

STRESS APPRAISAL AND LIFE SATISFACTION: GENDER DIFFERENCES AMONG CAREGIVERS OF CANCER, CARDIAC AND KIDNEY PATIENTS

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ABSTRACT

The family caregivers are informal caregivers refer to an unpaid family members, friends, or neighbors who provide care to an individual suffering from an acute condition and needs help to manage a variety of tasks, from bathing, dressing, and taking medications to tube feeding and ventilator care. Study was conducted to find out gender differences among caregivers of cancer, cardiac and kidney patients. Samples of the study consisted of 300 caregivers from different hospitals of Islamabad and Rawalpindi. Sample was comprised of 150 male caregivers and 150 female caregivers. Graded questionnaires i.e. caregivers self-assessment questionnaire (CSAQ) to assess stress and Quality of life enjoyment and satisfaction questionnaire short form (QLESQSF) to assess life satisfaction with good psychometric properties and reliability were used in the study. Findings of the research showed that male caregivers experience high stress level as compared to females but both the genders experience low level of life satisfaction. The results of the study will be good reference for the families of caregivers and clinicians to understand the situations of caregivers especially males and help them accordingly.

Keywords: Chronic Illness, Family Caregivers, Gender differences, Stress, Life Satisfaction

INTRODUCTION

Stress is feeling of strain and pressure. Little amount of it is can be healthy and beneficial. Positive stress improves performance of athletic. It has positive role in motivating, adapting, and reacting to the environment. Excessive amount of stress causes physical symptoms. It also increases risk of some serious consequences such as heart attacks, strokes, dwarfism, mental illness and ulcers (Sapolsky, 2004). Stress causes due to internal and external factors, but internal perception can create stress which further causes anxiety and other emotional complications (Jones, Bright & Clow, 2001).

Life satisfaction is happiness and joy that comes when we think about our whole lives and it depends on our emotional state. It is a way people evaluate the lives and feelings. It assesses well being of an individual in terms of mood, relationships, achieved goals, self concepts, and self perceived ability to cope with life. One has a positive attitude towards life than an assessment of current feelings. Quality life is the concept of a good life within several aspects such as economy, sociology, psychology, medicine, and health-care. The degree of measurement of quality of life differs in relation to these disciplines (Bishop, Frain & Tschopp, 2008).

Females experience higher level of chronic stress and minor level of daily stressors than men. This study included a sample of 1566 women and 1250 men with age diversity and different socio demographic characteristics. Study conducted by Matud (2004),

indicated that quality of life of last two years is almost as present life style. Moreover, effects on women pertaining to family health are more pronounced than on men, while men faced financial burnt and business related difficulties. Women face emotional stress than men and also showed pronounced mental disturbance and physical problems. This study clearly indicates that female's experience greater stress than males, however, the difference of level recorded in low. According to Yee & Schulz 2000, female caregivers report more distress and higher psychiatric morbidity than male caregivers. Cyranowski, Frank, Young & Shear (2000) stated that females affected by family events than males, which brings out effects of stress difference in women and men.

Pinquart & Sorensen (2006) carried out a meta analysis of 299 studies pertaining to gender differences to check caregiving stress, social resources, physical and psychological health. He proposed that females experience more stress, depression and lower level of satisfaction with life and physical health compared with males caregivers. Females also reported that care recipients or patients had behavioral difficulties, therefore, they had to provide more service hours and also assisted more often even with personal care. Gray (2003) stated that females are more endangered to stressful situations and are more likely to have worse psychological issues.

According to Sugiura, Mikami (2004), impact of stress and depression on female caregiver is much higher than males. While carrying out analysis of public LTCI resources, male caregivers utilized help of family set up against this female caregivers utilized unusual help. There is very less literature review on gender differences in other aspects of caregiving such as satisfaction out of it. Findings revealed that females caregivers are less satisfied with life (Ekwall, Hallberg 2007), while a similar number of researches revealed that there is no difference in life satisfaction between female and male caregivers (Del-Pino-Casado, Frias-Osuna, Palomino-Moral & Ramon Martinez 2012; Pyosti, Laakkonen, Strandberg & Savikko 2012).

