

Gender Differences in Positive Aspects of Caregiving

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Abstract

Men are expected to take on increasing roles in dementia caregiving in the future, but little is known about how they appraise such roles when compared with women.

We examined differences in measures of positive aspects of caregiving (PAC) among 141 male and 468 female caregivers of individuals with Alzheimer's disease from the NIH Resources for Enhancing Alzheimer's Care Health (REACH) study sites in Birmingham, Memphis and Philadelphia. Men reported higher scores on the self-affirmation subscale of the PAC measure [24.0 v 22.3, $t(638) = 3.01, p < .01$] but did not differ on the outlook on life subscale [12.0 v 11.9, $t(638) = 0.31, p = .75$].

We then examined three categories of variables that might help explain the relationship between gender and self-affirmation – demographic characteristics of the caregiver, psychosocial characteristics of the caregiver and characteristics related to the caregiving situation. Religiosity, anxiety, depression, behavioral bother and social support were related to both gender and the self-affirmation subscale.

Subsequent mediation analysis suggested that religiosity and social support suppressed the relationship between gender and self-affirmation and anxiety mediated this relationship. Sobel statistics for depression and behavioral bother indicated that neither variable had a statistically significant impact on the relationship between gender and self-affirmation. Our results suggest that the relationship between self-affirmation and gender is complex and partially masked by gender differences in religiosity and social support.

Research Questions

- Are there gender differences in positive aspects of caregiving?
- Assuming differences are found, what variables might explain this difference?

Measures

- Positive Aspects of Caregiving scale (Tarlow et al., 2004)
- Anxiety Inventory – 10 Item Modified Spielberger State-Trait Personal Inventory (Spielberger, Gorsuch, Lushene, Vagg & Jacobs, 1983)
- Center for Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977)
- Revised Memory and Behavior Problem Checklist (RMBPC; Teri et al., 1992)
- Religiosity Scale (see Roff et al., 2004)
- Social Support Scale (see Roff et al., 2004)

Sample

The total sample (N = 639) for this study was 141 male and 468 female caregivers from the Resources for Enhancing Alzheimer's Caregiver Health (REACH) sites in Birmingham, Memphis, and Philadelphia. Data for the study were collected through in-home interviews during the baseline phase. In the overall REACH project, six research sites (Birmingham, Boston, Memphis, Miami, Palo Alto, and Philadelphia) and a coordinating center (Pittsburgh) focused on characterizing and testing the most promising home and community based interventions for maintaining and improving the health and quality of life of Caucasian, African American, and Latino caregivers of dementia patients.

Table 1. Characteristics of Caregivers by Gender

	Male (n=141)	Female (n=468)	Correlations with Gender	P-Value
Demographic Characteristics				
Age	67.06	60.45	-.21*	.00
Education	12.47	12.75	.05	.20
SES	60.86	58.94	-.04	.39
Characteristics of Caregiving				
Years Taking Care of CR	3.96	4.00	.01	.90
Total Social Support	25.18	27.48	.12*	.01
Satisfaction with Social Support	5.15	5.53	.07	.10
Behavioral Bother	9.41	10.17	.08*	.04
Psychosocial Characteristics				
Anxiety	19.27	20.75	.09*	.02
Depression	12.32	14.25	.08*	.05
Religiosity	-.64	-.19	.15*	.00
PAC Self-Affirmation	3.43	3.18	-.12*	.00

* Two-tailed tests of statistical significance $p \leq .05$

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Results

- Males had higher PAC scores than did females. This is explained by males' higher scores on the scaled PAC self-affirmation sub-scale ($M = 3.43, F = 3.18$)
- Males and females did not differ on the PAC outlook on life subscale.
- Five variables were related to both gender and PAC self-affirmation. Females scored higher than males on anxiety, behavioral bother, depression, religiosity and social support. Higher social support and religiosity and lower behavioral bother, anxiety, and depression were associated with higher PAC self-affirmation.
- Anxiety mediated the relationship between gender and PAC. Males had lower anxiety scores than females, and lower anxiety was associated with higher PAC scores.
- Despite being less religious and having less social support than females, males reported higher PAC.
- Although males reported significantly lower behavioral bother and depression than did females, neither helped explain the relationship between gender and PAC.

	Gender	Age	Total Social Support	Behavioral Bother	Anxiety	Depression	Religiosity	PAC (Self)
Gender	1.00	-.21**	.12*	.80*	.09*	.08	.15*	-.12**
Age		1.00	.02	-.13**	-.11**	-.13**	-.09*	.03
Total Social Support			1.00	-.07	-.19**	-.26**	.11*	.19**
Behavioral Bother				1.00	.34**	.31**	-.03	-.11**
Anxiety					1.00	.81**	-.13**	-.20**
Depression						1.00	-.14**	-.18**
Religiosity							1.00	.17**
PAC (Self)								1.00

** Correlation significant at the .01 level (2-tailed)

* Correlation significant at the .05 level (2-tailed)

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Table 3. Standardized Regression Coefficients and Sobel Test Statistics for the Relationship between Gender and Positive Aspects of Caregiving - Self Affirmation Subscale

	Regression Coefficient	t	P-value	Sobel Test Statistic	p-value
Gender Alone	-.12	-3.01	.00		
Gender with Mediators					
Gender	-.15	-3.9	.00		
Total Social Support	.16	4.11	.00	2.53	.01
Behavioral Bother	-.05	-1.14	.25	-1.72	.08
Anxiety	-.12	-1.84	.07	-2.08	.04
Depression	.00	.08	.07	-2.08	.08
Religiosity	.16	4.14	.00	2.88	.00



Practice Implications

Intervention strategies to improve Alzheimer's caregivers' sense that the caregiving experience is personally satisfying and enriching should be individualized and gender sensitive.

For Males

Because male caregivers received less social support than females and lower social support was associated with lower self-affirmation, interventions with males to increase social support might have promise for increasing males' PAC self-affirmation scores.

Because higher religiosity was associated with higher PAC self-affirmation, and males had lower religiosity scores than females, referrals for appropriate religious interventions may also have promise.

It may be possible to improve the PAC self-affirmation scores of males with high anxiety through interventions to reduce their anxiety.

For Females

Because female caregivers had higher anxiety than males and high anxiety was associated with low self-affirmation, interventions with females to decrease anxiety might have promise for increasing females' PAC self-affirmation scores.

It might be possible to improve PAC self-affirmation scores of females with low social support through interventions to improve their social support. Similarly, referrals for appropriate religious interventions may have promise to improve the PAC self-affirmation scores of females with lower religiosity.