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Social Roles Dilemmas among Men with Chronic Disease: A Qualitative Meta-Synthesis

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Social Roles Dilemmas among Men with Chronic Disease: A Qualitative Meta-Synthesis

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Abstract

Chronic disease conditions can degrade men physically and psychologically which has the effect of making men is not being able to meet social demands about masculinity (ideal self-image for men). This study aimed to develop a conceptual understanding of the dilemmas that occur in men with chronic diseases in carrying out social roles. This was a qualitative meta-synthesis to examine critically all relevant previous qualitative studies. A systematic search strategy was carried out by involving four academic databases: CINAHL, Scopus, ProQuest and Wiley Online Library. Searches were conducted for studies published between 2015 to 2020. Sixteen articles that met the criteria were used in the study. Four themes of the social role dilemmas among men with chronic diseases were constructed: (1) Dilemma of the role of men as father; (2) Dilemma of the role of men as husband; (3) Dilemma of the role of men as the breadwinner; (4) Dilemma of public perceptions: men are physically stronger. Health workers, in particular family health nurses, need to provide an intervention with a psychosocial and gender approach in order to be able to improve men's quality of life.

Keywords: chronic disease, family health, masculinity, men's health, social roles.

Dilemas de Roles Sociales en Hombres con Enfermedades Crónicas: Una Metasíntesis Cualitativa

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Resumen

Las condiciones de enfermedades crónicas pueden degradar a los hombres física y psicológicamente, lo que tiene el efecto de hacer que los hombres no puedan cumplir con las demandas sociales sobre la masculinidad (autoimagen ideal para los hombres). Este estudio tuvo como objetivo desarrollar una comprensión conceptual de los dilemas que ocurren en hombres con enfermedades crónicas en el desempeño de roles sociales. Esta fue una metasíntesis cualitativa para examinar críticamente todos los estudios cualitativos previos relevantes. Se llevó a cabo una estrategia de búsqueda sistemática involucrando cuatro bases de datos académicas: CINAHL, Scopus, ProQuest y Wiley Online Library. Se realizaron búsquedas de estudios publicados entre 2015 y 2020. En el estudio se utilizaron dieciséis artículos que cumplían con los criterios. Se construyeron cuatro temas de los dilemas del rol social entre hombres con enfermedades crónicas: (1) Dilema del rol del hombre como padre; (2) Dilema del rol del hombre como esposo; (3) Dilema del papel del hombre como sostén de la familia; (4) Dilema de las percepciones públicas: los hombres son físicamente más fuertes. Los trabajadores de la salud, en particular las enfermeras de salud de la familia, necesitan brindar una intervención con enfoque psicosocial y de género para poder mejorar la calidad de vida de los hombres.

Palabras clave: enfermedad crónica, salud de la familia, masculinidad, salud del hombre, roles sociales.

The population of men from young to old age who suffer from chronic diseases is increasing (Saeedi et al., 2019; Torre et al., 2015; WHO, 2018). This increase was caused by several factors, from poor self-care behavior, low awareness of medical check-ups, unhealthy lifestyles and accumulation of the effects of working that are riskier with a high workload (Radkiewicz et al., 2017). When they have a chronic disease, men often experience social role interference that cannot be fulfilled as expected (Zanchetta et al., 2017).

Community expectations of men are confined by perspective of hegemonic masculinity (Connell & Messerschmidt, 2005). The perspective of hegemonic masculinity places men to fulfill the roles that society wants to see in accordance with cultural values in the community (Messerschmidt, 2019). The hegemonic masculinity leads men are seen as having to be stronger than women, so many aspects indirectly need men to play more roles (Schmitt et al., 2017). However, men with chronic diseases are significantly at risk of being faced with many issues of the dilemma of masculinity that are felt when carrying out these social roles (Esparza et al., 2018; Zissette et al., 2016).

