

Living in New World: A Qualitative Meta–Synthesis of Older Men’s Experience after Stroke

Pulawit Thongtang, Junjira Seesawang*

Abstract: Older men are more likely to have a stroke that can negatively affect their life. The purpose of this meta-synthesis was to bring together knowledge from qualitative studies focused on the experiences of older men following a stroke to form a new interpretation of this research field. Eligible studies published in English from January 2010 to December 2019 were identified from Medline, CINAHL, and PsycINFO. The main keywords were: stroke, male patient, older males, men with stroke, and qualitative research. Themes were identified through inductive and interpretative technique from each study and independently reviewed by another reviewer. This review included seven qualitative studies.

The literature described older men’s experiences following a stroke in five themes: (1) *living in a different world*, (2) *breaking down of role fulfillment and relationships*, (3) *feeling down due to a difficult life*, (4) *embracing an uncertain future*, and (5) *adapting to the new world*. The literature reviewed suggests that older men who have experienced a stroke face sudden and dramatic changes in their physical, emotional, and cognitive capabilities. Nevertheless, older men might undergo this transition more easily through the use of coping strategies and reconciliation of their self-identity. Stroke rehabilitation interventions related to concepts of masculinity need to be developed. Nurses should develop nursing interventions that including providing advice to older men about stroke strategies which help them to better cope with this life-changing event. The components of interventions need to be aligned with an individual’s experiences and the stroke’s impact on their life. Further studies need to explore how older men manage to overcome barriers to life adjustment after stroke.

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Introduction

Stroke is a common chronic illness that mainly happens among middle-aged and older people. It accounts for many cases of disability and deaths worldwide¹ such as in the United States, particularly among older people.² In Asian countries, it is the

Pulawit Thongtang, RN, PhD, Lecturer, Boromarajonani College of Nursing, Chiang Mai, Thailand. E-mail: pulawit@yahoo.com

Correspondence to: Junjira Seesawang*, RN, PhD, Prachomklao College of Nursing, Phetchaburi, Thailand. E-mail: junjira2926@gmail.com

fourth leading cause of death.³ The incidence of stroke is higher for men under age 75 but is similarly high for the 75–84 age group. For women, the incidence is highest for the above 85 age group.⁴ A future prediction is that number of older men with

stroke will increase therefore there will be more older men living with disabilities.⁴ Thus, nurses and other health professionals concerned about care for older men with stroke need information regarding the problem they face and how they can live with stroke.

Over the last decade, researchers have focused on stroke outcomes, examining such issues as function and disability, treatment outcome, long term mortality, predictors of impairment after stroke, and psychological impacts.⁵⁻⁷ These studies suggest that the impact of a stroke causes many different effects and is different for every case. Other outcomes may include complicated neurological deficits in motor, sensory, cognitive, or emotional functioning.⁸ These effects can limit the ability to recover following a stroke. Thus, the researchers have investigated the recovery process and the outcomes, such as the adaptive process, quality of life, life satisfaction, and social roles. Whereas much is known about the health consequences of stroke for survivors, less is known about what these mean for the older men who have experienced a stroke.

Men are more likely than women to have a stroke as well having one at a younger age than women.⁴ Older male stroke survivors may experience fatigue, disability, and reduced strength and flexibility, effectively undermining one's feelings of strength and independence. These changes can affect a man's role within his family and society.⁹ A previous study found that older men with stroke experienced challenges concerning characteristics of their masculinity including strength, power, toughness, control, independence and being the family breadwinner.¹⁰ Men have lower self-confidence in their role than do women.¹¹ Thus, men's experiences with stroke and its impacts are multidimensional and need to be looked at from different angles. However, there is a lack of knowledge about how older men live with stroke and how masculinity is challenged in older male stroke survivors' life. Importantly, no previous systematic reviews or syntheses of qualitative studies on this topic had been conducted before this analysis.

Although a meta-synthesis¹² had been done to understand the experience of living with stroke among men, women and caregivers, it did not elucidate about managing daily life among older men.