Women caregivers are more sensitive to life satisfaction events that they are greatly affected by stressors than men, who can come out easily from declining situation (Nolen-Hoeksema 2001). Male caregivers experience more life satisfaction than females caregivers. Care giving helps men to wide their horizon and to grow as persons. Males get more satisfaction out of care giving and they have more life satisfaction than females (Anna Kristensson Ekwall, 2007). According to Pinquart & Sorensen (2006) who conducted a study that investigated gender differences based upon caregiver psychological and physical health, caregiving stressors and social resources. Females depicted higher burden and stress level, and lower life satisfaction's level and overall health. Similarly, another meta-analysis conducted by Pinquart & Sorensen, 2001 revealed that women had lower life satisfaction's level as well as perceived physical health as men did.

Pinquart & Sorensen (2007) investigated the physical health of informal caregivers by analyzing 176 studies and results showed that caregiving stressors' relation with health was stronger among older individuals, dementia caregivers, and men. Caregivers of old ages as well as spousal caregiver's experience worst effects on their physical health. Men have strong association between caregiving and physical health. According to Deshmukh, Patwardhan, Bakshi & Paranis (2011) younger caregivers experience more stress and anxiety than older counterparts.

METHODOLOGY

Objective

1. To investigate the gender difference among caregivers of Cancer, Cardiac and Kidney patients on the scales of stress appraisal and life satisfaction.

Hypotheses

1. Level of stress will be high among female caregivers as compared to male caregivers.
2. Life satisfaction will be low among female caregivers as compared to male caregivers.

Operational Definitions

Stress

Caregiver Self-Assessment Questionnaire was used in current study which was developed by American Medical Association (2015) to assess caregivers' stress and health who take care of chronic patients (American Medical Association, 2011; Epstein-Lubow, Gaudiano, Hinckley & Salloway, 2010). High score on the scale indicates higher level of stress while low score depicts lower level of stress.

Life Satisfaction

Quality of Life Enjoyment and Satisfaction scale was used in present study which was developed by Jean Endicott, et al. 1990, to assess quality of life and life satisfaction. High score depicts higher level of life satisfaction whereas low score shows lower level of life satisfaction.

Sample

The sample of the study was comprised of 300 participants from different hospitals of Islamabad and Rawalpindi. Sample included 150 males and 150 females of 20 years above age. Purposive sampling technique was used to collect data for present research. Target population was the caregivers of Cancer, Cardiac and Kidney patients.

Instruments

Following instruments were used in the current study.

1. Caregiver Self-Assessment Questionnaire (CSAQ).
2. Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF).

Caregiver Self-Assessment Questionnaire

Caregiver Self-Assessment Questionnaire was developed by American Medical Association (2015) to assess stress level and health of caregivers who takes care of patients with terminal diseases (American Medical Association, 2011; Epstein-Lubow, et al., 2010).

Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form

Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form was developed by Jean Endicott, Ph.D. et al., (1990). This is used to assess life satisfaction of the research participants.

Research Design

Cross-sectional research design with survey research method is used to conduct the present study.

Procedure

The study was conducted according to the ethical guidelines of APA declaration and Research Committee of Foundation University Islamabad. Official permission was taken from Research Departments of the concerned hospitals for collection of research data. Data was collected from different hospitals of Islamabad and Rawalpindi personally by the Researcher, from the participants in the wards and waiting areas. Informed consent was obtained from participants prior to collection of research data. Participants were ensured that their confidentiality and anonymity would be maintained in the study and data collected from them would be only used for research purposes. Research instruments i.e., Caregiver Self-Assessment Questionnaire (CSAQ) and Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF) along with informed consent were given to the participants for completion. The research data was analyzed using IBM SPSS.

RESULTS

The study purported at measuring of gender differences on basis of stress and life satisfaction among caregivers of cancer, cardiac and kidney patients. The sample consisted of 300 caregivers as 150 male caregivers and 150 female caregivers. Statistical Package for Social Sciences (SPSS) was used to analyze the research data. Reliability, mean, standard deviation and t-test were applied to evaluate objectives of the research.

Table 1. Psychometric Properties of the Study Variables

Variable	K	M	SG	A	Range		Skew	Kurtosis
					Actual	Potential		
CSQA	16	23.11	3.24	.71	14-28	1-30	.004	-.768
QLESQSF	14	47.42	95.10	.92	18- 68	1- 70	-.412	-.510

Note. Table 1 shows the Cronbranch alpha reliability of study variables. All of the scales/subscales are having good alpha reliability. CSAQ (Caregiver Self-Assessment Questionnaire) has .71 reliability and QLESQSF (Quality of Life Enjoyment and Satisfaction Questionnaire Short Form has .92 reliability).

