic and live up to their responsibilities (Diaz, 2013). The negative aspects of *machismo* can cause Hispanic males to turn to heavy drinking and high-risk activities related to feelings of not being machismo. Consequently, this aspect of machismo can be associated with male violence and aggression towards women (Diaz, 2013).
A second feature of male gender identity within the Hispanic culture is the concept of *caballerismo*. As described by Diaz, *caballerismo* is the “counterpart to *machismo* in which Latino men follow a code of ethics that emphasizes strong interpersonal and intrapersonal relationships” (2013, p.99). This concept relates to *familismo*, which Falconier refers to “Latinos’ heightened sense of loyalty and responsibility to their families and interdependence among family members” (2013, p.270). This loyalty to and dependence on family members parallels the cultural expectations that family members will support one another, emotionally and otherwise (Falconier, 2013). An important feature in this study was to identify specific gender role perceptions related to cancer in the Hispanic female family member to learn ways to support male caregivers in culturally appropriate ways in the cancer care experience.

**Male Caregivers**

The author found many references describing male caregivers, including caregivers of cancer patients (see *Table 2*). When compared to female caregivers of cancer patients, male caregivers report a higher level of physical and emotional stress when their partner expressed a lower degree of psychosocial functioning (Lopez, 2012). Multiple researchers also found male caregivers have high esteem and lower stress levels when compared to female caregivers (Kim, 2006; Li, 2012; Lopez, 2012). Furthermore, male caregivers are found to report lower levels of stress when providing physical care and higher levels of stress when providing psychosocial care (Kim, 2006). Kim defines *caregiver esteem* as “a sense of value and worth as a caregiver” (Kim, 2006, p.1087) and suggests this concept may impact the role of gender differences in caregiving stress. The
high levels of esteem are indicative of the traditional gender roles that males assume as the providers for their families.

Although many articles exist that describe caregiving experiences, no articles described the Hispanic male caregivers experience while caring for a female relative with cancer. To address this gap in the literature, this student researcher focused on the lived experiences of three male Hispanic caregivers of their wife/mother during her cancer journey.

**Theoretical framework**

For this study, the student researcher elected to follow the case study research methodology. A case study approach guided the use of open-ended questions during the interviews and analysis process. A case study design gives “detailed, descriptive stories that capture the readers interest, arouse emotion and keep them reading” (Higgins, 2012). With this design style, the student researcher considered which questions would guide the study, selected participants, and developed agreements with participants.

In addition to case study methodology, the researcher utilized the Theory of Mexican American Family Cancer Caregiving (Wells, Cagle, & Bradley, 2006) to support understanding of cancer caregiving in the Mexican American culture. In this theory, the caregiver relies on a belief of God and sense of duty to family to meet the responsibility of caregiving. This theory describes a process occurring when a member of a Mexican American family member is diagnosed with cancer and suggests the family unit is impacted in culturally related ways. The caregiver describes hearing the cancer diagnosis as a tough and scary experience. The theory further explains a continuum of
CASE STUDY OF MALE CAREGIVERS

life restructuring for the caregiver (Wells et al., 2006). The two ends of the continuum range from struggling from hurting too much to strategizing to prioritize the patient over other family obligations and self-care. In addition to this culture’s belief in God, the language barrier due to limited-English-proficiency and limited support resources can influence the caregivers to struggle and “hurt too much” (Wells et al., 2006). This pain that afflicts the caregivers is a result of them seeking a balance between struggling, or “hurting to much”, and prioritizing to care for their ill family member (Wells, Cagle, Bradley, & Barnes, 2008). The caregiver struggles less when she feels supported (Wells et al., 2006). The principal outcome predicted by this theory is that the caregivers can become stronger (Wells et al., 2006) when support is provided to them in culturally appropriate ways. Overall, the caregiver becomes stronger in ways that demonstrate the patient receives quality care, the family gets closer, the caregiver feels satisfied with her role, knows more about caring, and her faith is strengthened. The illustration in Figure 1 demonstrates the Theory of Mexican American Family Cancer Caregiving.