Meta-synthesis is a process of presenting a novel interpretation of existing qualitative studies¹³ and in this case, helping advance a better understanding of older men's experience after a stroke. The use of qualitative research can provide a more complete overview of the effects of stroke, based on the points of view and experiences of older men. A better understanding of older men's experiences after stroke leading to improvements for care planning and delivery can be achieved by synthesizing knowledge in an orderly manner. Moreover, this will help determine knowledge gaps and define areas for additional research. Thus, this review was conducted to synthesize the contributions of published qualitative studies to gain a more complete understanding of older men's experiences living with stroke. This review aimed to answer the following question: 'How do older men experience living with stroke?'

Methods

Design: A meta-synthesis based on Sandelowski's and Barroso's guidelines¹³ was performed to present an innovative interpretation of existing qualitative research focusing on older men's experiences with stroke. These authors proposed steps for synthesizing qualitative research as follows: objective identification, literature search, quality appraisal, analysis techniques and synthesis output.

Ethical Consideration: This study did not include human subjects and was exempt from review by the Institutional Review Board of Boromarajonani College of Nursing, Chiang Mai. The use of participants' quotes in this paper was presented as anonymous.

Eligibility Criteria: The criteria for papers included in this review were as follows: (1) qualitative research findings that involved qualitative methods of

data collection and analysis, (2) described phenomena of the direct experience of stroke survivors in older men (men over the age of 60 years), (3) included older men who had a stroke and were no longer patients, (4) peer-reviewed studies published between January 2010 and December 2019, and (5) written in English. Exclusion criteria included (1) younger male patients (under 60 years) with stroke and other disease groups, (2) studies that used mixed methods, and (3) non-academic articles.

Search Method: The databases Medline, CINAHL, and PsycINFO were used to find qualitative studies. The search terms were ‘stroke/cerebrovascular disease,’

‘men/male patient,’ ‘older/elderly patient,’ ‘men/older men with stroke,’ ‘experience,’ ‘masculinity,’ ‘maleness,’ ‘living with stroke,’ and ‘qualitative research.’

Study Selection: After starting the search and removing any duplicates, the first researcher checked all titles and abstracts. Then a full text of potential studies was obtained and reviewed by two researchers to determine if these met the eligible criteria. The studies that presented the summarizing text from the results and discussion sections specific to older men’s experience after stroke were selected. The process of selection and identification studies is presented in the PRISMA flow diagram (Figure 1).¹⁴