Table 2. Mean gender differences in Stress and Life Satisfaction (N=300)

Variables	Males		Females		t(298)	P	95% of CI		Cohen's d
	M	SD	M	SD			LL	UL	
CSAQ	22.78	2.97	21.04	3.11	4.94	.000	[-3.81, .612]	[-3.81, .612]	0.57
QLESQSF	46.62	9.91	48.22	9.55	-1.42	.156	[1.04, 2.43]	[1.04, 2.43]	

Note. CSAQ= Caregiver Self-Assessment Questionnaire; QLESQSF= Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form.

Table 2 indicates that level of stress is high among males than females and this difference is significant as $P < .05$. Whereas, level of life satisfaction is high among females than males and this difference is statistically not significant as $p > .05$.

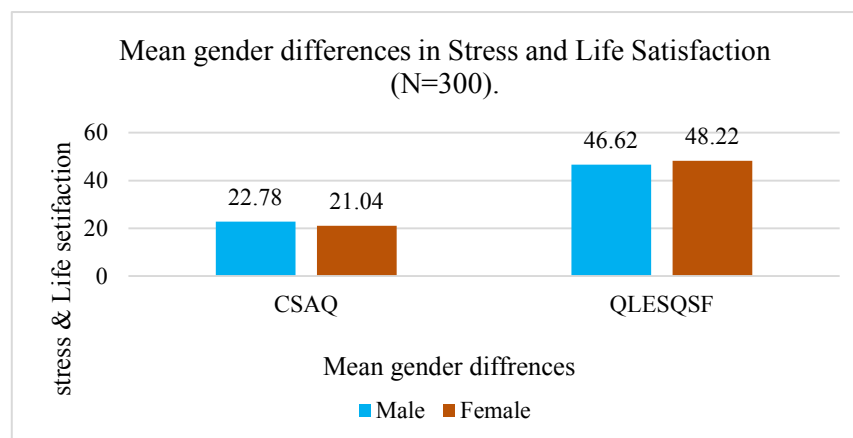


Figure 1. Mean gender differences in stress and life satisfaction

DISCUSSION

The 1st hypothesis stated that level of stress will be high among female caregivers as compared to male caregivers. Contrary to hypothesis, present study reflected that male caregivers experience high level of stress than females. It is also proved in results of present study that males experience low level of life satisfaction (Table no. 2) because of high level of stress compared to females. Whereas literature review showed that female caregivers experience more stress than males. According to American Psychological Association (2012) both men and women experience stress which affects their physical health. Infact a no. of times men are resistant to believe that stress has an impact on their health. Similarly males give it less importance as compared to women. A large no. of men feel that Psychologists are less helpful and they do not undertake strategies to make change in their life style and behavior. Inspite of this, men are more likely to suffer than women from chronic physical illness that is often linked to high stress, unhealthy behaviors and life styles. It is pointing out that there are gender differences as for as it comes to manage the stress.

In our culture male caregivers have more responsibilities of caregiving than females. They have to manage all the things including financial needs and treatment facilities etc. Many a times they undertake dual duties like running their business or jobs alongwith caring their loved ones. They show reluctance in expressing their emotions instead suffer quietly. They experience lot of stressors including financial complications. Though both the genders face difficulties but males' role is more than females as they have to support whole family alongwith patients.

The 2nd hypothesis stated that life satisfaction will be low among female caregivers as compared to male caregivers. Whereas contrary to hypothesis present study revealed that there is no significant gender difference on level of life satisfaction (Table no. 2). Literature review suggested that life satisfaction is low among female caregivers than males. According to Pinquart and Sorensen (2006) females experience higher stress level, depression, lower life satisfaction's level and poor physical health compared with male caregivers. Females care recipients faced more behavioral difficulties and they had to provide more hours to caregiving and more often assisted with personal care.

Both males and females face difficulties with their roles being caregivers of the patients in our culture. So, both the genders experience low level of life satisfaction. Females have to look after patients alongwith household duties. They have to stay with patients

most of the hours. On the other hand males have to arrange all kinds of support for patients as well as their family.

CONCLUSION

Current study was carried out to investigate the gender differences on basis of stress appraisal and life satisfaction among caregivers of cancer, cardiac and kidney patients. Findings of the study revealed that male caregivers experience high stress level as compared to females but both the genders experience low level of life satisfaction.

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