Statistically, chronic disease in men can be represented by various diseases, such as cancer and Type-2 Diabetes Mellitus (T2DM). The International Agency for Research on Cancer from World Health Organization (WHO) revealed that in 2018, there were almost 9 million cases of cancer that attacked men across the world. This figure indicates an increase from 2012, which was only about 7.4 million cases of cancer in men. WHO also states that 1 in 5 men experience cancer in their life and 1 in 8 men die of cancer. This ratio is higher than in women, where 1 in 6 women experience cancer in their lifetime and 1 in 11 women die because of it. In addition, concerning T2DM, several global studies have shown a tendency for the prevalence of T2DM in men to be higher than in women (Nordström et al., 2016; Safiri et al., 2022).

The explanation above also reinforces the hypothesis, which states that the high incidence of chronic disease in men deserves particular interest, including the social and psychological aspects of the affected men. Men with chronic diseases can have social and psychological problems that stem from their illness's physical consequences (Franssen et al., 2018). The physical consequences can interfere with men when carrying out social roles. The specific thing that is disturbed is that it is not optimal to meet the ideals of

men according to expectations and norms in society, so the dilemma of performing a role occurs (Zisette et al., 2016). The study conducted by Thakrar et al. (2015) explained how a man suffered a burn injury. He had to face his long recovery period while maintaining the role of a "father" who had a strong and resilient image in front of his son because it is the image of a strong and resilient man that he teaches. Even though the man is still in a position of trauma and grief, so he is confused by his own emotional response. This kind of role dilemma often plagues men. However, that study still needs to be reviewed on the chronicity of the disorder because burns are incidental. The participant's recovery period is 1-16 weeks, while the criteria are called chronic when the disease progresses slowly continuously. The disease period is at least three months (Bernell & Howard, 2016). However, it can still be learned that interference with a period that is not too long can cause social role dilemmas in men, especially those who experience chronic diseases.

This study is critical because it can explain the importance of paying attention to the psychological aspects of men with chronic diseases in carrying out their social roles. A domino effect in disease severity and death can occur if men do not get adequate care (Moon, 2018). Through this study, it is hoped that health workers will be able to provide more optimal and targeted education, care and support for men with chronic diseases. Therefore, this meta-synthesis systematic review study was conducted to develop a conceptual understanding of the dilemma of undergoing social roles in men suffering from chronic diseases.

Method

Protocol and Registration

This study was registered by the International Prospective Register of Systematic Reviews (PROSPERO) with the number CRD42022336125. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol was applied in this study to reduce bias and to make it more transparent and structured.

Development of Research Questions

After going through a preliminary study by analyzing at many phenomena and gaps from various previous studies, the authors developed the research question. The formulated research questions were “What are the social roles that are disrupted and can ignite a dilemma for men with a chronic disease? How does the dilemma emerge?”.

Study Design

This study was a systematic review with advanced analysis implementing meta-synthesis. In essence, the main objective of meta-synthesis studies is the identification of new themes and the formation of conceptual models in answering research questions (Sandelowski & Barroso, 2007). The meta-synthesis stage carried out in this study refers to Williams & Shaw (2016), which consists of five processes: (1) Developing research questions and formulating search component based on SPIDER tools; (2) Identify relevant articles; (3) Perform critical appraisal on the selected articles; (4) Develop themes from the results of data extraction and coding text; and (5) interpret and synthesize conceptual.

Eligibility Criteria

The eligibility criteria applied as a guide for finding articles in this study were guided by the search component formulated in SPIDER (highlighted in Table 1) and the inclusion-exclusion criteria. Search components listed in SPIDER also refer to The Medical Subject Heading (MeSH). A systematic search strategy was implemented by utilizing academic databases: CINAHL, Scopus, ProQuest and Wiley Online Library. The inclusion criteria were as follows: (1) the article is the result of original qualitative research with full text available; (2) the participants in the study involved adult and/or elderly men who started at least 18 years of age; (3) published from 2015 to 2020; and (4) the research discusses the various perspectives or experiences of men with chronic illnesses and there are supporting data and themes related to the social roles they present. While the exclusion criteria were as follows: (1) research articles with male participants who have chronic diseases, but the disease is related to neurological disorders (such as Alzheimer's) and mental health disorders (such as schizophrenia); and (2) published research is still in the form of a thesis.