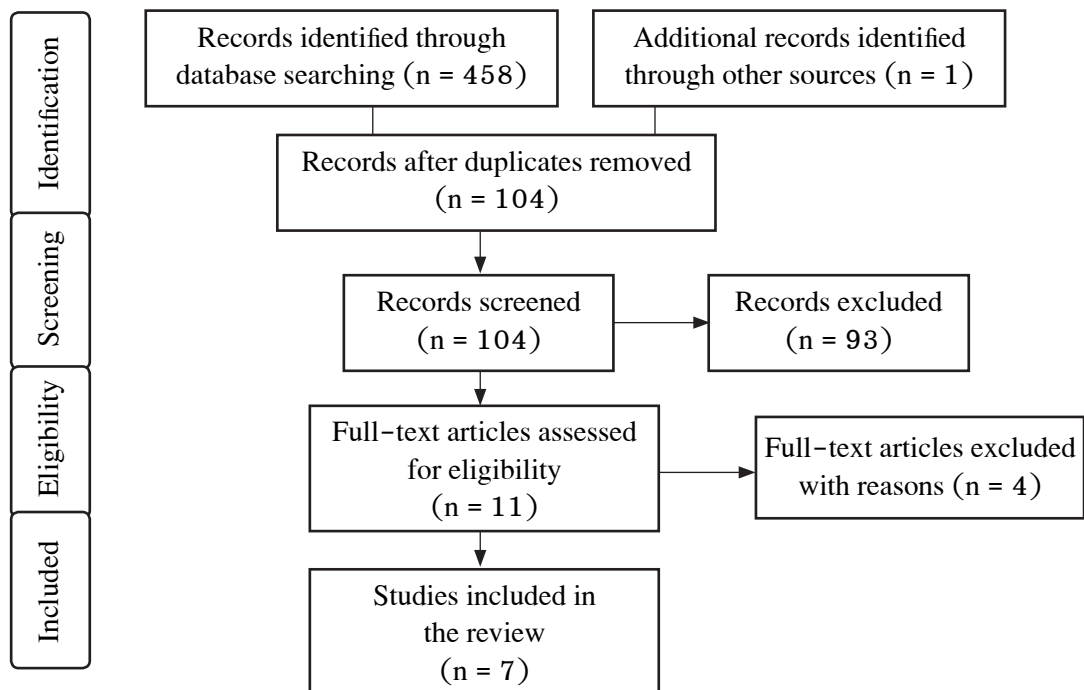


Figure 1. Flow diagram of included studies

Data Extraction: The researchers extracted relevant information from each study using the review matrix. The detailed information of the included studies was the authors’ name, publication

year, location, study aim, study design, sample characteristics, data collection and data analysis, and main findings related to older men are presented in Tables 1 and 2.

Table 1. Overview of studies

Authors/country	Aim	Study design	Sample	Data collection/analysis
Dalvandi et al. ¹⁵ 2010 Iran	Clarify experiences and perceptions among stroke survivors	Grounded theory	10 patients: 6 men, 4 women; 3–6 months post-stroke Age: 60–70	Semi-structured interviews analysed by grounded theory
Medina et al. ¹⁶ 2011 USA	Discover the coping process and cultural distinctions among Mexican–American men with chronic illness	Phenomenology	3 men: 4–15 years post-stroke Age: 65–88	Semi-structured interviews phenomenologically analysed
Price et al. ¹⁷ 2012 USA	Generate an understanding of the phenomenon of resiliency following an acquired disability	Qualitative descriptive	1 man: over 20 years post-stroke Age: 70	Interviews with thematic analysis used
Anderson and Whitfield ¹⁸ 2012 Canada	Understand the impact of family, society, and community resources on stroke survivors' participation in activities	Grounded theory	9 patients: 6 men, 3 women; 1–6 years post-stroke Age: 61–64	Interviews analysed by situational analysis
de Guzman et al. ¹⁹ 2012 Philippines	Explain the self-concept, disposition, and resilience among poststroke Filipino elderly	Phenomenology	9 patients: 6 men, 3 women; at least 2 years post-stroke Age: 60–70	Semi-structured interviews and mask-painting activity, phenomenological data analysis used
Williams and Murray ²⁰ 2013 Australia	Explore occupational adaptation experience among older adults with stroke	Phenomenology	5 patients: 3 men, 2 women; over 1 year post-stroke Age: 68–78	Semi-structured interviews; phenomenological analysis used
White et al. ²¹ 2014 Australia	Clarify the experiences among stroke survivors with urinary incontinence or post-stroke urinary incontinence	Descriptive qualitative	8 patients: 6 men, 2 women; the last 4 years post-stroke Age: 69–88	Semi-structured interviews; thematic analysis used

Table 2 Themes and sub-themes of the included studies

Paper	Main findings	Quality rating
Dalvandi et al. ¹⁵ 2010 Iran	<u>Concepts related to functional disturbances:</u> Physical dysfunction Dependency Role performance Inadequate socio-economic support Life disintegration	9
Medina et al. ¹⁶ 2011 USA	<u>3 major themes:</u> Theme 1. I'm losing control of my life Theme 2. I wish I were a better husband Theme 3. I don't know what I'm good for	8.5

Table 2 Themes and sub-themes of the included studies (Cont.)

