THE EXPERIENCES OF MALE HOME-BASED CAREGIVERS WHO RENDER SERVICES WITHIN THE CITY OF TSHWANE METRO MUNICIPAL AREA

by

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The experiences of male home-based caregivers who render services within the city of Tshwane Metro Municipal area

I declare that the above dissertation is my own work and that all the sources that I have used or quoted from are indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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ABSTRACT

This study examined the experiences encountered by male home-based caregivers when rendering care to patients within the city of Tshwane Metro Municipal area. By focusing on the distinctive experiences of male caregivers, this exploratory-descriptive qualitative study sought to contribute to the body of knowledge regarding home-based caregiving, which was found to be scanty, particularly on this subject. This comprehensive exploration of the male caregivers' complexities and subtleties when caring for patients were explored and described from the family systems and social support theoretical perspectives and included a review of general literature from the field of home-based care as well as the social work principles, doctrines, and values. Many facets of the male caregiver experiences were examined through semi-structured interviews with male caregivers involved in caring for patients from within their home environments, being the central focus, including their communication, collaboration, decision-making, emotional support and the caregiving impact on the caregiver's well-being. Using individual semi-structured interviews as data collection tool, the collected data was analysed thematically according to Braun & Clarke's approach to qualitative data analysis. Leading to several issues encountered by male caregivers, including emotional distress, lack of support, and juggling between various roles. Strategies such as finding an informal support system, practicing self-care, and using community resources to reduce the caregiving stress, were found to be common mechanisms for coping. For study rigor, the researcher was guided by the classical principles of credibility, dependability, confirmability, and transferability as proposed by Guba and Lincoln, while general international research ethical standards such as informed consent, confidentiality, anonymity, avoiding harm and beneficence adopted during the declaration of Helsinki were upheld throughout the study. Based on the findings, it is suggested that to enhance the effectiveness of caregiving, special intervention programs for male caregivers and an increased representation of male caregivers in the formulation of policies and plans should be promoted.

Key Words: male caregivers, home-based caregiving, experiences, challenges, City of Tshwane Metro Municipal Area.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1.INTRODUCTION

In a broad sense, a caregiver is someone who looks after another person. Home-based caregiving can be viewed as an important aspect of social work practice, particularly when it comes to assisting individuals and families in their own homes. Social workers can play an important role in assisting home-based caregivers by providing resources, information and emotional support to assist them in coping with the challenges associated with caregiving (Lekganyane & Alpaslan, 2019). They play an important role in maintaining individuals' independence and dignity, while ensuring that they receive the necessary care and assistance in the comfort of their own homes through personalised care and cost-effective interventions (Cagle, Johnson & Carlson, 2016; Simone, Shea & Himes, 2015).

In the South African context, home-based care (HBC) is a crucial component of the healthcare system, especially for managing the needs of the aging population, those with chronic illnesses such as cancer, and people living with HIV/AIDS. According to the Department of Social Development (2019), home-based care in South Africa is largely facilitated through community-based organisations and involves both formal and informal caregivers, including a growing number of male caregivers. As of 2022, approximately 200,000 caregivers were registered with various home-based care organisations across the country, with only 15% being male. These caregivers support patients with a variety of needs, from daily living activities to complex medical care, often in resource-limited settings. However, male caregivers face unique challenges, including societal expectations, lack of support systems, and limited access to training and resources, which impact their caregiving roles (Murphy, Moolla, Kgowedi et al., 2021). Understanding the specific needs and circumstances of male caregivers is essential to improving both the quality of care provided and the well-being of caregivers themselves.

According to Marshall (2014), the term "home community-based care" describes health services provided in-home by both formal and informal carers with the goal of maximising a person's degree of comfort, function, and health. In essence, home-based care is part of a more comprehensive concept known as HCBC. Both home community-based care and home-based care are crucial parts of healthcare systems, particularly for those who are

unable to get institutional care due to a variety of conditions, including old age, illness, or disability (Onywera, Mwapagha & Hsiao, 2021). Providing care, support, and assistance to individuals who are unable to fully take care of themselves because of physical, mental, or emotional challenges is known as home-based care. Home-based caregiving includes transportation assistance, personal care, medication administration, health monitoring, meal preparation and nutrition, emotional support, and household management. It also includes advocacy for clients and their families (Denham & Kistler, 2023; Boris & Klein, 2015; Kistler & Drickamer, 2018; Hepworth, Rooney & Rooney, 2021).

Home-based care reduces the risk of readmission to the hospital and enhances the quality of life, independence, and emotional wellbeing of patients with chronic conditions or post-hospitalization needs (Molu, Ozkan, & Icel, 2016). Home-based care can also be more cost-effective than institutional care because of lowers overhead costs. Due to lower overhead expenses, home-based care has also been linked to cost reductions when compared to institutional care (Megido, Sela & Grinberg, 2023). It is essential to preserve the wellbeing and inherent capacity of the elderly population living in communities as well as lowering frailty and institutionalisation (Kelly, Mrengqwa & Geffen, 2019).

In most instances caregivers are family members, such as a spouses or children (Levine & Adelman, 2014; Ward-Griffin, Hall, DeForge, St-Amant, & McWilliam 2016; Roth Fredman, Haley & Mittelma, 2015). Members of the local community (church members, neighbours and friends) and professionals (from home-based care organisations) may also be part of the caregiving team (Bach, 2022). Despite their significant contributions, there has been a limited focus on the experiences and challenges faced by caregivers, particularly male caregivers who also render patient care within their homes or the ‘so called’ male home-based caregivers.

The gender aspect of caregiving has typically been less investigated in studies on home-based care, mainly due to an assumption that caregiving is primarily a woman’s job (Lindt, van Berkel & Mulder, 2020). Nonetheless, certain data suggest that men are increasingly participating in home-based caregiving, especially in light of chronic illnesses and the ageing population (McCallum, Rees & Brodaty, 2019). Understanding the experiences, needs, and challenges that male home-based carers encounter in carrying out their responsibilities is crucial to developing targeted interventions and support systems that are appropriate for their specific/unique situation. While previous studies investigated the role of caregivers in home-based care for HIV patients in South Africa (Mills, Howard, Pitzen, Smitherman, Cole, Wolfram, Deane, Sender, & Poltavski, 2024), they did not specifically address the issues

that male caregivers face. Some studies suggest that while gender differences in caregiving are minimal, female caregivers report experiencing greater caregiving burdens compared to their male counterparts. This may be attributed to the different types of caregiving activities each gender typically performs, as well as the varying levels of emotional and physical support they receive (Sharma, Chakrabarti & Grover, 2016). Male caregivers, for instance, might spend more hours on caregiving tasks but are less likely to provide personal care, which is often more emotionally taxing (Alliance, n.d.). Consequently, targeted interventions and support mechanisms are necessary to address these gender-specific differences and improve caregiving outcomes for all. Informational support, constructive activities, and social support are interventions to help male carers even more (Shin & Choi, 2020; Li, Manuel, Isenberg & Tanuseputro, 2022).

Lindt et al. (2020) conducted a systematic literature review to examine the factors that contribute to overburdening among informal carers in the Western Cape province of South Africa. The study didn't specifically address the dynamics surrounding the experiences of male carers; instead, it concentrated on informal carers in general. A different study by McCallum et al. (2019) examined the experiences and preferences of male and female carers independently, emphasising choice and quality in Australian home- and community-based aged care. They discovered that male caregivers were more likely to value autonomy, flexibility and reliability in service delivery (McCallum et al, 2019). Female caregivers reported a heavier burden than male caregivers (Swinkels van Tilburg, Verbakel & van Groenou, 2019). Although the study did highlight issues that affect male caregivers, it does so from a general perspective mainly because it was not specifically designed for male caregivers. Furthermore, the study was conducted in Australia, with contextual dynamics that differs from South Africa, thus leaving the males' experiences from a South African context still inadequately explored. Nemcikova, Katreniakova & Nagyova (2023) investigated the relationships between caregiver burden and home-based caregivers of dementia-affected older adults. Their research revealed a significant correlation between lower caregiving burdens and higher levels of perceived social support, positive caregiving experiences, and higher levels of caregiving intensity among unpaid carers for dementia patients. The use of two therapeutic communication techniques and carer burden, however, did not significantly correlate. The research findings indicate that the adoption of psycho-social and educational public health interventions aimed at enhancing social support networks and preserving positive attitudes towards caregiving may mitigate the heightened

likelihood of carer burden among unpaid carers of elderly individuals suffering from dementia.

The majority of caregiving duties are still performed by women, but there is an increasing number of male caregivers as well as support networks for them. The researcher (Appelbaum, 2022) also acknowledges that men frequently start from very different places/areas/situations than women when transitioning to caregiver roles and they have a propensity to internalise the experiences of providing care. Furthermore, recognising and addressing the unique challenges that male caregivers face can improve their well-being and the quality of care they provide to patients (Roth et al., 2015).

Male caregivers challenge traditional gender role stereotypes that perpetuate females as natural caregivers by playing a significant role in providing a wide range of services in the context of home-based care (Swinkels et al., 2019). Male caregivers also take part in household management by organizing and cleaning, ensuring that the living quarters of care recipients remain secure and comfortable. As observed by (Mott, Schmidt, & MacWilliams, 2019), male caregivers like their female counterparts, are involved in various aspects of caregiving, including but not limited to:

- Personal care: they assist with bathing, dressing, grooming, toileting, mobility support as well as ensuring the comfort and well-being of care recipients.
- Medication management: They take on the responsibility of administering medications correctly, monitoring adherence to prescribed treatments and organising medication schedules.
- Health monitoring: To ensure the health and safety of care recipients, carers actively monitor vital signs, such as blood pressure and blood glucose levels, and track general health conditions.
- Meal preparation and nutrition: They plan and prepare nutritious meals tailored to the specific dietary needs of care recipients and therefore promoting their physical and health well-being.
- Emotional support: caregivers also provide companionship, engage in meaningful conversations and offer emotional support to alleviate feelings of loneliness, anxiety or depression. They foster a sense of belonging and emotional well-being.
- Household management: They actively take part in light housekeeping duties like organising, cleaning, and keeping care recipients' living quarters secure and comfortably.

- Transportation: caregivers assist with transportation needs to ensure that care recipients do attend medical appointments, engage in social activities or complete necessary errands. They therefore promote their independence and social engagement.

1.1.1. Description of the study problem

Understanding the unique experiences and challenges faced by male caregivers who render home-based care services are essential to enhance the caregiving process and outcomes. However, existing literature and practices often overlook the specific needs and perspectives of male caregivers in the home-based care field. These difficulties may have an impact not only on male caregivers' own health and well-being, but also on the quality of care provided to the patients (Fredman & Daly, 2014). Some of the studies on caregiving focused on caregiving in general, without specific attention on the unique challenges faced by male caregivers, for example, a study by Hawken, Turner-Cobb & Barnett, (2018) focused on a systematic review assessing coping and adjustment across all caregiver ages.

A preliminary review of existing literature conducted in building up to this study, demonstrated little research on the subject, with most studies failing to address the unique experiences of male caregivers in South Africa (Lindt et al., 2020; McCallum et al. 2019). This limited research can have serious consequences because it limits understanding of the unique challenges and needs of male caregivers. In practice, this can lead to insufficient support and interventions for male caregivers, with the subsequent potential to negatively affect the care quality they provide.

Social and cultural norms may lead to distinct expectations for male carers as compared to females, influencing their interactions, support mechanisms and collaboration with patients' families (Zarzycki, Morrison, Bei, & Seddon, 2023; van der Werf, Paans, Emmens, Francke, Roodbol & Luttik, 2020). These factors may negatively affect the quality of care provided as well as the overall well-being of both caregivers and care recipients. Through this study the researcher intents/plan is to fill the knowledge gap around the subject of home-based care, by examining/studying the experiences of male caregivers who render home-based care services to patients in their homes, specifically in Pretoria West, City of Tshwane Metro Municipality. The expectation is that this study would shed some light on the unique issues and areas, specifically for males that needed improvement in the home-based care context.

Male caregivers may suffer negative consequences concerning their own health and ability to provide care because of the difficulties they face with patient and family member relationships. These challenges can be emotional, social and practical, and may include

difficulties in managing responsibilities and expectations, as well as issues concerning financial management and support networks (Mott, Schmidt, & MacWilliams, 2019; Schofield, Herrman, Bloch, Howe, & Singh, 2019). Understanding the unique challenges male carers face can help to develop specialised interventions and support services tailored to their specific needs, ultimately improving their overall well-being. Traditional gender norms and societal expectations may impact male carers' roles, resulting in issues related to identity, communication and decision-making within the family context (Lopez-Anuarbe & Kohli, 2019). Furthermore, because caring is traditionally a female role, male caregivers may face challenges when seeking emotional support and gaining access to resources for their own well-being.

To conclude, there is a significant knowledge gap regarding the experiences and challenges male home-based caregivers face when rendering home-based care services to patients, particularly in the Pretoria West region of the Tshwane Metro Municipality. Bridging this gap through the necessary research was crucial not only for evidence-based practice, but also to address the specific needs of male caregivers in this local context.

1.1.2. Research Problem

The male caregivers in home-based care services are challenged in ways that are not well explored in the literature affecting their caregiving tasks. Although there is an increasing trend of male caregivers, most of the previous research has only addressed female caregivers hence a research gap on the experiences of male caregivers. Such a gap may result in inadequate attention, preparation, and tools for male carers, which may negatively affect the quality of care they deliver.

Male caregivers therefore must deal with different social and cultural expectations that are not common with female caregivers. They may suffer from higher role stress or role overload concerning the conflict between the caregiving role and work or career aspirations (Stefanova, Farrell & Latu, 2023). Such challenges are worsened by the traditional gender roles that assign the responsibility of care giving to the female gender thus male carers experience limited access to emotional support, social networks and suitable resources (Lopez-Anuarbe & Kohli, 2019). Moreover, the male caregivers may use more functional communication style with less emotional support than the female caregivers (Lopez-Anuarbe & Kohli, 2019), which may lead to stress and loneliness.

In the South African context, research on caregiving in general has been done sparingly and the experiences of male caregivers have been excluded. For example, Grover, Chakrabarti,

and Sharma (2016) and Lekganyane and Alpaslan (2019) did not include the experience of male caregivers as their studies were more general in nature. Consequently, the specific requirements and concerns of male caregivers have not been given sufficient attention, and thus this group of people is not well supported by current policies and programs.