Methodology

Sample

The family unit living in the house included the husband, wife, and four children. The two oldest sons, ages 22 and 19, participated in the study; the younger son, age 14, and the daughter, age 8, were too young to participate based on study inclusion criteria. Four family members participated in this case study, three male caregivers and one female cancer patient. Two of the males were the patient’s sons and the third was her husband. All participants in this study are family members of the same unit and of
Hispanic ethnicity. The Texas Christian University (TCU) student's committee member, who is a personal acquaintance of the Hispanic family, informally discussed with the family their willingness to speak to the student researcher and participate in the case study. After obtaining TCU Institution Review Board (IRB) approval, the student researcher spoke with the family members about the study and gained their informed consent to be interviewed to address the clinical practice question.

**Data Collection**

The participants spent 30-90 minutes in separate interviews conducted in their home. The participants selected to speak in Spanish or English throughout the interview. The researcher followed a semi-structured interview guide and audio-recorded the session. The researcher ordered the questions dependent upon the previous responses of the participant, and used prompts to capture in-depth information about the family. Each interview began with the clinical practice question: “What is your experience in caring for an ill family member with cancer?” The first portion of the interview focused on how the caregivers adapted to this role and changes, if any, they had to make. The second portion of the interview focused on the emotional aspect the caregiving for their ill family member. See Appendix A for the questions that guided the interview.

The student researcher first interviewed the wife/mother, age 41, in the home in Spanish. The patient was diagnosed with Stage 3 left breast cancer in June 2013 and was 15 months post-treatment. The patient reported that the latest follow up tests provided encouraging results with no evidence of disease. During the second interview, the researcher interviewed the wife and her husband, age 42, in their home in Spanish. The
second-oldest son, age 19, provided the third interview in the home and the patient was not present. The oldest son, age 22, provided the fourth interview in the family home with no other family members present during the session. The two sons preferred English for their interview language.

**Data Analysis**

The participant interview narrative provided the data for analysis for this study. After each interview, the student researcher transcribed and translated the content, as needed, from Spanish to English. The interviews with the two sons were completed in English so these did not require translation. To ensure reliability and validity of the data between the audio recording and transcription in Spanish, the student researcher hired a native-Spanish speaker with previous transcription experience to transcribe the two Spanish interviews. To ensure reliability and validity of translation between the Spanish and English transcription documents, the student researcher compared the English and Spanish documents with the native-Spanish speaker, who transcribed the Spanish documents. The overlooking professors also supervised the progress of the project during the fall and spring semesters.

The student researcher followed thematic analysis to analyze the data from the interviews for this case study. Thematic analysis is defined as “a categorizing strategy for qualitative data […], it helps researchers move their analysis from a broad reading of the data towards discovering patterns and developing themes” (Boyatzis, 1998). The researcher transcribed and analyzed the interviews to find any similarities or differences among the four interviews. Furthermore, the researcher made basic comparisons with a
theory that describes the female cancer caregiving experience in this culture to describe specific insights related to supporting male Hispanic caregivers.

Findings

The researcher followed an iterative process to identify themes present throughout the four interviews. This process yielded themes of “faith and God” “close family bond,” and the “desire to emotionally protect one another” through the experience.

Faith and God

The caregivers and the patient spoke of the role of God and faith as a source of support throughout the cancer experience. In the home setting where the interviews occurred there were many faith-based objects: crucifixes, statues of Mary and Jesus, and the wife’s rosary.

The wife and mother stated she remained strong in her faith, even during a “very difficult time” in her life. She said these words multiple times throughout her interview as she described her experience with cancer, often times she would twirl her rosary around her wrist as she spoke. She relied on God and claimed her faith is why she was able to make it through.