Paper	Main findings	Quality rating
Price et al. ¹⁷ 2012 USA	<u>Resilient characteristics throughout the adaptive process:</u> Positive social support Accessing spirituality Having an internal locus of control Building on past success and commitment to succeed	8.5
Anderson and Whitfield ¹⁸ 2012 Canada	<u>Life-changing event:</u> Unable to position their goals as a priority Someone who respects and supports Cultural context: beliefs about disability and age	9
de Guzman et al. ¹⁹ 2012 Philippines	<u>6 major themes:</u> Theme 1: Self-concept as corporeality Theme 2: Self-concept as relationality Theme 3: Disposition as phylogenetic Theme 4: Disposition as ontogenetic Theme 5: Resilience from conviction Theme 6: Resilience from the condition	8.5
Williams and Murray ²⁰ 2013 Australia	<u>3 major themes:</u> Theme 1: 'Shock to the system' Theme 2: 'Your whole life changes' Subtheme 1: Apprehension Subtheme 2: Solving problems Subtheme 3: 'Stretching the limitations' Theme 3: 'You just have to get on...and do your best'	9.5
White, et al. ²¹ 2014 Australia	<u>4 common themes:</u> Theme 1: "I've got to go": onset and daily experience of UI/PSUI Theme 2: "No one ever mentioned it": lack of advice and information from the health system Theme 3: "You can't enjoy something if you've got to go the toilet": the experience of occupational restrictions Subtheme 1: Occupational loss and altered quality of life Subtheme 2: Emotional challenges Theme 4: "It's just a matter of planning": management strategies	8.5

Quality Appraisal: The Critical Appraisal Skills Program (CASP)²² assessment tool was used to check the quality of the included studies by evaluating the methodological rigor and quality of qualitative research.

The ten items of this assessment include (1) definite aims, (2) appropriate qualitative methodology, (3) well-designed research, (4) competent recruitment strategy, (5) suitable data collection, (6) a consideration of the

relationship between researcher/participants, (7) ethical issues studied, (8) precise data analysis, (9) understandable statement of findings, and (10) importance of the research.¹⁹ These ten items were recorded as “1 (yes),” “0 (no)” or “0.5 (can't tell).” All studies with a score of at least 6 were included in the review.²² Two researchers independently conducted the methodological quality assessment. In cases where no agreement could be reached between two researchers, a third reviewer would decide.

Meta-Synthesis Process: The method used in this paper was based upon Sandelowski and Barroso's inductive and interpretative technique.²³ The researchers read each paper several times and extracted findings across the papers that related to older men's experiences with stroke. Line-by-line coding of the older men with stroke' quotes and the study authors' interpretation of the original data was involved. The researchers looked

for the quotes and the summarizing text from the results and discussion sections of each study, specific to older men' experience after stroke to capture meaning. Grouping codes into one or more descriptive themes was performed. Then themes were identified by the creation of visual maps which clustered and translated selected key findings. The researchers identified additional themes using the constant comparative method while re-reading each study to further synthesize their main conclusions and concepts. Both older men with stroke' quotes and authors' data interpretation were peer-reviewed by another researcher to establish trustworthiness. Moreover, older men with stroke' quotes from original studies were presented. Final descriptions of themes and theme titles were assigned. **Table 2** shows the main findings related to older men of the included studies and **Table 3** presents meta-summary from translating original study themes.

Table 3 Meta-summary from translating original study themes

Authors/ Country	Living in a different world	Breaking down of role fulfillment and relationship	Feeling down due to a difficult life	Embracing an uncertain future	Adapting to the new world
Dalvandi, et al. ¹⁵ 2010 Iran	Physical dysfunction Dependency	Role performance			Inadequate socio-economic support Life disintegration
Medina et al. ¹⁶ 2011 USA		Theme 2: I wish I were a better husband	Theme 3: I don't know what I'm good for	Theme 1: I'm losing control of my life	
Price et al. ¹⁷ 2012 USA					Positive social support Accessing spirituality Having an internal locus of control Building on past success and commitment to succeed
Anderson and Whitfield ¹⁸ 2012 Canada			Unable to position their goals as a priority		Someone who respects and supports Cultural context: beliefs about disability and age
de Guzman et al. ¹⁹ 2012 Philippines	Theme 1: Self- concept as corporeality	Theme 2: Self- concept as relationality	Theme 3: Disposition as phylogenetic Theme 4: Disposition as ontogenetic		Theme 5: Resilience from conviction Theme 6: Resilience from the condition

Table 3 Meta-summary from translating original study themes (Cont.)