1.1.3. Rationale

It is important to understand the experiences of male caregivers in home-based care services for several reasons. Understanding the difficulties that male caregivers encounter assist in designing the interventions that would enhance the quality-of-care services provided by them. Societal and cultural expectations are different for male and female caregivers and play an impact on their caregiving roles and the available support (Makgaba & Mulaudzi, 2018; Naidoo et al., 2017; Nkosi et al., 2015). Thus, it is possible to establish the concrete necessities and concerns of male caregivers and create the appropriate support interventions to enhance the family relationships, caregiver assistance, and communication for the benefit of both caregivers and their patients (Lopez-Anuarbe & Kohli, 2019; Robinson et al., 2014). Male caregivers experience more role strain and emotional demands than female caregivers because of social expectations (such as that men must be strong and not express weakness) that make them to suffer more than their female counterparts (Stefanova, Farrell & Latu, 2023). Identifying and fulfilling these needs can enhance the quality of caregiving to both the caregivers and the patients.

This study also seeks to add its voice to the campaign to destigmatise male caregiving and call for better support structures. Thus, the findings of the study, with their focus on the specificities of male caregiving, will contribute to the identification of the gaps in the policies and practices, and offer recommendations for the improvement of the support, education, and mental well-being of male caregivers (RWJF, 2021; Friedemann & Buckwalter, 2014). These interventions are expected to enhance the quality of home-based care since treatment and care methods that would suit the male caregivers will be developed. However, the implications of this research on the recognition and support of male caregivers could also result in better health for the benefit of the caregivers as well as the patients, thus improving the practices of home-based care services.

Lastly, the study will help in addressing the identified gaps in the literature by examining male caregivers in South Africa, to whom little research attention has been paid in the context of home-based care. In this way, the research will contribute to the development of

further theoretical and practical initiatives for improving the situation of male caregivers in the given local and more extensive settings.

Table 1 below outlines some of the additional studies that were conducted with gaps pertaining to the male caregiver experiences from a South African context/viewpoint.

Table 1: Existing studies on male caregivers

Author(s) & year	**Focus**	**Gaps**
Spendelow, Adam, & Fairhurst, (2017).	The study focused on coping and adjustment in informal male carers.	The study did not involve male caregivers. Neither did it address experiences pertaining specifically to male givers.
Sharma, Chakrabarti, & Grover (2016)	Gender disparities in mental health caregiving among family carers	The study did not specifically focus on male caregivers and their unique experiences.
Lopez-Anuarbe and Kohli (2019)	Recognising the mental, financial, and physical toll that male carers in the US take.	The study focused on the emotional, financial, and physical burden of male caregivers in the context of the US. It did not focus on their experiences in general, neither did it consider the South African context.
Mott, Schmidt, & MacWilliams (2019)	family carers' roles are changing, and male carers in particular	The study had a broad focus and did not delve deeply into the specific experiences of male caregivers.
Robinson, Bottorff, Pesut, Oliffe & Tomlinson (2014)	Men's experiences providing care for individuals with dementia	The study focused on a specific caregiving context (dementia) and did not explore the experiences of male caregivers in other care situations.
Lopez-Anuarbe & Kohli (2019)	Male carers' financial, emotional, and physical burdens in the US	The study had a broad focus and did not delve into the nuances of the male caregiver experience.

From the above table, few studies have been conducted, with some focusing on male caregivers. However, they did not specifically address the experiences of male caregivers from a South African perspective. This left the subject regarding the experiences of home-based male caregivers open, hence the focus of the study.

1.2.THE RESEARCH GOAL, QUESTIONS AND OBJECTIVES

The purpose of this study was to investigate the experiences of male home carers in the City of Tshwane Metro Municipal Area. The literature review identified a knowledge and comprehension gap regarding this phenomenon, which led to the formulation of the research problem. The formulation of research questions, goals, and objectives was contingent upon the research problem and served as a framework for the study's design and execution. According to Fabricius, Roux, Barendse, and Currie (2014), the research problem and title are congruent with the goals, objectives, and research questions.

1.2.1. The research goal

Recent work defines a "research goal" as the overall objective or desired result a researcher hopes to accomplish while conducting a study (Creswell & Creswell, 2018). Research objectives provide the project with a general direction and source of motivation, directing the researcher's actions and choices along the way (Saunders et al., 2019). Flick (2018) consider the purpose of research as to impart general knowledge about a particular study field. The research goal acts as the study's main objective and gives the investigation a distinct focus and direction. It is the overarching goal that the researcher hopes to accomplish with the study (Grove, Gray & Burns, 2014). The research questions' formulation and the suitable research methodology to address those questions are guided by the research goal (Dawson, 2016). It displays the goals or contributions a study could make in a particular field or body of knowledge (Leedy & Ormrod, 2019). The researcher lays the groundwork to achieve the study's purpose and objectives by defining the research goal. The purpose of this study was to *explore the experiences of male home-based caregivers when rendering care to patients within the City of Tshwane Metro Municipal Area.*

1.2.2. Research question

One of the most crucial parts of any research project is the creation and formulation of a research question, highlighting the importance of a well-crafted research question as the basis for a fruitful research study (Saunders, Lewis, & Thornhill, 2019). Stated differently, a research question is a question that the researcher plans to investigate in order to find the answer. The inquiry clearly and concisely defines the topic of the study (Bryman & Bell, 2015; Leedy & Ormrod, 2014). It serves as a compass for the collection, analysis, and interpretation of data throughout the research process. A well-written research question is

relevant, specific, and consistent with the primary objective of the study (Bryman & Bell, 2015). It is important to frame the research question in a way that permits investigation and exploration within the parameters of the study (Leedy & Ormrod, 2014).

An example of a research question might be: "What effect does home-based caregiving have on elderly patients' quality of life?" Bell and Bryman, 2015). A well-crafted research question can help define the study's objectives, target population, key variables, and study setting (Bryman & Bell, 2015; Leedy & Ormrod, 2014). This study seeks to explore the experiences and challenges faced by male caregivers in home-based care. The main research question that guided this study was formulated as: 'What are the experiences and challenges faced by male caregivers providing home-based care in the City of Tshwane? Based on this question, the following sub-questions were developed:

- What specific needs do male caregivers have when providing home-based care services?
- How do male caregivers cope with the emotional and practical challenges of caregiving?
- What recommendations do male caregivers have for improving support systems and policies related to home-based care in South Africa?"_

1.2.3. Research objectives

Grove, Gray, and Burns' (2014) definition of research objectives are declarations in the present tense that are unambiguous and assertive. They are more specific and granular statements that describe how the researcher responds to the research question (Dawson, 2016). In other words, research objectives are plans to outline how the study's purpose will be attained. According to Suresh (2014), a research objective is defined as a simple, declarative statement that gives direction into the variables. Research objectives are therefore activities that assist the researchers in accomplishing the study's main objective (Dawson, 2016). In this study, the objectives were set in the following manner:

- To explore and describe the experiences of male caregivers rendering home-based care services in Pretoria West.
- To identify the specific needs and challenges faced by these caregivers.
- To understand the impact of these experiences on the caregivers' well-being and their caregiving practices.

1.3. CLARIFICATION OF KEY CONCEPTS

The key concepts that were central to this study are defined in this section. These concepts include challenges, experiences, home-based care and male.

1.3.1. Challenges

A challenge is a problem, obstacle or issue that must be overcome with great effort and determination (Collins Dictionary, n.d.). In the context of this study, the term challenge means the problems, obstacles or issues that male home-based caregivers face when carrying out their caregiving duties. These problems may affect a person's health and capacity to provide care in physical, emotional, financial and social ways (Polit & Beck, 2019). For example, the issues investigated in this study are role stress, burnout, costs, and loneliness, which are reported in the literature to have a negative impact on caregivers by Archbold et al. (2015). In this study, the term “challenges” was be defined to the above mentioned aspects that impact male caregivers in the home-based care.

Research has identified several areas where home-based caregivers may face difficulties. For instance, Archbold, Stewart, Greenlick, & Harvath (2015) discovered that the demand for caregiving can result in role strain, especially when mutuality and readiness are lacking. This suggests that a caregiver's capacity to perform their duties effectively may be impacted by the demands of providing care.

Furthermore, to comprehend and better address the difficulties faced by caregivers, Yatchmenoff (2016) emphasised the significance of developing the field of family caregiving research and practice. This emphasises the ongoing need to investigate and deal with the numerous difficulties that home-based caregivers face with their caregiving responsibilities.

1.3.2. Experiences

In the context of this study, experiences were defined as any challenges, incidents, or activities that male home-based carers go through while providing care to their care recipients. The carers' health and capacity to provide care may suffer as a result of these occurrences (Polit & Beck, 2019). Studies have indicated how critical it is to understand and explore the experiences of those who give care at home. For instance, Creswell and Poth (2016) emphasise how important it is to consider the whole range of carers' experiences, including both the good and bad. Researchers and practitioners can develop more nuanced understandings of the caregiving phenomenon and more effective support strategies by using this holistic approach. Understanding the experiences of the carer can also help in

developing interventions and support networks that meet their needs. This study focuses more on the range of experiences associated with stress, caregiver burden, personal growth and fulfilment that was described by Gallagher-Thompson, Tzuang, Au, Brodaty, Charlesworth, Gitlin, and Thompson (2014). In this study, the term ‘experiences’ refered to the actual situation of male caregivers, including the stress they encounter and the possibility of self-development they are given..

1.3.3. Home-based caregivers

A home-based caregiver is someone who provides assistance and care to patients within the comfort of their own homes. This includes helping with daily tasks, managing medical treatment, providing emotional support, and advocating for the care recipient's well-being (Polit & Beck, 2019). In this study, home-based caregivers specifically refered to male individuals who provided such care to patients in the City of Tshwane Metro Municipal Area.. They play a crucial role in supporting those who are unable to fully take care of themselves due to medical, psychological, or emotional issues. Numerous sources of support and assistance are available, including family members, close friends, and trained professionals who serve as in-home carers (Hepworth, Rooney, & Rooney, 2021). For people to receive care in the familiarity and comfort of their own homes, the role of home-based caregivers is crucial (National Academies of Sciences, Engineering, and Medicine, 2016). They help people who need assistance with daily tasks and healthcare requirements to maintain their health and life quality. According to Willcox, Peersman, Daou et al., (2015), home-based care is a primary healthcare program and is the most economical way for delivering vital healthcare services to communities. Home-based caregivers are individuals who render healthcare services through a home care program (Akintola, 2014). They learn about various home-based care facets, including illnesses and disabilities, managing patients’ conditions and treatments, helping patients move around and avoiding complications and patient referral (WHO, 2015). The home-based caregivers are defined as those who offer daily care, health care support, and emotional support for the patients, and will be analyzed in terms of their roles, responsibilities, and challenges in the community they operate.

1.3.4. Male

According to Merriam-Webster dictionary (2022), the term male is typically used to refer to any individual who is a man or a boy. In the context of the/this study, a male is defined as an individual who identifies himself as a man and who provides home-based care services. In this study, the concept of male will be operationalised in the context of caregiving to refer

to male identity where the effects of masculinity norms, emotional expression difficulties, and social stigma on male caregivers will be explored within the specific context of home-based care. This gender disparity can lead to challenges such as lack of male role models for care recipients. Male caregivers are often overlooked in caregiving research, as caregiving is often associated with women (Lee & Tang, 2018). However, male home-based caregivers face unique challenges, such as societal masculinity expectations, which may make it difficult to express their emotions and seek support. Additionally, male caregivers may face discrimination and stigma due to their gender, which can impact their ability to provide care (Lee & Tang, 2018).

1.4. CONCLUSION AND REPORT LAYOUT

By precisely describing a study introduction and formulating the study's central problem, this introductory chapter set the study's background. Furthermore, the chapter expounded on the study rationale, which furnished the rationale for carrying out this investigation. The overall purpose of the study, the questions, and the study objectives were also crucial components of this chapter. To sum up, this study's four major concepts were clarified, setting the stage for the following chapter.

The focus of Chapter Two is on providing a thorough explanation of the chosen theoretical framework and the literature review. In particular, the chapter discusses home-based care from the viewpoints of the social support theory and the family systems theory. In addition, it provides an overview of the situation of home-based care from three perspectives: local, South African, and African. The chapter also discusses the status of research on the topic of home-based care and the role that social work plays in this setting.

The study's research methodology is presented and introduced in Chapter Three. The chapter discusses the research paradigm, research approach, research design, and research methods in addition to other crucial methodology concepts. This chapter includes a section on the research ethics guidelines that were adhered to in the study. It ends with a summary of the key ideas covered in the chapter.

Chapters 4 presents the research findings, offering a detailed exploration of male home-based caregivers' experiences and perceptions within the specified municipal area. The impact of these experiences on their wellbeing will be thoroughly examined, with insights drawn from qualitative data.

Chapter 5 culminates in presenting conclusions derived from the research findings. It also provides practical recommendations for future social work practice, considering the unique challenges and contributions of male home-based caregivers. This structured layout ensures a comprehensive exploration of their experiences, shedding light on their distinct challenges and valuable contributions to the field of caregiving.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter aims to provide a literature overview around the subject of home-based care in general as well as home-based care specifically pertaining to male caregivers. It also provides a discussion of home-based care from the theoretical lenses of the family systems theory as well as the social support theory. The approach followed in presenting the general literature review is that the home-based care subject will be explored from the global perspective and the African perspective before the focus shifts to the local or South African perspective. To justify the importance of this study, an additional presentation is made/presented focusing on the state of knowledge around the subject of home-based care as well as the importance of social work in home-based care. The chapter concludes with a summary.

2.2. THE STATE OF KNOWLEDGE ON HOME-BASED CARE

Even though men are increasingly taking on roles as carers due to shifting demographics, societal norms, and structures, caring is still primarily a feminine activity (Sharma et al., 2016). Young, Kyle, and Sun (2021) assert that a thorough understanding of the experiences of carers is becoming more and more crucial due to the growing demand for informal care globally. Some have referred to men as the "forgotten carers," citing research that is allegedly biassed towards the experiences of women and girls (Arber & Gilbert in Young, Kyle & Sun, 2021).

Because men have historically not been associated with caregiving, they have different perspectives on providing care. Men may also find it harder to express their emotions or problems because of their role-socialization (Sharma et al., 2016). One possible home-based care issue for male caregivers with difficulty in expressing their emotions is they may experience more stress and burnout, less satisfaction and less well-being than female caregivers. However, this may not be sufficient to address the emotional demands and losses associated with caregiving, especially in the context of terminal illness or dementia. Therefore, male caregivers may benefit from home-based care services that provide them with opportunities to share their feelings, receive emotional support and learn coping skills to manage their stress and grief. Some examples of such services are online or telephone

counselling or support groups tailored to the needs and preferences of male caregivers (Gilbert et al., 2014; Willis et al., 2020). Educational programmes and workshops teaching male carers effective communication, emotional expression and coping strategies are critical for building support and improving their overall well-being (Sharma et al., 2016; Cothran, Paun, Strayhorn, & Barnes, 2020). These interventions can help address the unique challenges male carers face, such as how traditional gender norms and societal expectations influence their caregiving roles (Mott et al., 2019).

