A diagnosis of cancer is a psychological blow that can produce cognitive and emotional crises and persistent distress to survivors (Akechi, Okamura, Nishiaki, & Uchitomi, 2001; Baum & Poslusny, 2001; Manne, Glassman, & DuHamel, 2001; Zabora, Brintzenhofes, Curbow, Hooker, & Piantadosi, 2001). However, cancer and how it is experienced are not limited to individual survivors; family caregivers also are affected (Fang & Manne, 2001; Ferrell, Grant, Borneman, Juarez, & TerVeer, 1999; Matthews, Baker, & Spillers, 2003; Northouse, Templin, Mood, & Oberst, 1998). Because family caregivers often are key in providing support to cancer survivors (Fang & Manne), defining caregivers’ reactions in the context of those of survivors’ and elucidating the particular circumstances associated with major stress have important implications for caregivers’ and their family’s well-being (Cassileth et al., 1985). The purpose of the current study was to examine role and gender differences on measures of psychological distress as a consequence of dealing with a cancer experience.

Role and Gender Differences in Cancer-Related Distress: A Comparison of Survivor and Caregiver Self-Reports

B. Alex Matthews, PhD

Purpose/Objectives: To examine role and gender differences on measures of psychological distress as a consequence of dealing with cancer.

Design: Cross-sectional, descriptive, quantitative analyses of retrospective survey data.

Setting: A large, nonprofit, volunteer-based cancer organization. The sample was recruited through an online cancer survivor’s network (61%), a rural event (24%), and hospital registries (15%).

Sample: Convenience sample of 135 cancer survivors matched to their family caregivers (N = 270).

Methods: Dyads (i.e., survivors and family caregivers) completed matched questionnaires requesting demographic and medical information and measures of cancer-related distress.

Main Research Variables: Role (i.e., survivor or caregiver), gender, and psychological distress.

Findings: Caregiver means on overall psychological distress were significantly higher than those shown for survivors. Caregiver scores were significantly higher on distress for diagnosis and fear of cancer recurrence. Females scored higher than male caregivers on cancer-related anxiety, future uncertainties, fear of recurrence, and future diagnostic tests. Gender differences were not found for survivor distress.

Conclusions: Results suggest a need for gender-specific, dyad-tailored cancer support services.

Implications for Nursing: As expert caregivers, nurses can provide valuable assistance with the caregiving process that may decrease distress during the family’s cancer experience and adaptation period.

Key Points . . .

➤ Lay caregivers experience the distress of a family member’s cancer diagnosis as much as survivors.
➤ Because survivors’ needs come first, family caregivers may not report their own distress.
➤ Female caregivers are particularly anxious about the possibility of future negative events.
➤ Professional nurses specializing in oncology are key in assisting cancer survivors and their family members successfully navigate and adapt to a cancer diagnosis.

Measures of psychological distress among informal caregivers generally are equal or surpass those of the family members for whom care is provided (Blanchard, Albrecht, & Ruckdeschel, 1997; Fang & Manne, 2001; Given et al., 1993; Kornblith, Herr, Ofman, Sher, & Holland, 1994). Overall, the results of most investigations have shown that patients’ and their matched relatives’ psychosocial status often are correlated highly (Baidor & De-Nour, 1988; Cassileth et al., 1985; Epping-Jordan et al., 1999; Kurtz, Kurtz, Given, & Given, 1996); however, the effect of role based on gender has received little attention in the literature (Northouse et al., 1998).

The majority of the research on caregiving focuses on Alzheimer’s disease. Relatively few studies have focused on cancer caregiving, but of those that have, the bulk of the research suggests that women generally report more distress than men (Baidor, Koch, Esacson, & De-Nour, 1998; Hage-Doorn, Buunk, Kuijer, Wobbes, & Sanderman, 2000; Lutzky & Knight, 1994; Morse & Fife, 1998). For example, in the few studies comparing the psychological distress of patients

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