Dios me a puesto unas pruebas muy difíciles, muy difíciles. Pero, yo estoy agradecida con Dios porque Él nunca me a dejado sola, yo digo que Él ha sido mi medicina; Él ha sido mi fortaleza. Y Dios no se equivoca. Dios, cuando te pone algo es porque sabe que tú vas a poder. Dios no se equivoca porque Él quería que pasara esto por algo (Personal communication, November 7, 2014).
God put me to some very difficult tests, very difficult. But, I am grateful to God because He never left me alone, I say that He is at my side, my medicine; He is at my side, my strength. And God is not mistaken. God, when He gives you something it is because He knows that you will be able to handle it. God is not mistaken because He wanted this to happen for a reason (Personal communication, November 7, 2014).

During the second interview with both the husband and wife, the husband also talked about his faith and God. In the conversation, he said that patience is the only thing he had during the experience, and continued to add:

“Y fe también. Pedirle mucho a Dios que salga todo bien” (Personal communication, December 11, 2014).

“And faith too. Ask God a lot for everything to go well” (Personal communication, December 11, 2014).

Through the third interview with the nineteen-year old son, he described the role of caring for his ill mother and how faith and God were a part of this. His thoughts echoed the idea that his mother’s faith is what helped her to get through the experience.

We, for sure, we weren’t always super religious. I mean we were Catholic and we do believe in the Catholic Church, but I say that’s for sure probably the only thing that kept my mom alive. Just throughout the whole thing, just her going through that. Just from my perspective, it was just amazing how she acted perfectly
normal when I would see her come home from chemos. And you hear parents, and other people, you always hear people saying that chemos are tough and how people come back, get tired, they’re sleepy, they don’t feel good, they feel sick, stuff like that. And, um, when she would come back from hers, I don’t know, the whole time she was sick, it didn’t really look like she was sick. If anything, she looked better than before. It was crazy (Personal communication, January 6, 2015).

When asked if his faith was stronger because of this experience, he responded with a quivering voice while trying to hold back tears:

For sure, I did for sure. I mean, I don’t know. A lot of times, it comes right back to the situation. You know, if my mom is fighting for her life, I could do whatever I wanted to do type thing (Personal communication, January 6, 2015).

His response was reflective of the literature in that his faith grew stronger despite the difficult circumstances. In stating that he “could do whatever” because his “mom is fighting for her life,” he continued to demonstrate the strong Hispanic characteristic that families stay together and look out for one another. This idea relates to familismo, which was discussed previously in the paper as “Latinos’ heightened sense of loyalty and responsibility to their families and interdependence among family members (Falconier, 2013, p. 270).
The researcher interviewed the oldest son for the fourth interview. In talking about how faith and God played a role in his caregiving experience, the 22 year-old included that he also had faith in the doctors.

It is amazing that the person who’s sick or whatever can show the other people that just their attitude can change a lot. It’s crazy. So yeah, we all approached it different. I took it kind of hard. But then, I had pretty good faith in the doctors. I kind of knew what was going on (Personal communication, February 6, 2015).

Hope my mom’s not hearing… I mean, I believe in God, but I’m more of a man of faith. The whole religion and all that stuff is just, like, we were raised and born into it. Or we were born and raised into it, I’m sorry. […] It’s just a tradition and we all just… as we were young kids or children; we learned to do what our parents did. And they did the same thing from their parents. It’s just like a chain (Personal communication, February 6, 2015).

And it’s kind of a hard topic to talk about. But I do believe in God, but I’m more of a faith kind of guy. […] It’s that I’m not into the religion. I like learning and hearing stories and stuff like that. But my mom, she really got into that. She really… I mean she always was into it. But whenever that happened, she was really into it. She would go to church groups and all this stuff to help talk and all this stuff (Personal communication, February 6, 2015).
The family’s faith and relationship with God continued to grow and develop through their experience with cancer. In addition to the theme of “faith and God,” the three male caregivers and the female cancer patient also referred to the close bond their family shares.