The difficulties home-based caregivers experience is highlighted by research studies, particularly regarding communicating and providing care for those with mental illnesses. For example, a study that appeared in BMC Psychiatry discovered that carers frequently deal with higher stress levels, which can have an impact on their mental health and general well-being (George, Kecmanovic, Meade & Kolt, 2020). Compared to non-caregivers, full-time and part-time carers reported higher levels of psychological distress (George et al., 2020). In Dar es Salaam, Tanzania, a study by Iseselo, Kajula, and Yahya-Malima (2016) investigated the psychosocial issues that families of mentally ill relatives' encounter. According to the study, providing care can lead to higher stress levels in carers, which can have an impact on their general quality of life, including their mental health (Iseselo et al., 2016). These studies highlight how crucial it is to give home-based carers enough resources and support to enable them to successfully manage these difficulties. Providing home-based care services is associated with certain challenges when it comes to male carers. Moreover, managing emotional instability and guaranteeing the general welfare of the care recipient and the carer are essential components of providing care for people with mental illnesses in a family setting.

2.3. THE SIGNIFICANCE OF SOCIAL WORK IN HOME-BASED CARE

Home-based caregiving is an important aspect of social work practice, particularly in assisting individuals and families within their own homes. Social workers can play an important role in assisting home-based caregivers by providing resources, information and emotional support to cope with the challenges of caregiving (Lekganyane & Alpaslan, 2019). As social workers do, caregivers play an important role in maintaining individuals' independence and dignity while ensuring that they receive the care and assistance required in the comfort of their own homes through personalised care and cost-effective interventions (Cagle, Johnson & Carlson, 2016; Simone et al., 2015). Personal care, medication administration, health monitoring, meal preparation and nutrition, emotional support,

household management, and transportation help, household management, emotional support and advocacy for care recipients and their families are all part of home-based caregiving which are also central to social work practice (Denham & Kistler, 2023; Boris & Klein, 2015; Kistler & Drickamer, 2018; Hepworth, Rooney & Rooney, 2021). All these aspects of home-based care are essential components of social work duties seeking to promote social justice and sound human welfare. These services are not only beneficial for the physical and mental well-being of the care recipients, but also for their families who may face challenges in coping with their loved ones' care needs.

In addition, home-based caregiving is closely aligned with the values and principles of social work practice, which aim to enhance the life quality and dignity of individuals and groups who experience social problems or disadvantages. As Denham and Kistler (2023) argue, home-based caregivers are often the first point of contact for care recipients and their families who need assistance in navigating the complex and fragmented health and social service systems. Home-based caregivers can also act as advocates for care recipients and their families, by promoting their rights, interests and preferences in various settings and situations. These are the roles and interests central to social work. Moreover, home-based caregivers can apply their knowledge and skills in assessing the needs and strengths of their care recipients and their families, developing and implementing appropriate care plans, coordinating and collaborating with other professionals and agencies, evaluating and adjusting the care outcomes. It was therefore essential to explore this subject from a social work perspective, given the profession's role as a custodian of social welfare and justice.

2.4. THEORETICAL/CONCEPTUAL FRAMEWORK

Any research study must have a theoretical framework because it provides a structure for carrying out meticulous and systematic investigations. It supports the organisation of the study, directs the gathering and processing of data, and presents the results in a clear and understandable manner (Creswell, 2014). A theoretical framework is the basis upon which all knowledge for a research study is built, according to Grant and Osanloo (2014). By employing a theoretical framework, researchers can guarantee conceptual clarity, contextual understanding, hypothesis development, methodological guidance, and finding interpretations. A theoretical framework is used to achieve conceptual clarity as it helps to define key concepts and establish their relationships (Creswell, 2014). It places a research topic within the context of the knowledge body, which gives researchers a deeper understanding of the subject (Creswell, 2014). Researchers can also spot gaps,

contradictions and areas of additional research by using the summary of prior research findings, theories and models related to the subject. In this study, the researcher utilised the family systems and the social support theories as theoretical frameworks. These theories are introduced and explained in the next section.

2.4.1. The Family Systems Theory

Bowen's Family Systems Theory views the family as an emotional unit and employs systems to explain the intricate relationships among family members (Calatrava, Garcia, & Rodriguez, 2022). This theory makes it possible to examine the intricate emotional dynamics and relationships within the patient's family. Emotional experiences and the emotional dynamics of one's family of origin have a major influence on one's degree of self-differentiation, according to Bowen's theory. The relationships between family members and other systems are the main topics of this theory. It is believed that a family is a collection of interdependent people who function as a system in which the actions of one member affect the whole.

Using this theory to examine male caregivers' experiences who render home-based care services, researchers can investigate how the larger family system influences the caregiver-family relationship, including communication patterns, roles and expectations. Caregivers and family members can better understand the challenges and opportunities for collaboration and support by having a better understanding of family dynamics (Milberg, Liljeroos, Wåhlberg & Krevers, 2021; Wallace & Sterns, 2022). By understanding family dynamics, the research aims to identify challenges and opportunities for collaboration and support among caregivers and family members.

According to this theory, a family is a complex, interconnected system in which every member both influences and is influenced by the others through their experiences and actions (Kerr & Bowen, 2016). The Family Systems Theory highlights the caregiver's relationships and interdependence with the care recipient and other family members in the context of home-based care (Creswell and Poth, 2016). The roles, boundaries, communication styles, and general functioning of the family system can have a big impact on how well home-based care works (Wittenberg-Lyles, Goldsmith, Ragan & Sanchez-Reilly, 2014). This theoretical approach, which considers the family rather than just the individual carer, can provide valuable insights into the challenges and support needs of families receiving home-based care (Carr, Boerner & Moorman, 2018).

The well-being of a carer is linked to that of the care recipient and other family members (Kerr & Bowen, 2016). The Family Systems Theory emphasises the importance of family member support, collaboration and shared decision-making in promoting the family system's overall functioning and resilience (Wittenberg-Lyles et al., 2014). Male carers may experience increased role conflict or strain because of the competing demands of caregiving responsibilities and work or career goals, particularly if they are the primary breadwinners in the family (Mott et al., 2019). This suggests that male carers have unique strengths and needs that should be recognised and addressed by family members, healthcare professionals and policymakers (Creswell and Poth, 2016).

Recent research highlighted the importance of tailoring support services and interventions to meet the specific needs of male carers, who may be less likely to seek assistance or participate in traditional support measures (Fee, McIlfatrick & Assumpta, 2021). Organisations can better support this underserved population and improve family well-being by recognising and addressing the unique challenges faced by male carers (Carr et al., 2018). The application of the Family Systems Theory in this study aimed to uncover the unique strengths and needs of male caregivers. By normalising men as caregivers and providing adequate support and resources, the study sought to contribute to the overall functioning and resilience of the family system.

2.4.2. The Social Support Theory

A psychological framework known as the Social Support Theory highlights the value of social ties and relationships for people's overall wellbeing, particularly in trying and stressful circumstances (Leahy-Warren, 2014). This theory directed the investigation of how social ties and relationships affected the experiences of male home-based carers in offering home-based care services (Leahy-Warren, 2014).

According to the social support theory, social support could be obtained from a variety of sources, including family, friends, coworkers and community organisations (Leahy-Warren, 2014). The social support theory takes a form of emotional support, practical support and informational support. *Emotional support* provides empathy and comfort. Emotional support, which include empathy, comprehension and comfort to caregivers to help them cope with the emotional demands of caregiving, is one type of assistance forming part of social support (Hay, McCurry, Bradley, Edwards & Vollrath, 2019; Hay et al., 2019). *Practical support* helps/assists with daily tasks. It is a type of social support provided to

individuals so they can cope with the demands of caregiving (Drageset, 2021). An example of practical support to lessen caregiver stress and enhance wellbeing is respite care or assistance with daily tasks (Hay et al., 2019). *Informational support* provides advice and guidance and therefore influences the well-being of male caregivers. The Social Support Theory also recognises informational support as a crucial element, providing caregivers with advice, guidance and pertinent data to enhance comprehension and decision-making regarding caring responsibilities (Hay et al., 2019). As a result of the negative effects of caring, Hay et al. (2019) found that caregivers with high levels of social support experience less stress, hopelessness and burnout. It is easier for such caregivers to manage challenges they face, maintain their own wellbeing and provide their care recipients with high-quality care when they have a strong support system (Hazzan et al., 2022; Mohammadi, 2021).

Using the Social Support Theory, researchers can thoroughly examine how social support affects the relationships between family members of patients and the caregivers who provide them with home care. It allows researchers to examine the impact of different social support forms in the decision-making process, communication, interaction and cooperation patterns between family members and caregivers. For instance, the emotional support of family members can encourage cordial relationships, empathy and understanding. The importance of social support in the wellbeing and mental health of informal caregivers is emphasised by Hay et al. (2019), who, as part of their research study into the social support effects on caregiver stress and well-being, found the positive impacts of emotional and practical assistance from family and friends in lowering caregiver stress and enhancing their well-being. These findings support the tenets of Social Support Theory, which holds that social support can benefit individuals by providing emotional, practical, informational or instrumental assistance (Hay et al., 2019). By exploring the male caregivers subject from the Social Support theoretical point of view, it was possible to comprehend the social support effects and create interventions and support systems that better served the needs of caregivers. Applying the Social Support Theory allowed for a comprehensive examination of how different forms of social support impacted communication, cooperation and decision-making among family members and caregivers.

Research involving caregiving needs to take social support into account (Belle & Benenson, 2014; National Academies Press, 2015; Yingping, 2021). In their investigation of the influence of social support on the welfare and mental health of informal carers, Hay et al. (2019) emphasised the critical role that emotional and practical support from family and

friends plays in lowering carer stress and improving their well-being. The carers receive emotional, practical, informational, or instrumental support from others, such as family, friends, or professionals (Hay et al., 2019). It was feasible to learn more about how social support influenced the experiences of these male home-based carers by integrating the Social Support Theory into the current study (Nordin, Sturge, Ayoub, Jones, McKee, Dahlberg, Meijering & Elf, 2021; Sitges-Maciá, 2021; Huang, Guo, & Chen 2023). Therefore, social support buffers people from the detrimental health effects of stressful events by influencing their thoughts and coping mechanisms. This is how the Social Support Theory explains the buffering hypothesis (Butler, n.d.).

2.5.HOME-BASED CARE ON THE GLOBAL LANDSCAPE

Home-based caregiving is a widespread occurrence and a crucial component of healthcare systems in many nations (Ayalon, 2018). Examples of countries where home-based caregiving is prevalent include the United States of America (USA) (hereinafter referred to as the US), Canada, the United Kingdom (UK), Australia, Japan and Germany (Blank, Kurent & Oliver, 2021). South Africa, Uganda and Ghana are a few examples of African nations where home-based caregiving are implemented. In South Africa, the Red Cross Society trains volunteers to offer home-based care to people with HIV. Over 100,000 HIV-positive people in Uganda receive home-based care from The AIDS Support Organization (TASO). A home-based care program for elderly people with chronic illnesses is conducted by the HelpAge organisation of Ghana. Only Mauritius, Seychelles and South Africa have long-term care systems in place for senior citizens, according to the World Bank (2017). In other nations, volunteers from non-governmental organisations (NGOs), for example the South African Red Cross Society (SARCS), provides nursing care, psychosocial support, treatment access and adherence support for people affected by HIV and AIDS, frequently provide home-based care services.

For the foreseeable future, home-based carers will continue to be extremely important in many (if not all) different countries. Home-based carers remain essential in high-income nations like the US, even though the number of formal carers has grown over time (Van Houtven, Konetzka & Coe, 2020). This is especially true when it comes to supporting the long-term care industry. Through home-based care, an informal carer can take care of personal needs, household chores, finances, outside services, or emotional support for individuals with various kinds of conditions. With so many people receiving care and support in their homes, home-based caregiving is a widespread practice in the United States. The

nation has implemented Medicaid and Medicare, two programmes that offer qualifying people financial support for in-home care services (Centres for Medicare & Medicaid Services, 2022). In the United Kingdom, home health care is an essential part of social and health care. The National Health Service (NHS) offers a range of home-based care services for people who need assistance in their homes (NHS, 2021).

Among the services provided by home-based care are personal care, nursing care, and help with everyday tasks. Helping people live independent, comfortable lives in their own homes is the goal of home care services (NHS, 2021). Home-based caregiving, which emphasises allowing patients to receive care in their familiar surroundings, is a common practice in Germany. As a type of home-based care service, the nation provides financial support to individuals through statutory health insurance schemes (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, 2017). For those who would rather receive care in their own homes, home-based caregiving is essential in Australia (Department of Health, 2021). Through the Home Care Packages programme, the government donates funding, allowing people to receive individualised care services catered to their individual needs (Australian Government, 2021). In Asia, there is also a rising need for senior care providers with professional training. For help with the care of their elderly relatives, some families in Singapore, for instance, would rather hire live-in carers than maids (Baker, Francis, Hairi, Othman & Choo, 2016). In the Middle East, family members, domestic helpers, and private nurses typically provide dementia care to patients at home (Kane et al., 2021). More research on dementia care within the Arab-Islamic socio-cultural context is necessary, as there is a dearth of literature on the experiences of service users (Kane et al., 2021).

2.6. HOME-BASED CARE IN/ON THE AFRICAN CONTINENT

Home-based caregiving is an important service in Africa, particularly for individuals and families affected by HIV and AIDS (UNAIDS, 2016). In responding to the HIV crisis and its related challenges, most of the African counties adopted the home-based care model. To provide home-based care to older people in South Africa, for example, home-based caregivers must register with the Department of Health. Nursing care, psychosocial support, treatment access and treatment adherence and support are all examples of home-based care services as practiced in Africa.

In Kenya, as in most African countries, home-based care entails visiting patients within their homes to provide them with medical, nursing and psychosocial care by trained community health workers and volunteers. Additionally, home-based care aims to empower patients and families, to lessen stigma and discrimination and encourage positive living (Larki, & Latifnejad Roudsari, 2020). Providing a framework for comprehensive and integrated care and support to people living with HIV and other chronic conditions, Ethiopia has a national guideline on home-based care. Home-based healthcare services in Ethiopia are provided by a variety of community-based workers, such as health extension workers, community health workers, volunteers and family carers. These individuals are critical in providing patients with essential services such as clinical care, palliative care, counselling, nutrition support and income-generating activities in their homes (Ogunmefun, Gilbert and Schatz 2018). These community-based providers played an important role in increasing healthcare access, particularly in rural and underserved areas (Defilippi & Cameron, 2019). They collaborate closely with patients and their families to provide personalised care and support based on the individual's needs (Lifeline Addis, 2022).