Table 1
Formulation of SPIDER tools for developing research questions

Search Component	Search Term
(S) Sample	Men OR Male OR Husband
(PI) Phenomenon of interest	Social Role AND Masculinity AND Chronic Illness OR Chronic Disease
(D) Design	Phenomenology OR Focus Group Discussion OR Ethnography OR Descriptive Qualitative
(E) Evaluation	Experience OR Perception OR Response OR Challenge
(R) Research Type	Qualitative Study

Study Analysis and Synthesis

After the three stages of Williams & Shaw (2016) were conducted (developing research questions, determining relevant articles, and critical appraisal), the next step was to develop themes and interpret results through analyzing and synthesizing activities. During the process of analyzing and synthesizing, the author's first activity was to read the selected articles in full repeatedly with careful interpretation. While reading, the author carefully identified the methodology used and the data collection techniques and observed any emerging themes and meaningful quotations that could support this study. Furthermore, through an inductive approach, the author classified the meaningful aspects into a code and analyzed the patterns. From the pattern formed, the author develops new conceptual themes that can support the answer to the research question. The last stage is to interpret the author's theme in the discussion.

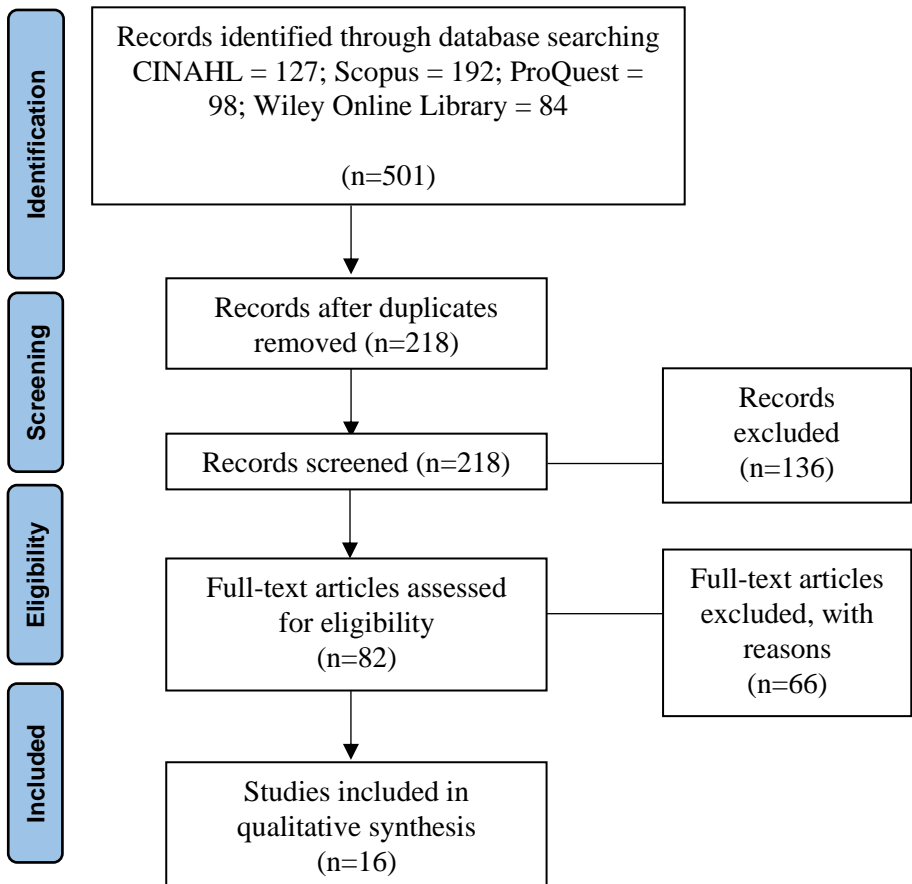


Figure 1. PRISMA 2009 flow diagram

Articles were excluded from the selection process due to the following reasons: 1) full papers are not available; and 2) the subject has many factors that have the potential to cause bias, such as the male subject has a neurological disease that affects cognitive and the subject cannot afford perceive social role disorders more objectively.