**Close Family Bond**

Narrative from all interviews revealed the theme of a close family bond. Each participant spoke of this bond and how it affected their experience as either a cancer patient or a male caregiver.

In the second interview with both the husband and wife present, the couple identified that even through the changes necessitated by the cancer illness, they were there for each other.

Esposo: Bueno, a mí me afectó tenernos de que ayudarnos a nosotros mismos. No me afectó mal, puedo cocinar y cualquier cosa. Claro que estaba un poco más cansado, pero no fue malo. Fueron cambios, pero prefería estar con mi esposa.

Esposa: Con todos los hijos hacíamos todos. Los cuatro siempre ayudaban.

Esposo: Creo que por eso no afectó mucho. Todos éramos un equipo.

Esposa: Una familia unida es una esperanza en la vida (Personal communication, December 11, 2014).
Husband: Well, for me it was hard to have to help ourselves. It did not affect me badly; I could cook and do anything else. Of course I was a little tired but it was not bad. There were changes, but I preferred to be with my wife.

Wife: With all the children, we did everything. The four always helped.

Husband: I think that is why I am not affected a lot. We were all a team.

Wife: A close family is a hope in life “(Personal communication, December 11, 2014).

During the third interview, the son’s thoughts echoed the theme of a close family bond. While describing his family’s relationship, he cried and put his hands over his face. As a family, we were always pretty close so it was tough when they told us of the cancer diagnosis – And, for sure, while it was happening, we were all kinda like, well I don’t know, the mother’s usually the core of the family. So we were lost, we didn’t really know what to do (Personal communication, January 6, 2015).

Even while he was away at college in a different state, he continued to keep in touch with his family, especially his mother.

Every day I would just check up on her. I would ask my brother how she’s doing, how everybody’s doing, if things were getting done around the house, things like that. […] My dad’s a pretty nervous person so it’s hard for someone to give moral support if they’re nervous. And then my older brother, he actually wants to major in the medicine field. And he’s pretty dry, he doesn’t show a lot of emotion in
general. So it was just, I don’t know, when I felt like she needed some more moral support or somebody that she could actually talk to then I would come back or I would just constantly keep calling her and keeping up with her and making sure she was okay and feeling alright (Personal communication, January 6, 2015).

The oldest son, age 22, also identified the close relationships between him and his family members that endured the cancer experience.

So we’ve always been together like that. We’ve never really been where one stays home, while the family goes out. Or one goes out with his friends all the time where, and then everyone’s here separate doing their own thing. We’ve always been pretty close, just having family time together, been very bonded. So, I mean, when all that happened, I mean, obviously, we did get kinda closer to my mom, kinda smothering her. Just to keep her positive and caring for her and stuff like that. But, I mean, I feel like now things are, I mean, it’s back to normal (Personal communication, February 6, 2015).

All participants shared thoughts of having close family bonds before and during the caregiving experience. Again, this echoes the idea of *familismo*, in which the Hispanic family protects one another and is there for each other.

**Protect One Another**

A consistent theme that evolved throughout the interviews was that each member of the family took steps to protect others in the family unit from emotional distress when
possible. This protection of the different family members can be seen through the entire caregiving experience.

Y busco a mi esposo, y mi esposo allá en el patio. Salgo yo, y le digo, ¿Por qué estás aquí?’ Y él me dice, ‘Porque no quería que me veas.’ Le digo, ‘No, se supone que somos una pareja.’ Y el me dice, ‘No, porque yo te tengo que dar como la fuerza,’ y nos abrazamos, y empezamos a llorar en el patio (Esposa, personal communication, December 11, 2014).

And I looked for my husband, and my husband is there on the patio. I go out and I tell him, ‘Why are you here?’ And he tells me, ‘Because I didn’t want you to see me.’ I said, ‘No, we are supposed to be a couple.’ And he told me, ‘No, because I have to give you strength,’ and we hug and we begin to cry on the patio (Wife, personal communication, December 11, 2014).

