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Caring for the caregivers - Does gender matter?

Jane Haines

Assistant Professor, University of Pittsburgh, United States

Editorial

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*For Correspondence

Jane Haines, Assistant Professor, University of Pittsburgh, United States Tel: (412) 624-5399

E-mail: ajh61@pitt.edu

INTRODUCTION

65.7 million Americans are currently providing care to an ill, frail, or disabled loved one^[1]. The economic impact of the work that these persons perform on a day to day basis is astounding! It is estimated that informal caregivers provide \$450 billion dollars in care and services each year^[1]. Without these dedicated individuals, the cost of health care would sky rocket to a higher point than where we are currently. Supporting these persons, and assisting them to maintain optimum physical and psychological health needs to become a critical focus of the health care team. Current research has reported that chronic caregiving increases the risk of heart disease, stroke, diabetes, lowered immune response, and a variety of mental health disorders^[2]. Suicide, substance abuse, and early death have also occurred^[3].

Gender plays a part in the caregiving experience. Girls are taught from an early age to be nurturing and focus on relationships; boys are taught problem- solving, autonomy, and not to show emotion. These gender roles are reinforced by society and ones' peers until it becomes a part of the personality. Other theorists believe that gender roles vary with the situation. Women have been shown to utilize emotional coping strategies, and to exhibit higher stress levels than men^[4]. They are encouraged to freely express their emotions, while men are taught to be stoic and manly.

Lung transplant caregivers suffer from high levels of stress. The literature has described these caregivers as more anxious and depressed than the general population. This is due to the roller coaster experience of the transplant process, with its financial burdens, and frequent episodes of infection and rejection. Survival rates are also poorer for lung recipients, with about half living beyond 5 years after the transplant^[5]. These caregivers often travel great distances to arrive at the transplant center, leaving behind all sources of support. Lung caregiver health impacts lung recipient health. One study showed that lung transplant recipients whose caregivers reported poorer health demonstrated poorer health themselves over the next seven years^[6]. Another showed that recipients who had spouses designated as their primary caregivers lived longer than others who had designated a sibling or adult child^[7].

For these reasons, this author conducted a longitudinal study from July 2013 to April 2015 to determine if female lung transplant caregivers caring for recipients who were post-transplant were more anxious and stressed than their male counterparts. 153 caregivers were approached; 96 agreed to participate. At baseline, 4 and 8 weeks, each caregiver completed the 10-item Perceived Stress Scale (PSS) and the 40 item State trait Anxiety Inventory (STAI). At baseline, a demographic tool was completed. Data were analyzed via descriptive statistics and a two sample T test. There were no statistically significant differences between stress and anxiety in either males or females at any of the data collection points (see tables 1-3). Limitations of the study included the fact that the sample was a non-randomized convenience sample, a small sample size, from only one institution, and the data was self-reported.

In summary, male and female lung transplant caregivers in this sample were equally stressed and anxious, but these results were not statistically significant. All members of the health care team need to regularly assess caregivers during each clinic visit

or inpatient hospitalization to ascertain physical and emotional health. If this is not routinely performed, there could be deadly consequences on both sides.

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