Critical Appraisal of the Articles

The articles synthesized in this study went through a critical appraisal stage using the 2018 version of the Critical Appraisal Skills Program (CASP) format. CASP is a tool that can assist author who conducted systematic reviews to ensure the eligibility-quality of the selected articles. The CASP implemented in this study has ten assessment indicators (highlighted in Table 2). Technically the use of CASP was applied by all the authors reading and carefully analyzing the selected articles and then discussing the score that deserves to be obtained. The interpretation of critical appraisal results with CASP is adapted from O'Connell et al. (2021) research, which categorizes the results of the study, including high validity (high) and low validity (low). In general, all articles have a high quality of validity, but two articles have a question mark in the reflexivity component, namely Schultze et al. (2020) and Laursen (2017). The author's analysis showed that the article still did not clearly describe how to apply reflexivity during the research process. The appraisals of the selected articles are listed in Table 2.

Table 2
Critical appraisal using CASP

[illegible]

Results

The results of the selection that have considered the inclusion and exclusion criteria of the systematic search technique obtained sixteen selected articles. Of the sixteen articles, ten chronic diseases were identified, as follows: Low Back Pain, Rheumatoid Arthritis, Ankylosing Spondylitis, Urological Cancer, Prostate Cancer, T2DM, Cardiovascular Disorders with Implantable Cardioverter Defibrillators, Vertebral Osteoporosis Fractures, Cluster Headache and End-Stage Chronic Kidney Disease. Moreover, the results of the synthesis of authors formulated four new themes: 1) Dilemma of the role of men as father; 2) Dilemma of the role of men as husband; 3) Dilemma of the role of men as the breadwinner; and 4) Dilemma of public perceptions: men are physically stronger. The descriptions of the supporting constructs for each theme are attached in Table 4.

Table 3.
Characteristics of the eligible studies

Author	Country	Research Objective	Participant	Data Collection	Methods	Key Findings (Themes)
Bailly et al. (2015)	France	To understand the experiences of patients with chronic low back pain, focusing on the impact on relationships with family, friends, and coworkers.	11 men and 14 women; age range 25-81 years; duration of illness 1-35 years	Semi-structured interviews and Focus Group Discussion	Focus Group	<ol style="list-style-type: none"> 1. Self-perception in the context of participation 2. Feeling ashamed 3. Loss of masculinity 4. Loss of social role 5. Misunderstood by others 6. Negative psychological image of LBP 7. A frequent and benign condition
Jakub (2018)	United States	To examine the adjustment of men living with an implantable cardioverter defibrillator (ICD) as influenced by sex and age.	12 men; age range 26-85 years; minimum length of time for ICD implantation is 4 years	Semi-structured interview	Ethnography	<ol style="list-style-type: none"> 1. Maintaining a masculine image 2. Sudden cardiac death and social implications through time 3. Self-image influenced by chronic illness

Author	Country	Research Objective	Participant	Data Collection	Methods	Key Findings (Themes)
Neris et al. (2020)	Brazil	To analyze the survival experience of urological cancer from a male point of view	10 men; age range 39-69 years; Minimum survival time is 1 year	Semi-structured interview	Narrative Study	1.The journey of urological cancer: discovering oneself as a survivor 2.“What I was and what I am today”: the disruption on the body and life
Ansari et al. (2019)	Pakistan	To explore patients' perceptions and experiences of diabetes self-management and to understand the differences in self-management between men and women living with type 2 diabetes mellitus.	15 men and 15 women with type 2 diabetes mellitus; age range 40-60 years	Semi-structured interview	Qualitative Study	1.Stigma attached to the disease 2.Self-management in context 3.Patient-doctor relationship 4.Adherence to diet and exercise 5.Access to diabetes resources 6.Social support
Chambers et al. (2018)	Australia	To explore the life experiences of men with advanced prostate cancer.	39 men; age range 58-95 years	Semi-structured in-depth interview by telephone	Cross-sectional Qualitative Design	1.Lived experience 2.Supportive care