The mother/wife told the researcher that the family did not tell the youngest daughter that she had cancer. She wanted to protect her young daughter, age 8, from the word, “cancer” and what negative associations she may already have with this illness.

Entonces, me dice, ‘¿qué vamos a hacer con la niña? Voy a hablar con ella.’ Le dije, ‘No, con la niña no le digas nada todavía.’ Le dije, ‘Vamos a ver primero mañana ir con el doctor y ya ver como van surgiendo las cosas (Personal communication, November 7, 2014).
Then he tells me, ‘what are we going to do with the girl? I am going to talk with her.’ I told him, ‘No, with the girl, don’t tell her anything yet.’ I told him, ‘Let’s see first tomorrow once we go to the doctor and see how things are going (Personal communication, November 7, 2014).

Y la niña, mi esposo le dijo que mamí está enferma, va a ir mucho al doctor….Mi niña es muy preguntiona (Risa). ‘Va a ir mucho al doctor, y le van a dar un medicamento muy fuerte, y se le va a caer el pelo.’ Hasta ahorita ella no sabe el nombre de la enfermedad porque son muy inteligentes los niños. Yo no quería que la traumen, o que mire la palabra “cáncer” y piense que su mamá se va a morir. Entonces, yo dije que no quiero que ella relacione. Pero la estábamos preparando que a mamí se la va a caer el pelo (Personal communication, November 7, 2014).

And the girl, my husband told her that mommy is sick, she will be going to the doctor a lot… My girl is very inquisitive (laughs). ‘She is going to go to the doctor a lot and they are going to give her very strong medication, and she is going to lose her hair.’ She still doesn't know the name of the illness because kids are very smart. I did not want to traumatize her or her look at the word “cancer” and think that her mom was going to die. Then, I said that I do not want her to relate it. But we were preparing her that mommy was going to lose her hair (Personal communication, November 7, 2014).
The 19 year-old adds:

“And they didn’t tell my younger brother and little sister because they didn’t want to alert them. So they just kinda told us so that we knew what was going on” (Personal communication, January 6, 2015).

Since the 19 year-old was home that summer when his mother needed to go to doctor appointments, he drove her to many clinic appointments. As a result, it was his responsibility to translate what the doctor said if the hospital could not provide a translator.

And my mom always, she depends on me a lot. She says I’m one of her emotionally stronger sons. But I couldn’t really, like I said, in front of her show no emotion pretty much. Just, code, everything was code. I would just translate and do what I could. I said everything was going to be all right and not worry about it. […] And it was just hard because I couldn’t really break down. Because if they told me something, I would just translate it. I couldn’t really show any emotion to scare my mom or make her lose faith and stuff like that (Personal communication, January 6, 2015).

The oldest son talked about his mother’s positivity through this experience and what the family would do to ensure she remained positive. The description below includes an anecdote from when his mother was in treatment. He expresses that even though she was going through chemotherapy, his mother remained positive; however, his dad kept thinking about the cancer diagnosis.
There's this lake up in Oklahoma that we go to, it's really nice. We went there for three days. It was a three-day weekend so that got my mom off things. She was happy. And we actually went with some family members that came from Mexico. We went up there and just had a good time. Tried not to think about things. It was good. My mom actually did really good about staying positive. I think she did a better job than my dad. My dad actually thought about it a lot (Personal communication, February 6, 2015).

**Discussion**

The student researcher within the case study provides insight into the experiences of three male Hispanic caregivers of their female family member. Through the open-ended questions, the participants were able to discuss the experience and how it affected them and their family.