Authors/ Country	Living in a different world	Breaking down of role fulfillment and relationship	Feeling down due to a difficult life	Embracing an uncertain future	Adapting to the new world
Williams and Murray ²⁰ 2013 Australia	Theme 1: 'Shock to the system'				Subtheme 1: Apprehension Subtheme 2: Solving problems Subtheme 3: Stretching the limitations Theme 3: 'You just have to get on...and do your best'
White et al. ²¹ 2014 Australia	Theme 1: "I've got to go": onset and daily experience of UI/PSUI Subtheme 1: Occupational loss and altered quality of life			Subtheme 2: Emotional challenges	Theme 2: "No one ever mentioned it": lack of advice and information from the health system Theme 4: "It's just a matter of planning": management strategies

Findings

Search Results: The initial search identified 458 studies (Figure 1) and then 354 duplicates were deleted. The titles and abstracts for the remaining 104 studies were independently screened by the researchers. From 11 fully-assessed articles, 4 studies were not included as they did not meet the inclusion criteria; they lacked written experiences of older men with stroke ($n = 3$) and/or were grey literature (thesis: $n = 1$). Ultimately, this review included 7 studies.

Study Characteristics: The data from the seven studies provided examples of different sides of the lived experiences among older men who had a stroke. The studies were done in Australia ($n = 2$), USA ($n = 2$), Canada ($n = 1$), Iran ($n = 1$) and Philippines ($n = 1$). Grounded theory, phenomenology, and qualitative descriptive approaches were used. The research objectives included perceived life after stroke and experience with coping or adaptation processes. The sample sizes ranged between 1 and 10. The study participants ranged in age 60–88 years. Table 1 presents the characteristics of the seven included articles. Seven themes arose from our analysis and synthesis, and are described below:

Living in a different world

This theme represents the consequences of having a stroke on physical changes as reported in four papers.^{15,19,21} Stroke appeared to affect and challenge men's identities.¹⁹ Due to dramatic changes in physical attributes and physical ability, men's lives undergo a change that can be likened to entering a new foreign world.²⁰ They described life as empty and without pleasure because of common physical dysfunctions including paralysis, disturbed balance and coordination, and loss of sensation in limbs. This fundamental life change was expressed in most studies as a functional disturbance that causes occupational loss, mobility limitations, and other problems with self-management activities, such as activities of daily living.^{15,20-21} Thus, older men with stroke faced being dependent on others in their daily lives, particularly family members. One participant mentioned that "My boys say *"Dad come up here for a couple of weeks" but I can't travel.*"^{21(p.130)} Older men with stroke also experienced changes in cognitive ability. After a stroke, attention, memory, language, and orientation were some of the cognitive domains which may affect the quality of life.²¹

Breaking down of role fulfillment and relationship

This theme encapsulates the impact of stroke on gender roles and relationships, which appeared in 3 studies.^{15-16,19} For some patients, stroke affected their role fulfillment and led to the loss of important life roles. Older men with stroke experienced challenges with these role changes. Some older men with stroke indicated that having a stroke disappointed their partners and damaged their spousal relationships.¹⁶ They saw themselves as being newly dependent and failing to carry out everyday responsibilities which were essential to their identity as a husband. To be an exemplary spouse means being responsible to the family through having a job, taking care of the home, and sharing household chores.¹⁵⁻¹⁶ However, their roles in family and society changed because of their physical impairment and they were unable to fulfill their obligations. One participant said that *"I couldn't go to work, as a father in the family. I have lost power and strength and my job."*^{15 (p.250)}

Not only family relationships but also social relationships were significantly affected after a stroke. Older men were concerned about their sexual loss because it was the major change in their marital relationship. Some men had a negative opinion of their value and sexual desirability due to difficulties maintaining relationships with their partners.¹⁶ They described diminished roles due to an inability to satisfy their spouses sexually. One stated *"We don't get involved in those things anymore because I can't do anything, which makes me feel down. We used to have sex a lot, every other day. Now we can't do it."*^{16(p.194)} Furthermore, after a stroke, stroke survivors were at risk of losing their friends or their relationships with their friends were limited.