Author	Country	Research Objective	Participant	Data Collection	Methods	Key Findings (Themes)
Nabolsi (2020)	Jordan	To explore the perception and understanding of men with type 2 diabetes mellitus regarding their disease control, risk of cardiovascular complications, and adherence to health care management.	13 men; age range 25-70 years; diagnosed more than 1 year	Semi-structured in-depth interview	Qualitative Descriptive	<ol style="list-style-type: none"> 1.Perception of diabetes control 2.Perception of cardiovascular disease risk 3.Coping with disease-imposed limitations 4.Information validation
Lowe et al. (2019)	United Kingdom	To explore and describe the experiences of men with osteoporotic vertebral fractures.	9 men; age range 52-99 years	Semi-structured in-depth interview	Qualitative Study	<ol style="list-style-type: none"> 1.Osteoporosis is considered an old women's disease 2.Men are diagnosed and treated differently than women in the NHS: Healthcare inequalities exist 3.Changes in self can occur in men after vertebral fracture/s due to osteoporosis

Author	Country	Research Objective	Participant	Data Collection	Methods	Key Findings (Themes)
Flurey et al. (2018)	United Kingdom	To investigate the impact of rheumatoid arthritis on masculine identity	22 men; the mean age of participants is 59 years	Interview and Focus Group Discussion	Focus Group	1.Retaining hegemonic ideals of masculinity 2.Trying to renegotiate masculinity 3.Rejection of hegemonic masculinity
Schultze et al. (2020)	Germany	To explore the response of men with prostate cancer to body changes that occur	42 men; age range 40-over 65 years	Narrative interview	Narrative Study	1.Urinary leakage 2.Problems with potency 3.Loss of libido 4.Attributing losses to ageing and/or cancer 5.The meaning of ageing for prostate cancer patients 6.Replacing compensating for the loss
Flurey et al. (2017)	United Kingdom	To explore the experiences, coping styles, and support preferences of men with rheumatoid arthritis.	22 men; age range 44-75 years	Focus Group Discussion	Focus Group	1.Challenges to masculinity: “it’s not a very macho thing.” 2.Getting through life with RA: “Just get on with it”

Author	Country	Research Objective	Participant	Data Collection	Methods	Key Findings (Themes)
						3.What type of support is acceptable? “We’d end up just moaning.”
Palacios-Cena et al. (2016)	Spain	To explore the views and experiences of men suffering from Cluster Headache	20 men; average age 41 years	Unstructured interview	Qualitative Phenomenological Study	1.Meaning of disease 2.Experience of attacks 3.Meaning of treatment 4.Healthcare 5.Social and family interaction
Rees et al. (2018)	United Kingdom	To understand the nature of illness perception in people with end-stage chronic kidney disease	8 men and 3 women; age range 28-71 years	Semi-structured interview	Qualitative Study	1.Renal conflicts 2.Forced adjustment 3.Coping
Primholdt et al. (2017)	Denmark	To understand how men with Ankylosing Spondylitis live their daily lives and how they face the challenges of the disease	5 men; age range 21-37 years; participants had been diagnosed with the disease for an average of 2.6 years	Interview	Qualitative Explorative	1.Daily living and psychological reactions 2.A difficult diagnosis 3.Working life and identity

Author	Country	Research Objective	Participant	Data Collection	Methods	Key Findings (Themes)
Laursen (2017)	Denmark	To explain the effect of surgical treatment of prostate cancer on male sexuality	4 men; age range 55-68 years	Interview	Phenomenological Approach	1.Lack of control 2.Sense of self 3.Intimate relations 4.Redefining sexuality
Cooper et al. (2018)	South Africa	To explore how the experiences and perceptions of men with type 2 diabetes mellitus on sexual function and well-being.	47 men; minimum age is 18 years old	Individual interviews and Focus Group Discussion	Qualitative Study	1.Sexual functioning 2.Sexual well-being 3.Support for sexual functioning and sexual well-being
Madsen et al. (2015)	Denmark	To understand how the experiences and challenges of life in men suffering from Ankylosing Spondylitis as a chronic disease.	13 men; age range 32-58 years; disease duration 0.3-28 years	Semi-structured interview	Qualitative Explorative	1. Approaching a diagnosis 2. Ill in a social context 3. Challenged as a man 4. The importance of remaining physically well