Although all the family members mentioned the topic of faith and God in their interviews there were similarities and differences in the references, particularly among the generations. The wife with cancer affirms that God was her medicine and strength through the journey. She includes her belief that God wanted her to have cancer for a reason. After the experience, she has realized how much her family loves her and the importance of their close relationships shared by the family members. Her husband, one of the three male caregivers, agreed with her that faith was crucial to get through this experience. Although both sons acknowledged the important role of faith in their mother's recovery, the 22 year-old acknowledged that he also knew the doctors were going to take care of his mother; he placed his faith in the doctors. His thoughts validated
the literature that in the Hispanic culture, religion is a long-standing tradition. As stated in The Theory of Mexican American Family Cancer Caregiving, God and faith influence the outcomes of cancer caregiving. Each participant acknowledged the role of faith and God in their experience as both caregivers and the cancer patient. This reflects the Hispanic culture’s strong ties to religion, specifically Catholicism.

The theme of close family bond was apparent through the interviews with all four participants. The male caregivers spoke of their experiences during this time and because their family was so close, caregiving was easier to manage. The Theory of Mexican American Family Cancer Caregiving model supports the idea of a close family bond aiding in the cancer experience. As illustrated in the model, if the patient feels supported as the caregiver prioritizes the needs of the patient then the family will become stronger (Wells, Cagle, & Bradley, 2006).

The theme of protecting one another, particularly emotionally, appeared throughout the interviews. The mother chose not to use the word “cancer” because she did not want her daughter to think that she was going to die. The older sons knew that their parents made this decision so they also helped to protect the emotions of their younger sister. Similar to the theme of a close family bond, this finding reflects the strategizing and prioritizing the patient aspect of the Theory of Mexican American Family Cancer Caregiving (Wells, Cagle, & Bradley, 2009). If the caregivers feel supported as they prioritize the needs of the patient, the family can become stronger through the process.

The actions of these male caregivers defy the typical Hispanic characteristic of 
*machismo* and traditional gender roles. Even though the men had to do household chores,
each male member said that they did what they had to do to keep the household going, especially when the mother/wife could not keep up with her daily activities. The males divided the tasks among each other including washing dishes, cooking meals, and doing laundry. This description of their caregiving experience relates back to the basic explanation of *machismo* in that the males in the household stepped in to provide for and protect their ill family member.

**Limitations of Study**

Study limitations include the small sample size and potential cultural and language barriers between the participants and researcher. Additionally, the family members reflected on the cancer experience in retrospect and their recall may have differed from what they experienced during the actual illness process. Although the researcher speaks Spanish, she is not of the same culture as the participants, which could have impacted the results. A future study could focus on what additional resources the male caregivers needed during their caregiving experience.

**Conclusion**

The data gathered from this case study further illustrated the gap in the literature regarding Hispanic male caregivers of cancer patients. The participants in this study demonstrated they do not identify with all of the traditional characteristics of Hispanics, namely the gender roles. However, the research did parallel with the Mexican American culture of having close religious ties, particularly with the Catholic faith. The literature states there are many possible negative effects of *machismo*, including female violence
and aggression, however, this family comprised of three male caregivers showed this did not have to be true. In fact, through the interviews with the cancer survivor and the three caregivers, it was evident the family shares close bonds with one another and want to protect each other in loving and gentle ways.

The implications for practice from this study include that more health care professionals can be aware of the experiences of Hispanic male cancer caregivers and have resources available to support them as a male in this role. Family is important for the Hispanic male population; therefore, healthcare providers can be aware of this duty to family and encourage male caregivers to provide for the family even when role reversal is mandated by the cancer illness. This data could aid health professions in educating male caregivers and their patients in ways that identify that male machismo can be consistent with household duties, cleaning, cooking, and child care provision. The findings from this study are comparable to the parts of the Theory of Mexican American Family Cancer Caregiving model. As shown in the model, the themes of belief in God and duty in family are depicted in making the caregivers stronger (Wells, Cagle, & Bradley, 2006) and in the current study; the male caregivers demonstrated similar beliefs. Future health care providers can empower and guide Hispanic male caregivers to gain strength and be consistent with male roles of machismo and caballerismo.
Table 1: Literature Pertaining to Gender Roles