Feeling down due to a difficult life

This theme concerns the tendency to turn to negative emotions as described in three papers.^{16,18-19} Older men with stroke showed feelings of sadness, loneliness, anxiety, and discouragement, including

feeling helpless as a result of their dependence on others or an inability to fulfill their duties, for example, *"I feel bad because I can't do some things. I have to ask somebody to get things for me."*^{16(p.195)} Some felt shame and described a loss of confidence in their ability to perform self-care activities.^{16,18} Due to physical and cognitive impairment, the men perceived that people could undermine their position by talking down to them or ignoring them.

Older men who experienced a stroke had a different perception of themselves. They recognized the multiple losses following stroke as not just disruptions in their biographies, but as a profound loss of self.¹⁹ Comparing the past and present, older men described the experience of being unattractive and being of less use which led them to feel less valued, for example, *"My hobby was always to work with my hands to create things. When you can't do that anymore, fix your sink or toilet... It's frustrating."*^{16(p.195)}

Embracing an uncertain future

This theme reflected older men feeling like their life was filled with uncertainty and was presented in two papers.^{16,21} After a stroke, the physical body becomes unpredictable and men had to deal with persisting functional disability, thus, their mindset was key to coping with difficult circumstances and facing the unknown. After experiencing a stroke, older men had heightened uncertainty regarding employment, finances, relationships, and physical and mental health. However, some were hoping that someday they would return to their former lives. They reported that feelings of disorientation were combined with ambiguity related to managing the impact of stroke and unpredictable symptoms, for example, *"I want to beat it but I don't know what I can do to beat it."*^{21(p.130)} Most were concerned by not knowing how much they would recover and the possibility of another stroke.¹⁶ Another concern was the risk of death.

Most older men with stroke thought about their concerns during the recovery process and struggled with their new identity. They were still hoping for

further improvements but recognized that their life would be different. The most difficult thing for these men to handle regarding the uncertainty after a stroke was coming to terms with the fact that they could not return to their former selves. Some reflected that they never imagined it would happen to them, so they found it hard to comprehend and to accept their uncertain future.

Adapting to the new world

This theme focuses on how older men adapted to changes in their life and the barriers to adapting to life after stroke, as found in six articles.^{15,17-21} It seems that most men with stroke had active coping styles, that included taking the initiative, setting and achieving positive goals, and maintaining a positive attitude.^{17-18,20-21}

Relying on past successful experiences to shape how a person approaches a new challenge can help older men recover from stroke.¹⁷ They used a variety of physical and spiritual strategies to get through “down moments” and to negotiate their limitations. These included humor, human touch, self-talk, expressing anger or anxiety in prayer, and exercising every day.¹⁹⁻²⁰ Humor was utilized by a lot of the men in order to handle stress. This can reflect a broader definition of masculinity that males do not weep or show vulnerability. They employed their problem-solving skills, tried trial and error, requested help from others, and relied on existing resources in the community.²⁰ Older men valued the social support from family members and friends in helping them to deal with the changes in their lives. In particular, their wives provided both physical and emotional support without being overprotective.^{17-18,20} Also, their friends reinforced their ability to recover, for example, “*My good friends, once I got out [of rehabilitation], they never said you can’t do something. You know, they said ‘Okay, let’s do that.’*”^{18(p.826)}

Even though older men with stroke used several strategies to go back to their previous lifestyle before their stroke, they acknowledged various barriers to this. One such barrier was lacking information and skills related to stroke recovery due to a lack of attention from the health system. One participant said

that “*I did see a stroke nurse... I think she gave me the information but because it was new to me, I wasn’t taking it probably as much as I should have.*”^{21(p.129)}

One study reported inadequate socio-economic support, including low income and lack of social security and social insurance that resulted in a lack of access to existing rehabilitation centers or an inability to get some services at their homes.¹⁵ Moreover, ageism regarding attitudes towards stroke disability prevented older men from working hard to recover while others viewed their disability as a factor of growing older.¹⁸

Discussion

This meta-synthesis brought together evidence regarding the older men’s experiences following a stroke. They faced various consequences, both physically and emotionally, that affected their ability to manage their recovery effectively. However, they tried to reconceptualize their lives as a result of living with stroke and used coping strategies tied strongly to masculine pride to deal with the negative impacts of stroke. The findings from this review are compatible with the lived experiences of younger and female stroke survivors that have been reported by others.²⁴⁻²⁵