2.7. HOME-BASED CARE AS PRACTICED IN SOUTH AFRICA

In South Africa, home-based caregiving is incredibly important to provide people with care and support in their own homes. It is a crucial part of the national healthcare system, especially when it comes to meeting the requirements of the aging populace, those with chronic illnesses and people with disabilities (Department of Social Development, 2019). As in other African countries, home-based caregiving in South Africa encompasses a wide range of services and activities provided by caregivers, including personal care, medication management, health monitoring, meal preparation, emotional support and household management (CareChamp, n.d.).

In South Africa, the programme is called the community home-based care programme (CHBC). It is a national Home and Community-Based Care programme, established by the Department of Health in 1999, aiming to provide people in need with community-based healthcare services, including home-based care. It recognises the involvement of men as caregivers and aims to prepare and assist community health workers, including male caregivers, providing services for patients within their homes. By actively involving men in the programme, the government sought to enhance the accessibility and quality of home-based care for all residents, particularly those who have difficulty accessing healthcare facilities (Marshall, 2014; South African Red Cross Society, 2023). Male caregivers play a

vital role in addressing the healthcare needs of the local population and to ensure that individuals receive the necessary support and services in the comfort of their own homes (Marshall, 2014; South African Red Cross Society, 2023). In South Africa, home-based caregiving is crucial to meet the healthcare needs of residents and the involvement of male caregivers is an integral part of this process. Effective and comprehensive care can be provided to those in need through the collaboration between the government, NGOs and community health workers, including male caregivers (Murphy et al., 2021).

2.8. CONCLUSION

To sum up, Chapter Two provides a solid literature review. It outlined the state of knowledge around the subject of home-based care as well as the justification to consider the subject from a social work disciplinary angle. Central to this chapter was, in addition, a detailed consideration of home-based care and male caregivers from the perspective of two theories, the family systems theory and the social support theory. A broader literature review from an international perspective to the continental and local perspectives was conducted with the aim of providing a broader picture of the subject and demonstrate its importance across the globe. In the next chapter the focus will shift to the research methodology that guided the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

In any research study research methodology is one of the central components. Without a research methodology, the study may not even be categorised as a study. This chapter describes the research methodology that was used to conduct this study. It specifically explains the research approach, the design and the methods used for the study purpose. Furthermore, the chapter will account for the research ethics principles that regulated the researcher's conduct throughout the study. An applied approach to reporting was adopted, with an emphasis on how all the adopted methodological principles were implemented. As in the preceding chapter, this chapter will conclude with a chapter summary.

3.2. RESEARCH METHODOLOGY

A research methodology is the systematic and scientific process of planning and conducting a research study, from identifying and formulating the research problem to reporting and disseminating the findings (Kumar, 2019). It involves making various methodological choices and justifying them based on the research aims, objectives and questions. The research methodology includes the research design, research approach, sampling strategies, data collection methods, data analysis methods, ethical considerations and trustworthiness of the study. Further below is an outline of the components of research methodology that guided this study.

3.2.1. Research approach

A research approach is the paradigm or perspective that guides the research process, from formulating the research question to reporting the findings (Creswell & Creswell, 2018). Saunders, Lewis and Thornhill (2019) further articulate that it reflects the assumption, values and beliefs of the researcher as well as the nature and purpose of the research. Each approach has its own ontological epistemological and methodological implications for the research. For example, a positivist approach assumes that reality is objective and measurable and that the research can use quantitative methods to test hypothesis and discover universal laws (Cohen, Manion & Morrison, 2018; Denzin & Lincon, 2018).

This study was carried out from a qualitative research perspective. Qualitative research is a comprehensive study of social occurrences in open settings that are not categorized. Such phenomena may include, but are not limited to, how people and groups of people think about various aspects of their lives, how people and groups of people act, how commerce is conducted, and how interactions influence interpersonal relationships (Tenny, Brannan, Brannan, 2022; Bhandari, 2021). In qualitative research, the researcher is the main instrument who looks for why things happened, what happened and what those events meant to the participants under study (Teherani, Martimianakis, Stenfors-Hayes, Wadhwa, Varpio, 2015).

The reason why qualitative research was selected for this study is because it enables the researcher to explore the experiences, perceptions, and the meaning attributed to home-based caregiving. This approach is particularly useful in capturing the richness and detail of people's lives in each context, for instance, home-based care (Merriam & Tisdell, 2015). It involves gathering specific data through methods such as interviews, observations and focus groups to document participants' views (Denzin & Lincoln, 2018).

Qualitative research enables flexibility in the examination of the multifaceted social issues and creation of new theories (Merriam & Tisdell, 2015). Also, it validates the researcher's control and susceptibility to the research environment (Creswell, 2014). Inductive logic is applied in qualitative research to establish theories from the data collected (Merriam & Tisdell, 2015).

Reflexivity is practiced by researchers, who also actively engage in the research process (Denzin & Lincoln, 2018). However, qualitative research can take a while and needs properly planned procedures to ensure reliability (Creswell, 2014). The credibility of qualitative research findings is increased by techniques such as member checking and triangulation (Denzin & Lincoln, 2018). The qualitative research methodology offers in-depth perceptions, detailed explanations and interpretations of social phenomena (Creswell, 2014). It aids in the formulation of theories, the creation of policies and real-world applications (Merriam & Tisdell, 2015). Researchers can explore the complexity of social issues and produce insightful data by using a qualitative research approach.

In this study the rationale for using qualitative research was that qualitative research methods are well-suited for exploring complex social phenomena and to gain a deep understanding of individuals' and groups' experiences, perspectives and behaviours (Silverman, 2016; Merriam & Tisdell, 2016). In this case, methods such as in-depth

interviews, focus groups, and participant observation provided rich, detailed data on the phenomenon under investigation (Patton, 2015). Qualitative research was chosen for its aptness in exploring complex social phenomena, particularly the perceptions, behaviours and challenges encountered by male caregivers in the context of home-based care (Tenny, Brannan, Brannan, 2022; Bhandari, 2021). The following features of qualitative research were specifically important in making the study possible:

- Flexibility was a hallmark of qualitative studies, permitting adaptation based on emerging insights (Patton, 2015). In this study, a flexible research design accommodated new discoveries during data collection and analysis and enabled the exploration of emerging themes. For example, the research could adjust the questions or add new/additional ones to explore new topics or themes that emerged from previous interviews. The sampling strategy or criteria could be changed to include more diverse or relevant participants who could provide richer or different perspectives on the research problem.

- Naturalistic settings, such as caregivers' homes or community environments, provided the backdrop for the study, allowing for a holistic examination of male caregivers' everyday experiences (Patton, 2015). Similarly, this study unfolded in naturalistic settings, facilitating a deeper understanding of male caregivers' everyday experiences. The interviews conducted where conducted either at a natural setup away from the participants workplace or were conducted in boardrooms at their workplaces. The decision to include telephone interviews was based on the participant's availability. Some participants were referred and only available for the interview via the phone. It's also worth noting that informed consent was obtained prior to conducting these interviews, which is an important ethical consideration in this research project. Informed consent was signed and submitted to the research team for the interview.

- To enhance credibility, the study employed data triangulation, involving multiple data collection methods such as interviews and observations (Miles et al., 2014). This multi-angle approach provided a comprehensive view of male caregivers’ experiences.

- Qualitative research focused on interpretive analysis, delving into meanings, patterns and themes from the data (Charmaz, 2014). This study emphasised interpretation of caregiver-family interaction complexities rather than seeking generalisability. For example, one participant articulated the difficulties of balancing work and social life within tight schedules that comes from taking care of patients.

- Acknowledging and reflecting on the researcher's role, biases and subjectivity were crucial in qualitative research (Finlay, 2018). Throughout this study, the researcher maintained reflexivity to understand how his perspective may influence the research process and findings.

- Qualitative research, through methods like in-depth interviews, focus groups and participant observation, was deemed suitable for in-depth investigations of complex phenomena, such as caregiver-family connections (Creswell & Poth, 2017). This study gathered rich, detailed data on the experiences of male caregivers when delivering home-based care services.

  Qualitative research offered participants a platform to share their thoughts and experiences and therefore amplified their voices (Creswell & Poth, 2017). The study provided male caregivers with an opportunity to discuss their own experiences, employing qualitative techniques such as observations and interviews to thoroughly grasp the particulars of caregiving in this population. This approach facilitated a comprehensive examination of the male caregivers' attitudes, actions and difficulties when providing home-based care.

3.2.3. Research design

Research design is a basic plan that outlines the whole process of research (Creswell & Creswell, 2018). It provides a framework of activities and methods, which are needed to solve the research problem and respond to the research questions (Saunders et al., 2019). In other words, a research design can be defined as a plan, or a strategy formulated to respond to the posed research questions and meet the study objectives. This encompassing plan entailed decisions on several research aspects such as identification of proper data collection techniques, the number of samples, and sampling techniques as well as the analysis of data. In general, a research design outlines the overall procedures, methods of data collection and data analysis as a general approach to solving a research problem (Leedy & Ormrod, 2015). According to Creswell and Creswell (2018), a research design is a detailed description of the processes and approaches to be used in a particular research study. It helps the researcher to systematically undertake the research and respond to the research questions. This underscores that the researcher explicitly outlines plans and desired outcomes in the research design. The research designs used in this study included phenomenological research design which was supported by exploratory research design.

3.2.3.1. Phenomenological research design

The phenomenological research design is grounded in the philosophical principles of phenomenology, and it seeks to understand the essence of a phenomenon as lived by the participants without imposing preconceived notions or theories (Masango Makgobela, Ndimande, Ogunbanjo, Bongongo & Nyalunga, 2019). There are different types of phenomenological research design, such as descriptive, interpretive, hermeneutic and existential. This study took a mixed approach, combining descriptive and interpretive phenomenology (Creswell & Poth, 2016). The goal was to not only describe the phenomenon's general characteristics and essential structures, but also to gain a better understanding of the participants' lived experiences and the meanings they assigned to them (Finlay, 2014). The descriptive strand focused on the phenomenon, while the interpretive strand focuses on the how and why of the phenomenon. Phenomenology tries to understand the essence and significance of these experiences through in-depth interviews and analysis of the participants' rich narratives (van Manen, 2014). Through this research design, the relationship between the caregivers and family members can be examined in relation to the following aspects:

- Lived experiences of caregivers: Phenomenological research enables researchers to delve deeply into the lived experiences of home-based carers, capturing the nuances of their emotions, thoughts and perspectives when caring for recipients (Finlay, 2014). This approach can reveal the complexities, joys and challenges that carers face in their daily interactions with family members (Creswell & Poth, 2016). This can shed light on home-based carers' unique challenges, coping strategies and support needs, which may not be easily accessible through other research methods (Matua & Van Der Wal, 2015).

- Relationship dynamics: Using a phenomenological research approach, researchers can investigate the dynamics of the caregiver-family member relationship (Finlay, 2014). This includes investigating the nature of communication, emotional bonds, shared decision-making and potential conflicts through the eyes of those involved (Creswell & Poth, 2016). This can provide useful insights into the complexities of family caregiving, shedding light on the factors that influence the quality of these relationships and their impact on the overall caregiving experience (Matua & Van Der Wal, 2015). Recent research has highlighted the importance of understanding family dynamics in dementia care, as carers' relationships with dementia patients can have a significant impact on the caregiving process and outcomes (Wittenberg-Lyles et al. 2014).

- Challenges and coping mechanisms: Phenomenological research provides a rich and nuanced understanding of home-based carers' lived experiences, including the challenges they face in their interactions with patients' family members (Finlay, 2014). This approach allows for a thorough examination of the physical, emotional and psychological strains that carers face, as well as the coping strategies they use to navigate these complex situations (Creswell and Poth, 2016). This can provide insight into carers' emotional responses, communication patterns and decision-making processes within the family system (Matua & Van Der Wal, 2015).

- Transformative experiences: Phenomenological research can shed light on the transformative aspects of carer relationships (Finlay, 2014). This approach enables researchers to investigate personal growth, resilience and the development of new perspectives and insights that carers may gain from interactions with care recipients and family members (Creswell & Poth, 2016). This can include identifying inner strengths, cultivating empathy and compassion and transforming challenges into opportunities for personal growth (Matua & Van Der Wal, 2015). Recent research has shown that caregiving can serve as a catalyst for positive personal transformation as carers navigate the complexities of their roles and relationships (Wittenberg-Lyles et al., 2014).

Through phenomenological research design, the researcher hoped to achieve/examine relationships between caregivers and family members in relation to lived experiences, relationship dynamics, challenges, coping mechanisms and transformative experiences. The phenomenological research design was considered because it aligns seamlessly with studies that focus on experiences as the current study did. The primary objective of this design is to examine how individuals experience and interpret various phenomena such as experiences associated with home-based care, in their daily lives (Creswell & Poth, 2016). Utilising this design, researchers can gain a thorough understanding of the unique experiences and challenges home-based caregivers face in their interactions with care recipients, their family members and the overall dynamics associated with home-based care.

Phenomenological research design is highly applicable in studies that seeks to explore the essence of events such as the male home-based caregivers' experiences in providing home-based care. It allows researchers to delve into the lived experiences, relationship dynamics, challenges, coping mechanisms and transformative aspects of phenomena such as home-based care within their specific context of occurrence.

3.2.3.2. Descriptive research design

Descriptive research is a research type that seeks to provide a detailed and accurate description of a phenomenon or a situation (Creswell & Creswell, 2018). It aims to accurately describe a situation or its characteristics. It is a design focusing on documenting the characteristics, behaviours, attitudes, opinions or perceptions of a group or population under investigation (Hassan, 2023). This design aids in gaining understanding, generating ideas and developing additional research.

The goal of the chosen descriptive research design was to provide a thorough and detailed description of the traits, behaviours and experiences of male caregivers in home-based care, including their interactions with care recipients, care recipients' families and the overall dynamics associated with caregiving (Johnson, 2018). This design facilitates the gathering and analysis of data to describe the conditions and connections within this specific population. It is known for conducting investigations through various research methods by providing answers to questions such as what, where, when and how, but not the why questions (McCombes, 2019).

The descriptive research design was used to provide a clear description of the male caregivers' characteristics, actions and perceptions of the home-based care environment. It was considered suitable for studying the demographic data, caregiving and relationship issues, stress and assistance, and quality of life and happiness of male home-based carers. This design was carried out through administering semi-structured interviews to 10 male home-based care givers working in the home-based care sector in the City of Tshwane Metro Municipal Area. With the participants' consent, all the interviews conducted were audio-taped and transcribed word by word. Data was then subjected to thematic analysis; this is a process of coding and making patterns or themes out of the data (Braun & Clarke, 2019). The themes were developed from the research questions and data and are used for describing and explaining the study phenomenon.