<table>
<thead>
<tr>
<th>Author</th>
<th>Article Title</th>
<th>Year of Publication</th>
<th>Main Themes of Article</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaz, M.A. Milville, M.L., &amp; Gil, N.</td>
<td>Latino male gender roles</td>
<td>2013</td>
<td>Machismo Caballerismo</td>
</tr>
<tr>
<td>Galanti, G.</td>
<td>The Hispanic family and male-female relationships: An overview</td>
<td>2003</td>
<td>Machismo Patriarchal authority</td>
</tr>
<tr>
<td>Falconier, M. K.</td>
<td>Traditional gender role orientation and dyadic coping in immigrant Latino couples: Effects on couple functioning</td>
<td>2013</td>
<td>Dyadic coping Familismo</td>
</tr>
</tbody>
</table>
### Table 2: Literature Pertaining to Male Caregivers

<table>
<thead>
<tr>
<th>Author</th>
<th>Article Title</th>
<th>Year of Publication</th>
<th>Main Themes of Article</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grunfeld, E. et al.</td>
<td>Family caregiver burden: Results of a longitudinal study of breast cancer patients and their principal caregivers</td>
<td>2004</td>
<td>• Caregiver burden</td>
</tr>
<tr>
<td>Kim, Y., Loscalzo, M.J., Wellisch, D.K., &amp; Spillers, R.L.</td>
<td>Gender differences in caregiving stress among caregivers of cancer survivors</td>
<td>2006</td>
<td>• High esteem and less stress compared to females&lt;br&gt;• Relationship between gender and caregiving role</td>
</tr>
<tr>
<td>Li, Q.P., Mak, Y.W., &amp; Loke, A.Y.</td>
<td>Spouses’ experience of caregiving for cancer patients: A literature review</td>
<td>2012</td>
<td>• High esteem and less stress compared to females&lt;br&gt;• Use avoidance as coping strategy&lt;br&gt;• Lack of preparedness for role</td>
</tr>
<tr>
<td>Lopez, V., Copp, G., &amp; Molassiotis, A.</td>
<td>Male caregivers of patients with breast and gynecologic cancers: Experiences from caring for their spouses and partners</td>
<td>2012</td>
<td>• Males keep to themselves&lt;br&gt;• Negative impact on disrupted schedule&lt;br&gt;• High esteem and less stress compared to females</td>
</tr>
</tbody>
</table>
Figure 1:

The Theory of Mexican American Family Cancer Caregiving

Wells, Cagle, Bradley, & Barnes, 2008
Appendix A

It is important that I get to know you better for the success of the study. Please tell me as much as you can about yourself.

The researcher will ask the participant about the following information in regards to the sequential flow of the interview:

- Language of preference and usage
- Country of birth
- Age (at the time of the interview)
- Family composition
- Educational background
- Type of cancer that patient has

Depending upon who is being interviewed, the researcher will use either the questions from a or b.

a. For this portion of the interview, the study will greatly benefit from learning about your caregiving experience.

The researcher will respond appropriately to the flow of the interview with probing questions to answer the follow questions:

- What was the caregiving experience like for you?
- What was your first response when you found out that you would be a caregiver?
- How did the caregiving experience affect your familial relationships?
- How did you get emotional support during this time?
- What was the most difficult part for you during this time?

b. For this portion of the interview, the study will greatly benefit from learning about your experience as a cancer patient and having your family members take care of you.

The researcher will respond appropriately to the flow of the interview with probing questions to answer the follow questions:

- How did you feel about your family members taking care of you?
- How did you feel, as a woman, being cared for by your male family members?
- Describe how and if your relationships with female family members or friends changed or evolved.
- How did this caregiving experience affect your family relationships?
References