For older men with stroke, major changes in their physical, emotional, or cognitive qualities will occur after experiencing a stroke. These men may feel that having a stroke trapped them in a different life. In a qualitative study of post-stroke experiences,²⁴ experiencing a stroke has been characterized as a mini death or a personal calamity. In this review, older men with stroke reported less productivity regarding household chores and self-care. They also described a perceived threat to their masculinity due to an inability to perform certain roles and feeling dependent. They felt weak when they could not meet others’ expectations because, for them, a man is generally regarded as the leader of the family. Other studies also found that patients with chronic illnesses underwent the deprivation of such roles as an income earner,

friend, parent, and spouse.^{12,26} Moreover, changes in sexual relationships due to the patient's physical condition were considered an interpersonal loss, which led to feelings of lower self-esteem.²⁷⁻²⁹

The loss of activities that the older men had enjoyed before their stroke greatly influenced their sense of identity and their mental health. They were overwhelmed with negative feelings as a result of changes in physical abilities. Negative feelings included frustration, apprehension, shame, sadness, a fear of falling, uncertainty, and feeling down, all of which are congruent with the findings of other studies.^{30,31} These men were uncomfortable to accept aid and found it difficult to seek this aid while trying to adapt because they highly valued autonomy and desired to be seen as strong. Thus, they might have found it hard to request and accept help. Nevertheless, overcoming negative feelings was dependent on the feelings themselves as well as personal qualities and coping strategies.

Older men with stroke reported difficulties and feelings of disturbed emotions while trying to readjust. They adopted several strategies that facilitated adaptation to their new role such as setting positive goals, maintaining a positive attitude, problem-solving, and using humor. Our findings are similar to another review concerning psychological adaptation to stroke included such coping strategies as active problem-oriented coping and goal setting.³¹ Men tend to use a range of so-called 'masculine' strategies to positively cope with negative feelings.³²⁻³³

The limitation of these papers reviewed was that the majority included participants over 1-20 years after stroke. Thus, future research investigating the experience of older men in the initial stage of stroke recovery is needed.

Conclusion and Implications for Nursing Practice

This paper highlighted that following a stroke, an individual experiences a completely new world

that includes psychological and physical challenges. The body of an older man with stroke becomes something foreign in their life. Experiences following a stroke challenges older men's self-identity and role-capacity in the face of acquired deficits. For older men, suffering a stroke can completely change their lives and affect every aspect of their existence. They need to face these difficult changes with an open-mind while modifying their behavior to live with their disabilities. Thus, many coping strategies adopted by older men were highlighted, although some barriers were also identified. In particular, support, especially from partners, is important for all men.

Research indicates that older men with stroke experience activity limitations and participation restrictions. Thus, long term issues and psychological experiences should be addressed as these can lead to depression, further isolation, and ultimately poor community reintegration. Helping older men with stroke talk more freely about their worries following a stroke is important, and providing clear information about the recovery process may help manage confusion and uncertainty. Nurses have to motivate older men to think about their solutions to identified problems and may help encourage a positive mood following a stroke by highlighting strengths and successes. We recommend that rehabilitation should integrate support for adaptation and readjustment from their family.

Future research in the area of the experiences following a stroke needs to explore how older men manage and overcome barriers to life adjustment. To contribute to post-stroke rehabilitation, researchers should focus on how best to tailor interventions to help older men regain independence and improve their health-related quality of life.