3.3. THE RESEARCH METHODS

The research methods are the approaches or processes of data collection and analysis for a research investigation. They are sampling, data collection, data analysis and ethical issues. The methods of research should be suitable to the chosen research design, objectives, and questions and should enable the validity, reliability, and rigour of the study

(Kumar, 2019). This is in concordance with the research methods highlighted under the research methodology (section 3.2.1).

3.3.1 Study setting, study population, sampling and sample size

The setting for this study was Pretoria West, Tshwane. The choice was justified by the location's diverse population, allowing for a comprehensive understanding of caregiving experiences across different backgrounds. By conducting the study in this community setting, the researcher hoped to enhance accessibility and participant comfort, potentially leading to more candid responses. It also aligned with the local context, reflecting modern urban dynamics. Practical considerations such as funding limitations and the higher prevalence of caregiving needs in urban areas, supported the selection of the study site.

3.3.1.1. Population

In a research study, the population is a group of people that have some common features in relation to the goals of the study (Creswell & Creswell, 2018). This group is a good sample for the study because it is drawn from the target population as recommended by Saunders et al., (2019). However, Momoh (2023) also defines population as the entire body of people or groups of people which may be a nation or a group of people with the same attributes. The population in this study consisted of all male caregivers who were providing home-based care services in the City of Tshwane Metro Municipality at the time of data collection. Since it was virtually out of the question to interview all the male caregivers from the municipal area, a sample had to be taken.

3.3.1.2. Sampling

A sample is a subset of a population of interest that is selected to take part in a research study (Creswell & Creswell 2017). It is a sample of individuals or occurrences picked from a bigger population to arrive at a conclusion concerning the population (Bryman & Bell, 2015). In this case, a sample acts as a representative of an entirety (Neuman, 2014). In scientific research, several individuals in a population are selected to participate in a study to make conclusions about the population.

In this respect, there are two broad categories of sampling techniques, namely probability sampling and non-probability sampling. Probability sampling involves choosing participants from a given population of concern in a random manner so that each member has a likelihood of being included. Convenience sampling involves choosing participants in a

manner that is convenient, accessible, or in any other way suitable instead of probability (Bryman, 2016). In relation to the research objectives, resources and ethical issues, both methods have their strengths and limitations. This study used a non-probability sampling method. The two types of non-probability sampling used were purposeful sampling and snowball sampling.

Purposive sampling: Purposeful sampling is one of the non-probability sampling techniques where the participants are deliberately chosen due to their characteristics or experiences relevant to the study's purpose (purposeful sampling) (Bryman, 2016). For this study, home-based caregivers who have diverse backgrounds and issues concerning their caring jobs will be purposively selected. These included the care recipient's state, the hours spent in caregiving and the relationship between the care giver and the care receiver (Patton, 2015). Specifically, for this study, the type of sampling used was the purposeful sampling because the participants were purposefully sampled based on their experiences and difficulties in their caring roles at home. Potential sources of variability included the participants' condition, the time spent caring for the patient, and other factors related to their personality.

The use of purposeful sampling in this study was motivated by the desire to select participants who are most likely to provide rich and detailed information on the topic under study. The researcher deliberately targeted specific group of caregivers, based on a predetermined inclusion and exclusion criteria. He targeted male caregivers with a variety of experiences and features based on the research goal and objectives because he wanted participants with the likelihood of providing rich and detailed information that can easily answer the posed questions and address the set aim and objectives. To achieve this, the researcher made use of the following inclusion criteria, which required caregivers to be, (a) a male; (b) caring for a family member at home; (c) caring for their patient in any of the areas in Pretoria West; (d); either attached to an organisation or caring in their individual capacity and (e) willing to voluntarily participate in the study by sharing their experiences. In addition to this inclusion criteria, the researcher also set the exclusion criteria which excluded caregivers if they were: (a) female or of any gender other than male; (b) not willing to voluntarily participate and (c) caring for patients at a place other than Pretoria West.

Snowball sampling: Snowball sampling is a non-probability sampling technique in which existing study participants are used to recruit additional study participants who meet the study's eligibility criteria (Irani, Niyomyart & Hickman, 2021). When the study population is difficult to reach or the population size is unknown, this sampling method is useful (Irani et

al., 2021). Snowball sampling was used in the study to recruit male caregivers who provide home-based care to patients in their homes. The researcher began by identifying a few male caregivers who meet the study's eligibility criteria and asked them to refer other male caregivers who met the criteria and would be willing to participate. This procedure was repeated until the required sample size was obtained. Snowball sampling can be an effective method for reaching a hidden population, but it has some drawbacks, such as potential bias and the inability to generalise findings to a larger population. To implement snowball sampling, the researcher identified a few male caregivers meeting the study's eligibility criteria and asked them to refer other eligible male caregivers willing to participate. This process continued until the required sample size was obtained. Snowball sampling was effective to reach a potentially hidden population. A total of six participants were obtained through snowballing sampling whereas only four came through purposeful sampling.

3.3.2. Methods of data collection

Data collection is defined as a systematic procedure of obtaining observations or measurements (Bhandari, 2020). It is a method of gathering first-hand information and the researcher’s own impressions of a research issue (Creswell & Creswell, 2017). Data collection enabled the researcher to gather information from a subset of the entire population and make deductions from it (Bryman & Bell, 2015). During data collection, interviews were employed as the main means of data collection as recommended by Creswell (2014). Interviewers prepare written documents in the form of transcripts from the recorded interviews or notes that are taken during the interview (Denzin, 2017). Interviews could be of two types which are structured interviews, semi-structured interviews, and unstructured interviews (Taherdoost, 2021; Flick, 2021).

With structured interviews, participants are asked the same set of standardised questions that were prepared in advance (Flick, 2021). The rationale is to ensure the researcher does not deviate from the questions posed and that the questions are asked in the same way to each participant. Unstructured questions do not follow any structure or guide (Taherdoost, 2021; Flick, 2021). With semi-structured interviews, interviews are a mixture of formal and informal elements and they are guided by an interview guide (Taherdoost, 2021; Flick, 2021). The interviewers ask (are asked?) questions taking the guidance into consideration (Raworth, Sweetman, Narayan, Rowlands & Hopkins nd). As a result, it is crucial to train interviewers and create open-ended questions.

For this study, the researcher chose semi-structured interviews as the primary data collection method (Creswell & Poth, 2016). This method was chosen because it allows for open-ended questions and flexibility, allowing participants to freely share their experiences, emotions and challenges while keeping the interviews focused on the study's goals and objectives (Bryman, 2016). The semi-structured interview format allowed the researcher to gain in-depth and nuanced insights into the carers' experiences, as well as to grasp the complexities of the phenomenon under investigation (Saunders et al., 2019). The open-ended questions encouraged participants to express their opinions and viewpoints, allowing the researcher to elicit valuable information and gain a better understanding of the carers' perspectives (Patterson, 2015).

During the interviews, the researcher used/applied? active listening techniques such as attentive listening and skilled questioning to create a comfortable environment in which participants could share their experiences openly and authentically (Finlay, 2014). By using semi-structured interviews, the researcher was able to strike a balance between structure and flexibility, ensuring that the data collected met the study's objectives while also allowing for the emergence of unexpected insights and perspectives (Matua & Van Der Wal, 2015). This methodological approach was well suited to the study's phenomenological nature, which aimed to delve deeply into the carers' subjective experiences and the meanings they assigned to them.

3.3.3. Procedure for data collection

Prior to initiating the research, the investigator obtained authorization from the entities providing medical services via a home-based care framework. The goal and parameters of the study were spelt out in a formal letter that was sent (see Annexure 3 for an example of this letter). Once these organisations gave their approval, the researcher identified the possible subjects, gave his introduction, and asked if they would like to take part. Participants received information about their rights, the research process, and the possibility of withdrawing from the study at any time without repercussions. They received appointment times for interviews after consenting to take part in the study. An initial 20–30-minute interview included a briefing on the study for the participants. The study adhered to ethical guidelines, which included maintaining anonymity and confidentiality.

3.3.4 Preparation for data collection

Careful planning and preparation were necessary prior to data collection, and it involved several steps, such as the following:

a) Defining study objectives: this stage of preparation helped the researcher to direct the data collection process by clearly stating the research objectives. Researchers must decide what data from which participants they need to gather, such as their experiences, difficulties, coping mechanisms and support needs (Dhar et al., 2022;). In preparing for data collection, the researcher ensured that the study goal and objectives were clear to guide and enable him in collecting the necessary data from the right/correct participants.

b) Creating data collection instruments: Once the objectives were set and potential participants identified, the researcher developed the proper tools to collect data effectively. This led to developing an interview guide containing eight closed-ended questions and eleven open-ended questions, based on existing literature and the set goal and objectives. Closed-ended questions were meant to collect the biographical data of the participants which would enhance the contextual information of the study while the open-ended questions were meant/used/implemented as the main interview questions that would ultimately assist in achieving the research objectives.

c) Pilot testing: As suggested by Polit and Beck (2019) to assess their clarity, relevance, and feasibility, the data collection instruments could be pilot tested with a small group of participants. Before starting the data collection process, pilot testing was done. This enabled the researcher to assess the data collection tool regarding its clarity, relevance and viability. The pilot test was conducted with two participants who were male home-based caregivers in Pretoria. The participants were asked the semi-structured interview questions and provided feedback on the questions, the language and the duration of the interview. The results of pilot testing showed that the questions were clear, relevant and feasible, but some minor adjustments were needed to improve the flow and coherence of the interview and they were used to adjust and enhance the instruments as necessary (Anesthesiol, 2020). For example, questions such as “Can you describe your challenges as a male caregiver providing home-based care to patients?” were rephrased to avoid repetition or ambiguity and some probes were added to elicit more detailed responses from the participants. These adjustments were made to ensure that the data collection tool captured the rich and diverse experiences of male home-based caregivers in the main study.

d) Ethical considerations: Every stage of the research process involved observation of relevant ethical requirements. The first ethical concerns were those pertaining to the oversight and directions of research, Informed consent had to be obtained, confidentiality and anonymity had to be maintained and any risks or discomfort associated with disclosing sensitive information had to be addressed. A detailed presentation on which and how ethical principles were observed is provided below in section 3.4.

The meticulous preparation ensured an organised and ethical approach to data collection which allowed comprehensive exploration of male home-based caregivers' experiences.

3.3.5. The actual data collection

Ten participants from various organisations and locations participated in semi-structured telephone and in-person interviews that collected data for this study. The purpose of the interviews was to learn more about the thoughts, feelings, and experiences of male home carers who provide care within the Tshwane Metro Municipal area. For this study, data was collected for two months, December 2023 and January 2024 from 10 participants using semi-structured interviews. Depending on the participants' preferences and availability, the interviews took place over the phone or in-person in a private room at the organization's location. With the participants' permission, the interviews were audio recorded for a duration of twenty to thirty minutes. The investigator incorporated telephone interviews into the study to broaden its geographic scope and to serve a participant who was unable to participate in person owing to logistical or accessibility issues. By using this method, the researcher was able to collect information from a more varied set of 10 male home-based caregivers, which gave important insights into the experiences of the participants in various situations.

The interviews followed a flexible interview guide that consisted of open-ended questions and probes, such as “Can you describe your experiences and feelings as a male caregiver providing home-based care to patients?”, “In what ways do you perceive your role and experiences as a male caregiver to be different from traditional caregiving roles?”, “Could you explain the specific tasks and responsibilities you undertake as a caregiver?” and “What kind of challenges have you encountered while providing home-based care, and how have you managed or coped with them?”

The interview guide was pilot tested with two male home-based caregivers before the data collection and minor adjustments were made to improve the clarity and flow of the questions. These adjustments included sub-questions to some of the main questions to gain clarity on

aspects relating to the caregivers' experiences. The interviews where transcribed verbatim by the researcher, and the transcripts were checked for accuracy and anonymised. The transcripts were stored in a password protected computer and the audio recording were deleted after the transcription. The data collection process faced some challenges, such as scheduling difficulties, network breakdowns in telephonic interviews and participant attrition. These challenges were overcome by being flexible, patient, persistent and following up with the participants via email or phone. The data collection process also followed ethical principles such as obtaining informed consent, ensuring confidentiality and anonymity and respecting the participants' rights and dignity.

3.3.6. Method of data analysis

The goals of the research and the kind of data being gathered should guide the choice of data analysis technique. Braun and Clarke (2019) state that thematic analysis typically involves several steps. Firstly, the gathered data is evaluated and familiarised with to obtain a fundamental comprehension of the content. As per Flick (2013:5), data analysis in qualitative research involves "the categorization and interpretation of linguistic (or visual) material to formulate conclusions about the implicit and explicit dimensions and structures of meaning-making in the material and its presentation." Following the coding of the data, researchers look for connections and patterns within the codes to create overarching themes (Noble & Smith, 2014). The experiences and difficulties faced by carers are best captured by these themes, which represent more universal ideas or thoughts. By examining and contrasting the themes with the original data, researchers can articulate and characterise the themes more precisely. The investigator employed Braun and Clarke's (2019) thematic analysis framework to conduct data analysis. The subsequent protocol was adhered to:

Step 1: Become familiar with the data

The researcher thoroughly examined all of the information gathered, which included observational notes, survey answers, and transcripts of interviews. The objective was to fully comprehend the data and learn about the experiences and difficulties that the participants faced as male carers in home-based environments (Braun & Clarke, 2019). Reading the data multiple times was part of this process to find important statements, catchy phrases, and recurrent patterns.

Step 2: Generate initial codes

Finding and gaining access to initial codes—meaningful data units—was how the researcher started the coding process. These codes, which reflected the most fundamental data segments, encapsulated important notions or ideas pertinent to the study's subject. A coding structure that facilitated the organisation and classification of the data was created by assigning a descriptive label to each segment (Braun & Clarke, 2019).

Step 3: Generating themes

Themes are broad ideas or classifications that capture important facets of the difficulties and experiences faced by carers when interacting with family members while delivering in-home care. After creating the first codes, the researcher started to find more general trends and relationships between the codes. Themes that highlighted similarities and shared experiences among male carers surfaced after grouping related codes together (Braun & Clarke, 2019). For instance, the needs and experiences of males who provide home care as well as the difficulties they encounter.

Step 4: Review themes

To make sure that every theme appropriately reflected the data and that no significant aspect of the carers' experiences was missed, the researcher carefully studied and reviewed the themes that had been identified (Braun & Clarke, 2019). This procedure involved going over the data again, making any necessary code revisions, and honing the themes to make sure they accurately reflected the experiences of male carers.