Table 4

Construction and Development of the Theme

Types of Chronic Disease		First Construct (from <i>original article</i>)	Second Construct (from <i>original article</i>)	Third Construct (theme development)	Relevant Articles (first author and year of publication)
Chronic Back Pain	Low	“As a father of two young children, I cannot take them out for a walk, I cannot carry them”	Significant loss of social role		Bailly (2015)
Rheumatoid Arthritis		“I used to play fight with him (son) and everything, pick him up and chuck him up the garden and stuff like that and I just can’t anymore”	Challenges to masculine identity and role	Dilemma of the role of men as father	Flurey (2017)
Ankylosing Spondylitis		“The worst part of this disease that I cannot play with my children. I feel sad talking about it”	Ill in a social context		Madsen (2015)
Urology Cancer		“Me and my wife have tried several times to have sex, but it’s so difficult. My wife doesn’t want to pressure me because there’s no way really. I keep on feeling devastated, like a wrecked man!”	The disruption on the body and life	Dilemma of the role of men as husband	Neris (2020)
Prostate Cancer		“I’m impotent, and that-put it this way, that’s-honestly, that’s something that I have an extremely hard time coming to terms with. My	Treatment effects		Chambers (2018)

Types of Chronic Disease	First Construct (from original article)	Second Construct (from original article)	Third Construct (theme development)	Relevant Articles (first author and year of publication)
	wife and I had a fantastic sex life but that's gone and there's now-yeah, it's probably as much my fault...."			
	"He (the surgeon) just said: 'if you want love, you leave it as it is. If you want life, you choose surgery'..... We decided for life.... She supports this, yes...."	The meaning of changes		Schultze (2020)
	"I feel bad about giving her a hug, because, you know I can't get it up and then, when I get around to doing it (hug her), I can sense her freezing because she knows I'm impotent, and she doesn't want to make me feel bad..."	Intimate relations		Laursen (2017)
	Type 2 Diabetes Mellitus "She thinks it's my fault I can't do it properly. She thinks I'm seeing other women... and really, it breaks my heart..."	Reduced emotional intimacy and relationship quality		Cooper (2018)
Cardiovascular Disorders with Implantable	"not manly enough and weak and fragile, and I mean, my health, it ruined my	Self-image influenced by chronic illness		Jakub (2018)

Types of Chronic Disease	First Construct (from <i>original article</i>)	Second Construct (from <i>original article</i>)	Third Construct (theme development)	Relevant Articles (first author and year of publication)
Cardioverter Defibrillator	relationship...most women want a strong man and when I mention I got a defibrillator, they start treating me like I'm fragile..."			
Type 2 Diabetes Mellitus	"The complications I am afraid of having are losing my vision or a leg due to diabetes, I don't want to become crippled and lose my job become unable to support my family"	Perception of cardiovascular disease risk		Nabolsi (2020)
Rheumatoid Arthritis	"My daughter was in University and my son was in school, you haven't really got a lot of choice but to carry on, even to go through the pain"	Retaining hegemonic ideals of masculinity	Dilemma of the role of men as the breadwinner	Flurey (2018)
Ankylosing Spondylitis	"... I feel bad about getting paid for just staying home. I don't contribute to anything and it's because I was raised to believe a man gets up in the morning to be the breadwinner for his family"	Challenged as a man		Madsen (2015)

Types of Chronic Disease	First Construct (from <i>original article</i>)	Second Construct (from <i>original article</i>)	Third Construct (theme development)	Relevant Articles (first author and year of publication)
Rheumatoid Arthritis	“I couldn’t do my job anymore so they laid me off like, made me redundant and that hurt”	Challenges to masculine identity and role		Flurey (2017)
Chronic Low Back Pain	“...when we go on holidays, my wife has to carry our luggage. Everyone is looking at me, I’m very muscular and people don’t understand why I’m not carrying them. In the subway, women ask me to help them carry their strollers and I have to say ‘Sorry but I can’t help you’ I’m perceived as impolite and badly behaved”	Significant loss of social role	Dilemma of public perceptions: men are physically stronger	Bailly (2015)
Type 2 Diabetes Mellitus	“I don’t want people to know that I have diabetes as people start to look down on me, considering that I have done something wrong in my past life”	Stigma attached to the disease		Ansari (2019)
Vertebral osteoporotic fracture	“It is a bit frustrating, because simple things that I would have tackled, I give it to my son....”	Change in self		Lowe (2019)