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การมีชีวิตรอยู่ในโลกใหม่: การสังเคราะห์ห่อภิมานวิจัยเชิงคุณภาพเกี่ยวกับประสบการณ์ของผู้สูงอายุชายโรคหลอดเลือดสมอง

ปุลวิษฐ์ ทองแดง จันทรจิรา สีสว่าง*

บทคัดย่อ: ผู้สูงอายุชายมีแนวโน้มที่จะเป็นโรคหลอดเลือดสมองซึ่งสามารถส่งผลกระทบต่อวิถีชีวิตของผู้ป่วย การสังเคราะห์ห่อภิมานครั้งนี้มีวัตถุประสงค์เพื่อสังเคราะห์งานวิจัยเชิงคุณภาพที่เกี่ยวกับประสบการณ์ของผู้สูงอายุชายโรคหลอดเลือดสมอง งานวิจัยที่ตีพิมพ์เป็นภาษาอังกฤษตั้งแต่เดือนมกราคม ปี ค.ศ. 2010 ถึงเดือนธันวาคม ปี ค.ศ. 2019 ได้รับการสืบค้นจากฐานข้อมูล Medline, CINAHL และ PsycINFO คำสำคัญหลักที่ใช้ในการค้นหาคือ โรคหลอดเลือดสมอง ผู้ป่วยชาย ผู้สูงอายุชาย ผู้ชายที่เป็นโรคหลอดเลือดสมอง และวิจัยเชิงคุณภาพ ประเด็นหลักถูกระบุโดยใช้เทคนิคการอุปนัยและการตีความจากรายงานวิจัยแต่ละเรื่องและถูกตรวจสอบโดยผู้ทบทวน 1 ท่าน รายงานการวิจัย 7 เรื่องผ่านเกณฑ์การคัดเข้าเพื่อการสังเคราะห์

ผลการสังเคราะห์ห่อภิมานเกี่ยวกับประสบการณ์ของผู้ป่วยสูงอายุชายที่เป็นโรคหลอดเลือดสมอง ดังนี้ (1) มีชีวิตรอยู่ในโลกที่แตกต่าง (2) สูญเสียบทบาทและสัมพันธภาพ (3) รู้สึกแยกกับชีวิตที่ยากลำบาก (4) อยู่กับอนาคตที่ไม่แน่นอน (5) ปรับตัวสู่โลกใหม่ การสังเคราะห์นี้มีข้อเสนอแนะว่า ผู้สูงอายุชายโรคหลอดเลือดสมองเผชิญกับการเปลี่ยนแปลงอย่างมากและกะทันหันของร่างกาย อารมณ์ และการรู้คิด อย่างไรก็ตามผู้สูงอายุชายอาจจะมีการเปลี่ยนผ่านได้ง่ายขึ้นด้วยกลยุทธ์ในการปรับตัวและการรักษาเอกลักษณ์ความเป็นชาย โปรแกรมการฟื้นฟูผู้ป่วยโรคหลอดเลือดสมองควรได้รับการพัฒนาโดยตระหนักถึงแนวคิดเกี่ยวกับความเป็นชาย รวมถึงประสบการณ์ส่วนตัวของผู้ป่วย ซึ่งองค์ประกอบของโปรแกรมควรสอดคล้องกับประสบการณ์ของผู้ป่วยและผลกระทบของโรคหลอดเลือดสมองต่อชีวิตของผู้ป่วยชายสูงอายุ พยาบาลควรพัฒนาโปรแกรมการพยาบาลและให้คำแนะนำผู้สูงอายุชายโรคหลอดเลือดสมองเกี่ยวกับกลยุทธ์ที่จะช่วยให้ผู้สูงอายุชายมีการปรับตัวกับเหตุการณ์ที่จะเปลี่ยนแปลงชีวิต การวิจัยในอนาคตควรค้นหาว่าผู้สูงอายุชายมีการจัดการและเอาชนะอุปสรรคในการปรับเปลี่ยนชีวิตภายหลังการเป็นโรคหลอดเลือดสมองได้อย่างไร

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คำสำคัญ: ประสบการณ์ ผู้สูงอายุชาย โรคหลอดเลือดสมอง การสังเคราะห์ห่อภิมาน

ปุลวิษฐ์ ทองแดง, RN, PhD, อาจารย์วิทยาลัยพยาบาลบรมราชชนนีนี เชียงใหม่
จังหวัดเชียงใหม่ E-mail: pulawit@yahoo.com
ติดต่อที่: จันทรจิรา สีสว่าง*, RN, PhD, วิทยาลัยพยาบาลพระจอมเกล้า
จังหวัดเพชรบุรี E-mail: junjira2926@gmail.com