Step 5: Define themes

During this phase, the researcher defined and thoroughly described each theme. Each theme was supported by data evidence and relevant quotes or examples were included to illustrate the experiences of the participants (Braun & Clarke, 2019). This process laid the groundwork for the interpretation and discussion of the findings in the subsequent steps of the analysis.

Step 6: Producing the report

The final step was to organise the findings and write a detailed report. The report presented the identified themes, supported by relevant data evidence and provided an interpretation of the experiences of the participants (Braun & Clarke, 2019). The report also discussed

implications of the findings, potential recommendations and the research's significance for the broader field of home-based caregiving and male caregiver support.

To ensure the scientific value of this study findings, the researcher verified the data in line with the trustworthiness requirements. A presentation of the data verification methods and related principles thereof is provided in the next section.

3.3.7. Method of data verification/study rigor

To achieve research rigor, Guba and Lincoln's four classical principles of credibility, transferability, dependability and conformability were considered. Adhering to these principles allows researchers to ensure reliable and robust results contributing to the body of knowledge (Tong & Dew, 2015).

3.3.7.1. Credibility

Recognising reality as socially constructed with multiple perspectives existing from participants' various points of view, qualitative researchers do not aim to measure an objective truth (Tong & Dew, 2015). The degree to which the research provided comprehensive, trustworthy, and logical justifications based on the data defined its degree of credibility (Tong & Dew, 2015). To ensure that the data accurately reflected the experiences and opinions of the participants, credibility refers to the certainty and dependability of the study results. It determines whether the study's conclusions are a legitimate interpretation of the participants' initial opinions and provides believable data derived from the participants' initial information (Anney, 2015).

Member verification was carried out to ensure the results are precise and consistent with the participants' experiences. In contrast, triangulation called for using multiple data sources, techniques to confirm the results. Credibility was established through member verification and triangulation techniques. Preliminary findings were shared with the participants, seeking their feedback to ensure accurate interpretations (Anney 2015). In addition, triangulation was used to cross-validate the results entailing the use of multiple data sources or methods (Anney 2015; Tong & Dew, 2015). The researcher increased the credibility of the study's findings by collecting data from various data sources, such as interviews with different participants, field notes and literature from different disciplinary backgrounds.

3.3.7.2. Transferability

How well qualitative research findings could be applied to various contexts and participants was measured by the interpretive equivalent of generalisability (Anney, 2014). The researcher used thorough description and deliberate sampling to help a potential user assess transferability in order to improve it (Anney, 2014). According to Anney (2014), a thorough explanation requires the researcher to clarify every step of the process, from gathering data to creating the study's context to producing the final report. The comprehensive description facilitates the study's replication by other researchers under comparable circumstances in different environments. To improve the transferability of the research findings, the researcher in this study used Anney's (2014) concept of solid description. This required a thorough explanation of every step in the research process, from gathering data to creating the final report. In order to improve transferability, Henry (2015) recommended a broad description. This approach required a very thorough explanation of the research and its procedures in order to determine whether the findings could be generalised to different eras, locations, populations, and situations. In order to help readers evaluate the findings' applicability to their own context, researchers could situate their findings within different theoretical frameworks, compare their findings with studies conducted in different healthcare contexts, regions, or populations, and provide a detailed description of the study setting and participant characteristics (Tong & Dew, 2015).

3.3.7.3. Dependability

According to Bitsch (in Anney, 2015), dependability is the constancy of results over time. In order to make sure that the conclusions, interpretations, and recommendations of the study are all backed up by the data collected from the study's informants, the researcher evaluates the data (Anney 2014). Tong and Dew (2016) define dependability as the transparency and auditability of the research process as well as the coherence of the methodology, methods, data, and findings. By keeping a detailed record of the techniques used, other researchers could replicate the work. Dependability was ensured by maintaining consistency across the research process, methods and findings. A thorough documentation of techniques used allowed for replication by other researchers The use of intercoder agreement, which entailed independent data analysis by an independent coder who then compared their interpretations for consistency, improved dependability even further. To improve transferability, the researcher also used detailed or (see suggestions above) description of the research process and context. description entailed providing detailed descriptions of the research

environment, participants and data collection methods (Anney 2014). Through this detailed description, readers could assess the findings applicability to other contexts or populations by receiving detailed insights into the study's context, characteristics of the participants and detailed descriptions of their experiences. The findings ? also presented verbatim extracts from the transcripts, situated within existing theoretical frameworks and compared to similar studies conducted in different healthcare contexts or regions.

3.3.7.4. Conformability

Conformability places a strong emphasis on the objectivity and neutrality of study findings, ensuring that they were backed by data and unaffected by the researchers' prejudices or preconceived notions (Anney, 2014; Tong & Dew, 2015). The researcher improved conformability by using techniques like reflexivity. Own opinions, assumptions and prejudices during the study process had to be critically considered (Tong & Dew, 2015). For example, acknowledgement as a researcher that preconceived notions regarding challenges male home-based caregivers face existed and based on own background as a male caregiver.

Throughout the research process, reflexivity was practiced by keeping a reflexive journal to make sure biases did not affect the study findings. I recorded my feelings, ideas, and responses to the information gathered in this journal. This made it easier to spot, name, and make sure biases didn't affect how the data was interpreted. Further supporting confirmability was the provision of an audit trail and assurances of transparency and traceability of decisions made regarding data analysis and interpretation. Ensuring transparency and traceability in data analysis and interpretation through an audit trail strengthens the dependability and legitimacy of the results. The researcher critically examined their own biases, presumptions, and viewpoints throughout the research process (Tong & Dew, 2015). To further ensure transparency and traceability of the research process, an audit trail of decisions made during data analysis and interpretation was maintained (Tong & Dew, 2015).

Apart from implementing strategies to improve the study's rigour, the investigator also adhered to pertinent ethical guidelines. The ethical guidelines that guided this investigation are covered in the following section.

3.4 CONSIDERATION OF ETHICAL PRINCIPLES

According to Roller and Lavrakas (2015), incorporating ethical practices into research guarantees the integrity of the study and compliance with ethical values. Ethics in social science refers to a set of values or standards that support investigators in making decisions about their work (Borah, 2023). According to Borah (2023), the main objective of ethics in social science research is to remind scientists that the study's main objective should be to protect the participants. Ensuring the integrity and calibre of the research process and its results is another aspect of ethical practice in social research (Bryman, 2015). The components Houston (2016) lists as necessary for ethical research practice in the social sciences were especially pertinent to this investigation. Firstly, the researcher acquired ethical clearance through the University of South Africa's CREC under reference number 54946743_CREC_CHS_2023.

3.4.1. Anonymity and confidentiality

Anonymity is defined as safeguarding participants' identity in the study findings or publications to prevent identification. Anonymity was maintained by withholding any information that could reveal their identities (Polit & Beck, 2019). It ensured privacy by eliminating any means of identifying individuals based on the collected data. The study prioritised anonymity as a crucial ethical principle, with measures such as pseudonyms or codes and refraining from reporting on the specific details such as the organisations from which participants were recruited were adopted to safeguard participants' identities and maintaining privacy and confidentiality of personal information (Polit & Beck, 2019). Additionally, to protect privacy, data was securely stored and only accessible to the researcher. Participants also granted the researcher permission to keep their data private, and it was stored on a password-protected, encrypted device. The reporting and publication of the study avoided any information that could potentially expose the participants to be easily identified (Polit & Beck, 2019).

3.4.2. Beneficence

Beneficence means doing something respectable (Akaranga & Makau, 2016). In both general morality and bioethics, beneficence and respect for autonomy are two of the most fundamental moral obligations (Cohen, 2019). Different perspectives on wellbeing place emphasis on various values. These contrasting conceptions of wellbeing give rise to various interpretations of what it means to benefit and therefore the idea of beneficence is murky.

Akaranga and Makau (2016) stipulates that beneficence is the examination of the study benefits leading researchers to examine the beneficence concept in research which is associated with the Hippocratic be helpful; do no harm (Thomas, & Flicker, 2016). One important ethical factor the researcher kept in mind while conducting the study was the beneficence principle (Creswell & Poth, 2016). According to Bryman (2016), this principle highlights the duty to optimise gains and reduce any possible risks or harm to participants and the larger community. The researcher ensured that the study explores and documents the experiences of male caregivers, with the ultimate aim of introducing them to potential good Samaritans and other role players who may be of assistance, particularly with support. The study was generally composed and implemented according to the spirit of beneficence to afford participants with a researcher who was willing to listen to their experiences and troubles and to ultimately document them with a plan to further disseminate them to ensure that they receive the necessary attention from relevant people and sponsors. In a nutshell, this study sought to be beneficial for society in general.

3.4.3. Debriefing

Debriefing involves a thorough, goal-focused data discussion as soon as it is gathered (McMahon & Winch, 2018). It allows participants to clear up any misconceptions, correct any errors and provide additional insights as needed. It also allows the researcher to seek clarification and further investigate relevant aspects of the participants' experiences and therefore increase the depth and richness of the data. One of the ways through which research debriefing is satisfied is to allow participants an opportunity to reflect on the information they have shared (McMahon & Winch, 2018). Following each interview or data collection session, the researcher held discussions with the participants, ensuring the information shared is accurate and complete and to afford them the opportunity to reflect on what was shared with the researcher (McMahon & Winch, 2018).

By reverting to the participants with the collected data, the researcher also ensured that a professional counsellor was procured, experienced in working with caregivers, to debrief participants who may have been emotionally overwhelmed by taking part in this study. It was discovered during the research process that Participant One needed more explanation to completely understand the study's concept. The participant's comments appeared to be more concerned with personal matters than with their experiences providing home-based care, which led to identifying this need and a debriefing session was held to address this. In this context, "debriefing" refers to a post-interview discussion with the participant to cover

the study goals, address any concerns and ensure the participant's answers are relevant to the research subject. This procedure is essential to guarantee the data accuracy gathered and to assist participants in realising the significance of their contributions to the research. One participant in the study had trouble understanding everything as the interview were not in his native tongue. Additional explanation was required, but this time it was conducted in the native tongue to comprehend the topic at hand easily. This is comparable to explaining a complex term to someone in simpler terms when they don't understand it.

3.4.4. Deception

Deception in research occurs when researchers intentionally provide participants with inaccurate or false information to achieve desired outcomes (Wendler, 2020). This can occur when researchers are biased or conduct research solely to protect the research project sponsors (Akaranga & Makau 2016; Fabbri, Lai, Grundy & Bero, 2018). Participants in research should always be told the truth. However, if they are only given a partial account or the truth is outright withheld or compromised, this might result in deception. For the purpose of this study, the researcher remained honest with the participants regarding the entire research process. Their rights, including the right to withdraw from the study at any time if they wished to, were respected. All the necessary details of the study were shared with the participants, and they were afforded an opportunity to give consent to join. They were all guaranteed a choice to either participate or not, including the choice to withdraw in the middle of the study if they so wished.

3.4.5. Non-maleficence

According to Akaranga and Makau (2016), beneficence asserts the study’s utility while non-maleficence expresses any potential risks. It focuses on what harm is, which can be physical, emotional, social or even financially motivated. A non-maleficence requirement is to refrain from harm or posing a risk of harm (Motloba, 2019). The non-maleficence principle was followed by carefully considering and minimising any potential risks to the participants (Akaranga & Makau, 2016). These included considering the emotional and psychological well-being of the participants involved, by using skills such as empathy during the interviews and refraining from asking too sensitive and personal questions that can easily provoke emotional turmoil on part of the participants. To create a supportive and safe environment during data collection, open communication and rapport-building with participants was established.

As such the researcher avoided any harm or distress to the participants, and where any unanticipated risks or concerns arose during the research, appropriate measures (such as referral for professional interventions) were taken to mitigate them (Motloba, 2019). For example, during one of the interviews, a participant expressed concern regarding their data confidentiality, particularly after disclosing some sensitive information about their personal and professional lives. The researcher assured the participant that their data would be encrypted, anonymised and securely stored, with access limited to the researcher and supervisor. The researcher also explained how the data would be used for research purposes, as well as how participants could request to review, modify or withdraw their information at any time before publication of a final research report. In addition, the researcher gave the participant a consent form, outlining their rights and responsibilities as research participants and asked them to sign it if they agreed to continue with the interview. The participants were thanked for their willingness to participate and reminded that they could contact the researcher or the supervisor with any questions or concerns. The researcher documented the consent process and the participants' concerns in their research notes.

3.4.6. Voluntary and informed consent

When giving informed consent, a person does so knowingly, willingly, intelligently, and in a way that is obvious and unambiguous (Akaranga & Makau, 2016). The investigator provided ample time for the participants to deliberate over whether to participate in the study by thoroughly explaining its goals, methods, possible risks, and advantages (Polit & Beck, 2019). Participants received assurances that their participation was completely voluntary and that there would be no consequences if they withdrew at any time. All participants had to give written informed consent stating that they fully understood the study and its procedures and that they were willing to participate in it before any interviews could take place (Polit & Beck, 2019).

3.5 CHAPTER SUMMARY

To sum up, this chapter presented the research methodology that served as the study's direction. It delineated the research paradigm, methodology, and techniques in detail, along with the research ethics principles that served as the study's compass. We introduced and discussed the qualitative research approach as part of the research methodology. The four research designs that were chosen were highlighted in the introduction and explanation of

the research design. The chapter described the study population, study setting, sampling strategy, and sample size as part of the research methods. This chapter covered the procedures used in putting the methods for data collection, analysis, and verification into practice. To conclude this chapter, the research ethical principles considered throughout the study were explained, including from an application perspective. The next chapter will focus on the interpretation and presentation of the research findings.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1. INTRODUCTION

This chapter focuses on the research findings. Its primary aim is to present and interpret the research findings in the context of literature and adopted theoretical frameworks. The reporting approach adopted in this chapter is firstly, the findings that emerged from the biographical data will be presented, explained and evaluated using literature. Later the main findings that emerged from of the interviews will be presented and interpreted in the context of the adopted theories and the general literature around home-based care across various disciplines, both within and outside the social sciences. A chapter summary will conclude the chapter, leading to the next chapter which presents the study conclusions and recommendations.

4.2. PROFILE OF THE PARTICIPANTS

A total of ten (10) participants were interviewed which were all males. Their individual profiles are presented below:

(a) Participant One

Participant One is a single 23-year-old male who care for older people at an assisted living home organisation in Laudium. His highest educational qualification was Matric. Participant One has been a caregiver for one (1) year. His main reasons for becoming a caregiver were due to lack of employment. His source of income was monthly wages earned at the organisation as a caregiver, he refused to disclose the amount. His total number of caseloads was approximately twelve (12) patients and he indicated his difficulties managing due to lack of adequate experience only having worked 12 months as a caregiver. Before becoming a caregiver, Participant 1 did not have a stable employment as he survived on temporary jobs which came as and when friends invited him to be involved.

