

Exploring Gender Differences in Self-Reported Physical Activity and Health Among Older Caregivers

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Purpose/Objectives: To document self-reported physical health and activity levels of older caregivers. Gender differences in physical health, physical activity levels, and predictors of physical activity were also examined.

Design: A cross-sectional study.

Setting: Tom Baker Cancer Centre in Calgary, Alberta, Canada.

Sample: 130 caregivers aged 60 years or older caring for individuals with breast, prostate, or colorectal cancer.

Methods: Self-report survey including validated questionnaires on physical and mental health and physical activity levels. Convenience sampling was used. Data were analyzed using descriptive statistics, correlations, and multiple regression.

Main Research Variables: The physical component score of the SF-36v2® was the main research variable. Other variables included the mental component score of the SF-36v2, sleep quality, depression, social support, physical activity levels, and anxiety.

Findings: The mean age of caregivers was 70 years. Physical health and physical activity levels were higher than population norms. A significant difference in physical health ($p = 0.015$) existed between men and women but not in physical activity levels ($p = 0.079$). Predictors of physical activity levels were age ($\beta = -0.291$), physical health ($\beta = 0.307$), and caregiving hours per week ($\beta = -0.221$).

Conclusions: The findings suggest that gender had a minimal effect on physical health and no effect on physical activity levels in older caregivers. Depression and poor sleep quality were high in some caregivers but did not predict physical activity levels.

Implications for Nursing: The negative effects of caregiving on physical health and physical activity levels in older caregivers are not universal. Nurses should be aware of the caregiving situation and promote health based on the individual.

About 900,000 Canadians and 4.6 million Americans are caregivers to loved ones diagnosed with cancer (National Alliance for Caregiving & AARP Public Policy Institute, 2015; Sinha, 2013). Because of the shift to outpatient-based treatment, current models of cancer care delivery are largely dependent on family members to provide the majority of patient care (Given, Given, & Sherwood, 2012). Therefore, caregivers are important healthcare resources, providing healthcare cost savings of about \$25 billion per year in Canada (Hollander, Liu, & Chappell, 2009) and \$470 billion per year in the United States (Reinhard, Feinberg, Choula, & Houser, 2015).

Systematic reviews and meta-analyses (Northouse, Williams, Given, & McCorkle, 2012; Pinquart & Sörensen, 2006a) have revealed the detrimental impact of caregiving on physical and mental health (Friðriksdóttir et al., 2011; Ji, Zoller, Sundquist, & Sundquist, 2012; Rivera, 2009; Schulz & Beach, 1999). In addition, research has shown that caregivers rate their physical health lower (Kenny, King,