Types of Chronic Disease	First Construct (from <i>original article</i>)	Second Construct (from <i>original article</i>)	Third Construct (theme development)	Relevant Articles (first author and year of publication)
Cluster Headache	“It’s not easy at work, you try not to be seen... You don’t know how your colleagues, or your boss will react... I don’t want them to see me lying on the floor.... They look up to me and I have to be there for them”	Hiding the disease		Palacios-Cena (2016)
End Stage Chronic Kidney Disease	“If I had been born a woman it would be entirely different. Because you don’t have to prove your strength... as a man and the society that we live in, it’s huge thing that we have to handle...”	Patient Identification		Rees (2018)
Ankylosing Spondylitis	“And if the train is full, and an elderly lady or gentleman comes in, people would think that it is the youngest person who should stand up. But then I think... but I’m sick! But you can’t tell by looking at me... I am not wearing a disability badge...”	Daily living and psychological reactions		Primholdt (2017)

Discussion

Dilemma of the Role of Men as Father

The theme "Dilemma of the Role of Men as Father" was formed from the construct of research conducted by Bailly et al. (2015), Flurey et al. (2017) and Madsen et al. (2015). One of the social roles of men in the family is as a father to their children. The role of a father includes providing a living for children, which is material and inner livelihood in the form of affectionate attention, playing partner, pickaback and regular recreation (Bailly et al., 2015; Flurey et al., 2017; Jessee & Adamsons, 2018; Madsen et al., 2015). In the case of men who suffer from chronic diseases related to the musculoskeletal system (Low Back Pain, Rheumatoid Arthritis, Ankylosing Spondylitis), they can experience a dilemma in fulfilling their role as a father. Due to their condition, their children's fulfillment of inner livelihood cannot be met. If the man has young children, 'carrying' the child may become something he cannot do (Bailly et al., 2015), including walking and playing activities that involve a lot of joint and extremity movement (Bailly et al., 2015; Flurey et al., 2017; Madsen et al., 2015).

Men experience a dilemma in which they still want to fulfill the role of a father because they feel that is their duty at home (Bailly et al., 2015). However, on the other hand, he feels sad to realize and accept that he cannot take his children to play because of his illness (Madsen et al., 2015). In addition, men are also in a dilemma because by disrupting their role as fathers who cannot accompany their children to play, perceptions of a masculinity crisis can arise (Flurey et al., 2017).

Dilemma of the Role of Men as Husband

The theme "Dilemma of the Role of Men as Husband" was formed from the construct of research conducted by Chambers et al. (2018), Cooper et al. (2018), Jakub (2018), Laursen (2017), Neris et al. (2020) and Schultze et al. (2020). One of the roles of a man to his wife is to fulfill inner livelihood in the form of a biological/sexual relationship. In men with chronic diseases, there can be physical consequences for the disease they are experiencing. Physical consequences are usually complications or impacts due to the pathophysiological process of chronic disease. Men with uncontrolled T2DM can experience erectile dysfunction or decreased sexuality so that they cannot

have sexual intercourse regularly (Cooper et al., 2018). As a result, if a wife dissatisfied and has a lack of knowledge or information, the wife can blame her husband by accusing her husband of having an affair with another woman (Cooper et al., 2018). Accusations of cheating on a man as a husband can make a man feel hurt, even though it is a complication of his diabetes (Cooper et al., 2018). In addition to diabetes mellitus, men with prostate cancer and urological cancer can also experience social role dilemmas in meeting the needs of sexual relations with their wives (Chambers et al., 2018; Laursen, 2017; Neris et al., 2020; Schultze et al., 2020). Men are in a dilemma because they find it difficult to accept that they cannot have sex satisfactorily (Chambers et al., 2018). Feelings of failure, destruction, weakness, vulnerability, feeling unmanly and self-blame are also experienced by men who cannot carry out these roles (Chambers et al., 2018; Jakub, 2018; Neris et al., 2020). Men can also feel that their wife tends to be phlegmatic when given a touch because maybe the wife thinks her husband is impotent (Laursen, 2017). Although there are many acceptance cases in the husband-wife relationship, there are still the wives who support their husbands to get through their chronic illnesses. However, the husband will ultimately lose his role in having a good sexual relationship (Schultze et al., 2020). This kind of wife's support is what husbands need in chronic illness conditions.