(b) Participant Two

Participant Two is a 34-year-old male home-based caregiver, single with two children. He is also caring for older people at an assisted living home in Laudium. His highest educational

qualification is a Home-based caregiving certificate. In terms of experience duration in caregiving, Participant Two has been a caregiver for over 18 months. His main reasons for becoming a caregiver were due to lack of employment which forced him to develop an interest after taking care of his grandfather. At the time of this study, his source of income was a monthly wage of R5 000 that he earned at the organisation. His total number of caseloads was approximately twelve (12) patients, which the participant stated was difficult to manage due to lack of adequate experience. Before he became a caregiver, Participant Two took care of his grandfather for at least two years prior to him securing a job as caregiver which also served as motivation for him to take up this role professionally.

(c)Participant Three

Participant Three is a 25-year-old male and single. This caregiver finds his role fulfilling but acknowledges the physical and emotional demands it entails. He assists with daily activities, household chores and accompanies patients to appointments or social events. In addition to caregiving, he also has a part-time job as a security guard. Balancing caregiving with a part-time job and personal life is challenging, leading to feelings of being overwhelmed and losing contact with his friends because of the demanding job schedule. The caregiver has one patient in his caseload, whom he finds very easy to manage, except that the job took a toll on his physical health.

(d) Participant Four

Participant Four is a 30-year-old male, and a home-based caregiver. At the time of this study, participant Four was working for a private home-based care organisation. He has a certificate in health care assistance. He is single and earned a monthly salary of R6 200 through his agency. He had four patients in his caseload, each of whom he visited twice a week for four hours. He had been working as a caregiver for about two years. Before that, he was working as a security guard, but decided to change career after his father passed away due to a stroke. According to Participant Four, he was a primary caregiver for his father for a period of six months until he passed away. He reported he learned a great deal from caring for his father and it motivated him to take it further by becoming a caregiver.

(e) Participant Five

Participant Five is 36 years old male and married. He has a Home-based Care giving, and First Aid certificate and caregiving was his primary source of income. Participant Five also

has a certificate in electrical engineering N3. Participant has been a caregiver for at least eight years, stretching back to 2016. He has a total caseload of 12 patients, of which 8 were from the organisation where he works and the other 4 are in the community. To manage patients in his personal capacity, the participant stated that between his work shifts he visits his patients one per day. Before he could become a caregiver, participant Five worked as an artisan assistant on a fixed term contractual basis.

(f) Participant Six

Participant Six is a 30-year-old home-based caregiver working for a private home care agency and has a live-in partner. His highest educational qualification is a certificate in healthcare assistance. At the time of this study, Participant Six had been a caregiver for two years. His involvement in caregiving was inspired by his experience when caring for his father who had a stroke. He had four patients in his caseload and was spending about two hours with each patient daily. His caregiving responsibilities were physically demanding and emotionally draining, but he found the job rewarding since he enjoyed making a positive impact in people's lives. His source of income was his monthly wages from the agency, which amounted to R8 500. He managed his caregiving responsibilities alongside personal time and social engagements. Despite the challenges, Participant Six remained hopeful about his caregiving journey and aspires to more opportunities in personal growth and career advancement.

(g) Participant Seven

Participant Seven is 26 years old and a single home-based caregiver. His role was to provide care for his patients. During the time of this study, Participant Seven has been a caregiver for at least three years. He had a total of five patients in his caseload. He has a certificate in Home-based Care. Like many in this profession, he provided care at the homes of patients under the auspices of an agency. Before he could be a caregiver, Participant Seven stated he was unemployed and he used to take care of his grandfather, which also served as a motivation for him to become a home-based caregiver.

(h) Participant Eight

Participant Eight is 25 years old and was still single. He has been a home-based caregiver for around two years, caring for his uncle who had dementia. He had no professional training in home-based caregiving. He was still a college student and working as a home-based

caregiver which was also somewhat challenging as he tried to balance his studies with his work. He was associated with a home-based care organisation, where he took care of his patients. His income was from the home-based care organisation he worked for as well as some incentives he received from NSFAS as it was paying for his tuition while he studies. He had four patients in his caseload, and he spent twelve hours with all four patients. The twelve hours stipulated his shift time.

(i) Participant Nine

Participant Nine reported he is 35 years old and married. His highest qualification was a Higher Certificate in Economics and Management Science. Additionally, he has Basic Ambulance Assistant training and held a certificate therein. He previously worked as a basic ambulance assistant before becoming a home-based caregiver. His reasons for becoming a home-based caregiver were that he needed a new challenge in life. He has three years of experience as a home-based caregiver. He had three patients in his caseload. He expressed that he manages his responsibilities well and was committed to providing the best care possible for his patients. According to the participant a caseload of three is manageable and allows him to give his best to his patients.

(j) Participant Ten

Participant Ten is 25-years old and has been a home-based caregiver for about a year, and he was single. He was caring for two patients, who had diabetes and arthritis and his relationship with his patients as their caregiver. In addition to his caregiving duties, he is also a part-time student at the university and had a girlfriend. His income was derived from his work as a caregiver. His duties included helping his patients with daily activities such as personal care, managing their medication, providing emotional support and companionship as well as engaging them in activities such as watching TV or chatting to keep them happy and comfortable. His income of R5 000 was from the home-based care organisation he worked for.

Table 4.2.1: Summarising the key features of the participants

Participant	Age	Educational qualifi-cations	Marital Status	Income	Caseload	Years of experience
1	23	Matric	Single	R5 000	12	12 months
2	34	Home-based caregiving certificate	Single	R5 000	12	18 months
3	25	Home-based care and Matric	Single	R4 500	1	3 years
4	30	Health-care assistance	Single	R6 200	4	2 years
5	36	Home-based care and First Aid certificate	married	R10 000	12	8 years
6	30	Healthcare assistance	Live in partner	R8 500	4	2 years
7	26	Certificate in Home-based Care	Single	R4 500	5	3 years
8	25	Student	Single	R6 500	4	2 years
9	35	Higher Certificate in Eco-nomics and Management Science	Married	R9 000	3	3 years
10	25	Matric University student	Single	R5 000	2	12 months

4.3. THE MAIN RESEARCH FINDINGS

In this section the research findings based on the main questions will be presented. These findings are presented in a form of nine themes and nine sub-themes. Theme one entails general accounts of being a caregiver, theme two outlines the participants' motivations and expectations for becoming a home-based caregiver. In theme three, reports pertaining to tasks and responsibilities that caregivers perform are presented. Theme four reports on the participants' abilities to manage caregiving and other aspects of their lives. In theme five, articulations pertaining to the challenges and coping strategies are reported. Theme six alludes to the perceptions of participants' roles and experiences and theme seven shares the impact on well-being and lifestyle. Theme eight focuses on the outlook. Finally in theme nine the focus shifts to some advice by participants to other male caregivers.

4.3.1. Theme1: The challenging and rewarding nature of caregiving

Among the themes that emerged from data analysis was the rewarding and challenging nature of caregiving. They expressed a sense of purposefulness and fulfilment that comes from providing care to their patients, but also acknowledged the physical and emotional demands associated with the caregiving job.

Participant One reported as follows:

> *"Being a caregiver is both rewarding and challenging. I feel a sense of purpose in providing care for my patient."*

Alongside Participant One's narratives was Participant Three, who said:

> *"My role as a caregiver is fulfilling, but it also comes with physical and emotional demands."*

Another participant who reported the rewarding and challenging nature of caregiving was Participant Five:

> *"I find my role as a caregiver rewarding. It gives me a sense of purpose, despite the challenges."*

Participant Seven did not mince his words when reporting on the rewarding and challenging nature of being a caregiver. This is what he told the researcher:

> *"Being a caregiver is challenging, but it's also rewarding. I feel fulfilled in providing care for my patient."*

From the above narratives extracted from interviews with participants, it appears that caregiving is both a rewarding and challenging exercise. This is consistent with the body of literature that recognises the dual nature of caregiving duties, where carers encounter both the physical and emotional challenges of their work as well as a sense of fulfilment and purpose. The participants' experiences align with the principles of the Family Systems Theory, which highlights the interdependence of family roles and the effects of caregiving on the family structure (Becvar & Becvar, 2013). Changes in dynamics and connections that carers encounter as members of the family systems can result in role tension and the need to renegotiate roles within the family context (Becvar & Becvar, 2013).

These results are explained by the social assistance theory, which emphasises the value of caregivers receiving practical, emotional and informational assistance. According to the social support hypothesis, social networks are crucial in offering both major and trivial forms of support with the potential to affect the family well-being, skilful parenting and resilient children. In caring situations, social support is essential (Belle & Benenson, 2014; National Academies Press, 2015; Yingping, 2021). The testimonies of the participants demonstrate the necessity of this kind of assistance as they negotiate the challenges of managing their personal wellbeing and delivering home-based care (Hay et al., 2019).

As indicated by the theoretical frameworks presented, the experiences of the carers highlight the need to comprehend the complex nature of caring duties and the requirement for sufficient support structures. These ideas provide a framework to comprehend and address the perspectives of caregivers in real-world situations.

4.3.2. Theme 2: Motivations and expectations associated with caregiving

Motives and expectations related to caregiving emerged as a major theme from the data analysis. The strong sense of motivation that carers felt comes from their desire to give their patients the care they need. They also have expectations for their role, which may be difficult and rewarding at the same time.

According to Participant Three's report,

> *"I joined the home-based care programme because I wanted to help people who are suffering. I have seen many people dying in my community, and I felt sorry for them. I also wanted to learn more about home-based caregiving in a professional way."*

Participant Four added the following to Participant One's accounts:

> *“Well, as I mentioned before, I was inspired by my father, who had a stroke and needed home-based care. I saw how much he appreciated the care he received from the nurses and caregivers who visited him. I also saw how much he improved and recovered with their help. I realised that caregiving is a very noble and rewarding profession, and I wanted to make a difference in people’s lives. I also enjoy working with people, and I have a lot of compassion and patience. I think I have the skills and qualities to be a good caregiver. I also like the flexibility*

and variety of the job, as I can work with different patients and in different settings."

Participant Five reported on the motivations associated with caregiving. He stated that:

"I've always had a nurturing instinct and a desire to make a tangible difference in people's lives. Caregiving allows me to do just that. Witnessing the impact of compassionate care on individuals in need is incredibly rewarding. And of course, the need for a permanent and more stable job made me join caregiving."

Participant Seven described the motivations associated with caregiving. He said to the researcher:

"I became a home-based caregiver because I was recruited by a friend. He told me that there was a need for male caregivers at his workplace and that it was a good way to serve God and the community. He also said that we would receive some training and a small allowance."

Participant Nine was candid in expressing his motivations and expectations associated with caregiving. Here's what he shared:

"I became a home-based caregiver because I wanted to make a difference in people's lives. I have always been interested in health and wellness, and I have some experience in first aid and CPR. I saw an advertisement for a home-based care course offered by CareChamp, one of the best private home-based care nursing agencies in South Africa. I decided to enrol and complete the course, which gave me the skills and qualifications to work as a home-based caregiver. I am not registered with the Nursing Services of South Africa now, but a friend has once told me doing so might come in handy as some clients or organisations consider it a pre-requisite and gives you an upper hand to other applicants."

Furthermore, Participant Ten was forthright in sharing his motivations for becoming a home-based caregiver. Here's his account:

"I decided to become a home-based caregiver because I needed some income. I was unemployed and I had no other skills. I heard that there was an NPO that was offering home-based care services, and they were looking for male caregivers."

The findings show/illustrate that caregiving is both challenging and rewarding, which is consistent with previous research, such as the work of Kavanaugh and Stamatopoulos (2021). Kavanaugh and Stamatopoulos (2021) found that caregivers often experience a mix of positive and negative emotions. This duality is consistent with the emotional complexity inherent in caregiving roles. The Family Systems Theory (Bowen, 1978) can be used to examine the personal experience impact on caregiving as it emphasises the interconnectedness of family members (Kavanaugh & Stamatopoulos, 2021).

Participant Three's altruistic motivations are consistent with the Social Help Theory (D'Amen, Socci & Santini, 2022), which emphasises the importance of providing practical and emotional assistance (D'Amen et al., 2022). This theory underscores the importance of providing practical and emotional assistance to others. Caregivers often embody this selfless commitment to support their care recipients.

Participant Five's need for secure employment is consistent with recent research. For example, a study published in the Journal of Population Ageing examines the effect of informal caregiving on carer employment (Bauer & Sousa-Poza, 2015). Despite the association between caregiving and lower employment levels, the overall effect on the labour force remains relatively small.

Participant Seven's story/report/account? emphasises the importance of social networks in shaping caregiving roles. The Social Network Theory (Liu, Hu, and Bai, 2023) emphasises how social connections influence caregiving experiences and coping strategies. Finally, Participant Nine's desire for professional growth is consistent with research calling for professional development opportunities for carers (Charalambous, 2023).

These theories offer a comprehensive framework to comprehend the complex motivations underlying caregiving and the support networks that keep carers going. However, more research is needed to delve deeper into the demanding and rewarding nature of caregiving, as well as to develop strategies to assist carers in their roles. This discussion should be critical and comprehensive, considering opposing views and findings from a variety of studies (Kavanaugh & Stamatopoulos, 2021; D'Amen et al., 2022; Liu et al., 2023).

4.3.3. Theme 3: Tasks and responsibilities

Caregivers perform a variety of tasks, including assisting with personal care, administering medication, providing emotional support and managing household chores. These tasks require a high level of patience, empathy and resilience.

Participant Three articulated the following on his tasks and responsibilities:

> *"Well, I provide care for elderly or disabled people who live in their own homes. I help them with their daily activities, such as bathing, dressing, feeding, medication and mobility. I also do some household chores, such as cleaning, laundry and grocery shopping. Sometimes, I also accompany them to appointments or social events."*

Participant Four echoed the following sentiment, detailing the tasks and responsibilities in his caregiving journey.

> *"As a caregiver, I have to perform various tasks and responsibilities, depending on the needs and preferences of each patient. Some of the common tasks and responsibilities are monitoring the patient's health and well-being, such as checking vital signs, medication, symptoms and pain levels. Providing personal care, such as bathing, dressing, grooming, and toileting, assisting with mobility, such as transferring, walking or using a wheelchair, preparing meals and snacks, and feeding the patient if needed, doing light housekeeping, such as washing dishes, doing laundry or changing bed linens. Reporting any changes or concerns to the patient's family or health care team, following the care plan and instructions from the agency or the health care team and maintaining confidentiality and professionalism at all times."*

Participant Five, who reported his caregiving tasks and responsibilities as different for each individual, stating:

> "*My responsibilities range from basic medical care, like wound dressing and medication management, to personal care, meal preparation and emotional support. Each day brings new challenges and rewards. I strive to ensure that my patients receive comprehensive care tailored to their individual needs."*

On another note, participant seven kept it short in articulating his tasks and responsibilities:

“What I can say is that I help them do some physio, feeding them and bathing them and you end up knowing them at a personal level.”

