

Marital quality predicts hospital stay following coronary artery bypass surgery for women but not men

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Abstract

This study examined how two indices of spouse support, one relatively general and chronic (perceived overall marital quality), and one relatively situation-specific and acute (spouse support while in the hospital), separately and in interaction with patient gender, predict postoperative length of stays following major (coronary bypass) surgery. In a sample of 226 male and 70 female patients drawn from three hospitals in the San Diego area, California, the results indicated that marital quality, in combination with patient gender, predicted postoperative lengths of stay, such that relatively poor marital relationships elevated risk for longer stays for female but not male patients. Lengths of stay for female patients with higher quality marital relationships were similar to those of male patients (regardless of marital quality). These results were not attributable to any assessed preoperative differences in patient health and were independent of perceptions of spouse support received while in the hospital, which did not independently predict patients' lengths of stay.

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Introduction

There is considerable evidence that higher social integration, as indexed by being married versus unmarried, is associated with greater longevity, reduced morbidity, and enhanced psychological wellbeing (see Burman & Margolin, 1992; House, Landis, & Umberson, 1988, for reviews; Johnson, Backlund, Sorlie, & Loveless, 2000); such relationships have tended to be more consistent for men than women, however (see Litwak & Messeri, 1989; Ross, Mirowsky, & Goldstein, 1990; Stroebe, & Stroebe, 1983, for reviews). The basis for this

possible gender difference is unclear but likely stems in part from women typically being more supportive caretakers (e.g., Kessler, McCleod, & Wethington, 1985; Thoits, 1995). That is, men may benefit more than women from being married in part because, when it comes to spouse support, men may generally get more than they give.

An additional possibility of primary interest here is that the health benefits of marriage may depend more for women than men on the perceived quality of the spousal support. Growing evidence suggests that negative aspects of marital relations may be more detrimental to the physiological functioning of women than men (see Kiecolt-Glaser & Newton, 2001). Laboratory studies, for example, suggest that women exhibit greater cardiovascular reactivity

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when discussing their aversive relationships (Bloor, Uchino, Hicks, & Smith, 2004) and larger, more sustained autonomic, neuroendocrine, and immunological stress reactions following negative interactions with their spouses (Kiecolt-Glaser, Glaser, Cacioppo, & Malarkey, 1998). That such differential reactivity may have health implications is suggested by studies indicating that women in less satisfying marital relationships are at greater risk for developing cardiovascular disease than their more satisfied counterparts (Gallo et al., 2003); and that women, but not men, with relatively poor quality marital relationships or higher marital conflict are at elevated risk for death (Coyne et al., 2001; Hibbard & Pope, 1993) and disability (Appelberg, Romanov, Heikkila, Honkasalo, & Koskenvuo, 1996) over extended periods of time.

The primary goal of the present study was to determine whether the quality of marital support likewise has a greater predictive impact on the hospital recoveries of female compared to male surgery patients. The possible effects of spouse support in an acute surgical setting, that is, on recovery while in the hospital, have received very little study, but the limited available evidence suggests that spouse support may make a difference. Kulik and Mahler (1989), for example, found that married male surgery patients who received more spousal support, defined objectively in terms of the proportion of hospital days they were visited by their wives, had significantly shorter hospital stays than their less supported counterparts. Not addressed in that study or elsewhere, however, is whether spouse support affects the surgical recoveries of male and female patients in the same ways.

Accordingly, the present study sought to determine whether patient gender moderates the relationships of two different indices of spouse support with hospital recovery from a major surgery, namely, coronary artery bypass graft (CABG) surgery. CABG surgery is the most common major operation in the United States, with about 29% of the over 500,000 performed in 2002 involving female patients (American Heart Association, 2005). Although all the reasons have yet to be determined, considerable evidence indicates that female CABG patients on average have longer postoperative hospital stays than their male counterparts (e.g., Butterworth et al., 2000; Edwards, Carey, Grover, Bero, & Hartz, 1998; Lazar, Wilcox, McCormick, & Roberts, 1987; Ott et al., 2001; Peterson et al., 2002; Rosen et al., 1999; Weintraub, Jones, Craver,

Guyton, & Cohen, 1989). The possibility that the longer hospital stays of female CABG patients may be partly a function of differential responses to spousal support has not been previously considered.

Our first support index, marital quality, can be conceptualized as a relatively global and stable index of support, in that it is a function of many exchanges over time and settings and has been shown to be quite stable (e.g., Gallo et al., 2003; Orden & Bradburn, 1968). A satisfying, high-quality marriage seems at its core to involve feelings of being loved and valued (Cohen & Wills, 1985), which Cobb (1976), in his seminal work, suggested may be the key to health benefits from support (see also Cassel, 1976). In comparison, our second measure, perceptions of spouse support received while in the hospital, was relatively acute and situation specific. Just as work in other areas has shown that general attitudes may only modestly predict specific behaviors (see Ajzen & Fishbein, 1977), we might expect the general quality of the marital relationship to be related to but not isomorphic with supportive behaviors in a hospital setting, as any number of situational factors could influence the spouse's actual supportiveness in such a setting, e.g., work/family obligations, (in)ability to cope with the discomfort of the patient and/or the hospital setting. Thus, we were interested in whether the knowledge that one is in a satisfying marital relationship that will presumably continue once out of the hospital can have effects on acute surgical recovery that can be separated from the situation-specific support received from a spouse, and whether any such effects are more pronounced for female patients. Of particular interest was the possibility that female more than male patients who have relatively poor marital relationships or who receive relatively little spouse support in the hospital are at risk for longer hospital stays.

Method

Participants

This study was part of a larger project, the primary focus of which involved an experimental intervention delivered at the time of hospital discharge to prepare spouses for the post-hospital recovery of CABG patients (see Mahler & Kulik, 2002). In that the focus here is on acute (in-hospital) recovery and on patients' perceptions of their marital quality and hospital support received prior

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