Dilemma of the Role of Men as the Breadwinner

The theme “Dilemma of the role of Men as the Breadwinner” was formed from the construct of the research conducted by Flurey et al. (2018), Flurey et al. (2017), Madsen et al. (2015) and Nabolsi (2020). It is common knowledge that men can play an essential role in the family as the breadwinner of meeting daily needs. Men with chronic diseases can experience a dilemma because the disease at any time may develop into a complication that is detrimental to their health, so they will be disabled and then lose their job (Nabolsi, 2020). Therefore, controlling chronic diseases suffered by men is an important aspect to pay attention to. In addition, the dilemma can also arise because their need may collide with the family conditions that require funds for school children, which in turn, require them to keep working even though they have to endure pain (e.g., pain due to rheumatoid arthritis) (Flurey et al., 2018). Then, the dilemma of masculinity is also felt by men. Many men with chronic diseases related to musculoskeletal system disorders such as Ankylosing Spondylitis

and Rheumatoid Arthritis can no longer work properly as usual and must be dismissed from work (Flurey et al., 2017; Madsen et al., 2015). However, the grounded concept of masculinity about men who cannot stay at home and have to make a living for their families makes men with chronic diseases feel down, useless or awry (Madsen et al., 2015).

Dilemma of Public Perceptions: Men are Physically Stronger

The theme “Dilemma of Public Perceptions: Men are Physically Stronger” was formed from the construct of research conducted by Ansari et al. (2019), Bailly et al. (2015), Lowe et al. (2019), Palacios-Cena et al. (2016), Primholdt et al. (2017) and Rees et al. (2018). Men are well known for their self-image, which society sees as strong and resilient physically individuals (Rees et al., 2018). Therefore, it is not easy for a man with a chronic illness who can no longer do simple things by himself because of the physical consequences of his illness (Lowe et al., 2019). Not all chronic diseases can be seen with the naked eye, its physical changes so that men often feel a dilemma when doing social activities in the community (Primholdt et al., 2017). Men with chronic diseases who experience musculoskeletal system disorders such as Low Back Pain and Ankylosing Spondylitis certainly have limitations in their activities. A dilemma can occur when a man cannot give a seat to a woman on the train and help his wife or someone else carry a heavy load, then people around who see and do not know the actual condition will quickly justify how bad the man's character is (Bailly et al., 2015; Primholdt et al., 2017). In addition, with the traditional concept of masculinity, men with chronic diseases tend not to want others to know that they are sick (Ansari et al., 2019). Men worry about the response of others if they find out that they are sick (Ansari et al., 2019; Palacios-Cena et al., 2016). Men still want to be respected and considered healthy as usual (Ansari et al., 2019).

Limitation

The limitation of this study is that there are aspects of cultural values that are not included as criteria in the articles and analysis in the discussion. There may be different paradigms in developing the social role conceptualization of men. Further studies may consider the concept of cultural values that can determine the role of men in the community.

Conclusion

Men with chronic diseases are faced with many dilemmas in carrying out their social roles. There are at least four themes formulated in this study related to the dilemma of social roles in men with chronic diseases, as follows: dilemma of the role of men as father, dilemma of the role of men as husband, dilemma of the role of men as the breadwinner and dilemma of public perceptions: men are physically stronger. These dilemmas emerge because they can be influenced by the concept of masculinity that has been embedded in people's perspectives (hegemonic masculinity). It can be reflected that men are also human beings who also need to pay attention to their fragility which may not be able to meet community expectations. Masculinity is not just showing toughness, but also the courage to show the fragility of men with health problems (including chronic diseases). Health workers such as family health nurses are expected to be able to provide holistic health services and view the family as a system in managing cases of families with men suffering from chronic diseases.

Conflict of Interest

The authors have no conflicts of interest to declare. The first and second authors are nursing academics concerned with the health of men in family and community. The third author is a family nursing practitioner who cares about the health of family members to carry out their role.

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