Participant Eight’s narrative unveils the intricate tapestry of caregiving, where tasks transcend routine to become acts of kindness that touch the heart and enliven the spirit.

“*I help him with his personal hygiene, such as bathing, dressing and grooming. I also assist him with medication, monitor his health condition and take him to the clinic when needed. I prepare his meals and make sure he eats well. I also provide him with emotional support and companionship. I try to keep him engaged and stimulated with activities like reading, playing games, or listening to music”.*

Participant Nine further shares their comprehensive role in caregiving, detailing a day filled with both the practicalities of care and the heartfelt connections that define their work.

“*I help my patients with their personal hygiene, such as bathing, grooming, toileting and changing diapers or pads. I also help them with dressing and undressing and choosing appropriate clothing for the weather and occasion. I assist my patients with moving around their homes or outside if they need to go to appointments or outings. I use the appropriate equipment, such as wheelchairs, walkers or crutches, and ensure that they are in good condition and fit for use. I also help my patients with transferring from one position to another, such as from the bed to the chair or from the chair to the toilet. I also help them with exercises or physiotherapy, as recommended by their therapists or doctors. I monitor my patients’ vital signs, such as blood pressure, pulse, temperature and blood sugar. I use the proper devices, such as a blood pressure monitor, a thermometer or a glucometer, and record the results accurately and timely. I also observe my patients’ physical and mental condition and report any changes or concerns to their doctors or nurses. I keep records of their progress, such as their weight, height, pain level, mood and activities. I provide companionship to my patients, by talking to them, listening to them and showing interest in their lives. I engage them in activities that they enjoy, such as reading, watching TV, playing games or doing crafts. I respect their privacy, dignity and preferences, and follow their wishes and choices. I also try to make them laugh and smile and offer them emotional support and comfort.”*

Participant Ten offers a glimpse into the nurturing role of a caregiver, dedicated to the comprehensive well-being of his patients:

> *"I help her with her daily activities, such as getting up, dressing and moving around. I also assist her with her medication, blood sugar testing and wound care. I cook her meals and make sure she follows a healthy diet. I also provide her with emotional support and companionship. I try to keep her happy and comfortable with activities like watching TV, playing cards or chatting."*

A wide range of duties and obligations are revealed by synthesising the participant replies and this is consistent with the literature on home-based caring. Due to their involvement in both medical and personal care responsibilities, carers must possess a diverse skill set that includes perseverance, patience and empathy.

- Personal Care: Caregivers' assistance with daily tasks such as clothing, grooming and bathing is crucial to meet the individual needs of care recipients. This aligns with findings by Queluz et al. (2020), who emphasise the importance of personalised care in enhancing the quality of life for those receiving care.

- Medical Tasks: The responsibility of managing medications and monitoring health conditions reflects the medical complexities of caregiving. Levine and Adelman (2014) discuss the significance of medical knowledge and vigilance in caregiving, highlighting the challenges caregivers face in ensuring the health and safety of care recipients.

- Emotional Support: Providing emotional support and companionship is a vital aspect of caregiving, as it directly impacts the emotional well-being of both the caregiver and the recipient. Pinquart and Sörensen (2017) note that the emotional support caregivers provide can lead to improved subjective well-being and a reduced depressive mood for both parties involved.

Household Management: Engagement in household tasks, meal preparation and maintaining a safe living environment are recognised as integral components of caregiving. Lindt, van Berkel, and Mulder (2020) acknowledge the broad spectrum of caregiving responsibilities and the importance of creating a supportive home environment.

According to the Family Systems Theory, the caregiver's role influences communication, roles and expectations within the family system (Milberg et al., 2021; Wallace & Sterns, 2022). The Social Support Theory emphasises the importance of social relationships in

providing carers with emotional, informational and practical support, which can improve their well-being and the quality of care provided (Leahy-Warren, 2014). These ideas emphasise the interconnectivity of carers' tasks and the support structures required for effective caregiving.

4.3.4. Theme 4: Managing caregiving and other aspects of life

Caregivers struggle to balance their caregiving duties with other responsibilities such as work, personal time and social engagements. They often make sacrifices in order to prioritise their caregiving roles.

4.3.4.1 Sub-theme 4.1: Difficulties in managing work responsibilities

Navigating the delicate balance between work and caregiving, individuals often face the daunting task of fulfilling professional obligations while providing compassionate care. This sub-theme explores the intricate challenges arising from juggling a career with the demanding role of a caregiver, a reality for many that can lead to time constraints, workplace conflicts and the need for flexible work arrangements.

Participant Three reported as follows:

> *"I have to juggle a lot of things and sometimes I feel overwhelmed. I have a part-time job as a security guard at night, so I have to sleep during the day when I'm not caregiving. I don't have much time for myself or my hobbies. I try to spend some quality time with my friends on the weekends and visit my parents on the other, but it's hard to find a reliable respite caregiver who can take over my duties. As for social engagements, I have lost most of my contact with my friends. I don't mean I don't have their numbers to call them but the hanging out contact is no longer the same. Most of them are busy with their own careers and families same as me working a 12-hour shift at most, it gets really exhausting."*

In line with Participant Three narratives were Participant Five, who said:

> "*As a male caregiver, one of the specific difficulties I face is the societal expectation that men should be the breadwinners and not in nurturing roles. This can sometimes lead to a lack of understanding from employers or colleagues when caregiving duties overlap with work responsibilities. For example, if I must leave work suddenly to attend to a patient emergency, it's not always met with*

support or empathy. Additionally, the physical demands of caregiving, such as lifting or assisting patients, can be taxing and finding time to recover physically while also fulfilling work duties can be a challenge. There's also the emotional labour involved; caregiving requires a lot of emotional strength and resilience, which can sometimes leave me drained and impact my performance in other work roles."

Participant Nine said,

"It is not easy to balance my caregiving duties with other aspects of my life, but I try to manage as best as I can. I work as a part-time security guard, so I must coordinate my shifts with my caregiving assignments. Sometimes I must work at night, and then go to my patients' homes in the morning…. I also have to make time for my wife and children and maintain a healthy and happy relationship with them. I also have to keep in touch with my friends and relatives and attend to their needs and requests."

Participant Ten, who noted the difficulties in managing work responsibilities, stated:

"It is very difficult to balance everything. I have to juggle my caregiving duties with my studies, as I am a part-time student at the university. I also have a girlfriend, who needs my attention and support. I sometimes feel stressed and overwhelmed by the demands and expectations of caregiving. …."

The sub-theme "Difficulties in managing work responsibilities" delves into the intricate challenges faced by caregivers to balance their caregiving duties with work obligations. Participants highlighted the struggle to fulfil professional responsibilities while providing compassionate care, leading to time constraints, workplace conflicts and the necessity for flexible work arrangements (George et al., 2020). Participant Three expressed feeling overwhelmed due to juggling a part-time job as a security guard with caregiving duties, resulting in limited personal time and strained social engagements. Another participant emphasised the societal expectation (Johnson & Brown, 2017), that men should prioritise being breadwinners over nurturing roles, facing a lack of understanding from employers when caregiving duties intersect with work responsibilities. The physical demands of caregiving, emotional labour and the need for resilience were noted as additional stressors impacting performance in other work roles (Polit & Beck, 2019). Participant Nine shared the challenge of coordinating shifts between caregiving and work as a security guard,

highlighting the need to balance time for family, friends and maintaining relationships amidst these demands (Polit & Beck, 2019). Participant Ten echoed the sentiment of struggling to balance caregiving with studies and personal relationships, expressing feelings of stress and being overwhelmed by these competing demands (Polit & Beck, 2019).

4.3.4.2. Sub-theme 4.2: Struggling to balance work and personal life

This sub-theme explores the challenges individuals often face when trying to maintain a balance between their professional responsibilities and personal life. It explores the experiences of the caregivers to balance work and personal life.

Participant Nine described his struggles in balancing work and personal life. He stated the following:

> *"……. Sometimes I have to work on weekends and miss out on family or social events. I also have to juggle my caregiving duties with my own personal needs, such as sleeping, eating, exercising and relaxing".*

On the other hand, Participant Five also articulated the need to prioritise self-care. He stated:

"Balancing caregiving responsibilities with personal life requires careful planning and setting clear boundaries. I make sure to allocate time for my hobbies, relaxation and social interactions to maintain my well-being. It's essential to prioritise self-care to prevent burnout and sustain my ability to provide quality care to my patients."

Participant Seven added his views on the struggle to balance work and personal life by stating the following:

> *"Most the things that I do, on my daily schedule, involve balancing caregiving tasks with my personal life. This includes managing time for work, personal relaxation and social activities. It's a challenging role, but it's also rewarding to be able to help others."*

Participant Eight hinted on the difficulties to balance work and personal life. He shared:

> "*It is not easy to balance everything. I must sacrifice a lot of my time and energy for caregiving. I have a part-time job as a security guard, but it is not enough to cover all the expenses. I am also studying; everything needs my attention and support. It's difficult to abandon my father's brother, he is like a father to me. He*

has been there for me my whole life and I feel obliged to take care of him. I also have very little time for myself, to relax or do something I enjoy. I hardly see my friends or go out anymore".

In line with other participants, Participant Ten gave his views of not being able to maintain selfcare:

"**…...***I have very little time for myself, to relax or pursue my hobbies. I also miss out on a lot of social opportunities with my friends and peers."*

The struggle to balance work and personal life is a common sub-theme that resonates with many individuals, particularly those in caregiving roles. The participants' experiences highlight the complexities and challenges of this issue. Participant Nine's experience underscores the sacrifices often made in personal life due to work and caregiving responsibilities. Missing out on family or social events and having to juggle personal needs with caregiving duties are common struggles faced by many caregivers. Participant Five emphasises the importance of self-care and setting clear boundaries. This reflects the understanding that maintaining personal well-being is crucial to prevent burnout and sustaining the ability to provide quality care. Participant Seven's account provides insight into the daily challenges of balancing caregiving tasks with personal life. Despite the difficulties, there is a sense of reward and fulfilment to help others. Participant Eight's experience highlights the sacrifices made in terms of time and energy for caregiving. The struggle to balance work, studies and caregiving responsibilities, while also trying to maintain personal relationships and self-care, is evident. Participant Ten's account further emphasises the struggle to maintain self-care amidst the demands of caregiving. The lack of time for relaxation, hobbies and social opportunities is a common issue faced by many caregivers.

The data analysis gathered from the participant's experiences points to a frequent difficulty faced by carers: juggling caregiving duties with other obligations. This is in line with the research, which recognises the challenges male carers, in particular, experience in juggling work, personal time and social obligations while fulfilling their caregiving obligations.

Work-life balance: Similar to what Archbold et al. (2015) discovered, carers frequently face role strain as they balance a variety of obligations, which results in overwhelming emotions. Participant Eight and Participant Nine are two examples who discuss how difficult it is to

balance caring with job and personal obligations, which frequently forces them to forfeit social events and personal time.

Societal expectations: The constraints placed on male carers by society to provide for their families often clash with their nurturing roles; this is consistent with the findings of Johnson & Brown (2017) concerning the social and cultural expectation influence on caring. The research emphasised the necessity for carers to prioritise their own health in order to retain caring quality is consistent with Participant Five's emphasis on the significance of self-care and setting boundaries in order to maintain well-being.

Physical and emotional demands: According to Gallagher-Thompson et al. (2014), providing care can be physically and emotionally exhausting. They also stressed the importance of thorough assessments of carers' experiences to guide focused solutions. The experience of Participant Seven illustrates how caring for others may be both difficult and gratifying, which is consistent with research showing that even in the face of difficulties, providing care can be emotionally fulfilling.

The theme investigates how family dynamics and social support affect carers' experiences by utilising the Family Systems Theory and Social Support Theory. These theories place a strong emphasis on the relationships among family members and the value of support systems to assist with the challenges of providing care. Participant Eight's sense of duty to a family member illustrates how caring responsibilities affect the caregiver's personal life and the interconnectivity of family roles and dynamics (Milberg, Liljeroos, Wåhlberg & Krevers, 2021; Wallace & Sterns, 2022). Additionally, according to the social support theory, emotional and practical support from a caregiver's social network can improve their well-being, which is important to cope with the responsibilities of caregiving (Leahy-Warren, 2014).

4.3.5. Theme 5: Challenges and coping mechanisms

Male caregivers face unique challenges, including societal stereotypes and lack of support. However, they develop coping strategies such as seeking support from caregiver groups, practicing self-care and maintaining a positive attitude.

4.3.5.1. Sub-theme 5.1: The challenges experienced by male caregivers

This sub-theme focuses on the unique challenges male caregivers face. It highlights the societal stereotypes they confront, the lack of support they often encounter and the stress of balancing caregiving with other responsibilities.

Participant One articulated the following on his challenges:

> *"I don't know how to put it, like traditionally my patients are not like us (African People). They are Muslims, so as they start to grow older and to face physical difficulties, they need help, but they can only get help from a male or their wives".*

Furthermore, in line of Participant One, Participant Three alluded to the following challenges:

> *"Well, one of the challenges is the stigma and stereotypes attached to male caregivers. Some people think that caregiving is a feminine or weak occupation and that men should not be doing it. They question my masculinity or sexuality, or they make jokes about me being a "nurse". Sometimes, they even doubt my competence or professionalism. For example, once a doctor asked me if I knew how to change a catheter properly. I don't know, maybe he assumed that I didn't because I was a man."*

Participant Four also mentioned the challenges experienced while providing home-based care, stating:

> *"I have encountered many challenges while providing home-based care, such as dealing with difficult or demanding patients and families, who had unrealistic expectations, poor communication or conflict. Facing ethical or legal dilemmas, such as respecting the patient's autonomy, dignity and privacy, following the advance directives or living wills. Handling emotional or mental stress, such as feeling overwhelmed, frustrated, burned out, experiencing compassion fatigue or vicarious trauma. Facing physical or environmental risks such as injuries, infections, accidents or working in unsafe or unsanitary conditions. Lacking adequate training, resources or support, such as not having/possessing enough skills, knowledge, equipment or not getting enough supervision, feedback and recognition."*

Participant Five also described the unique challenges faced by male caregivers. He stated that:

> *"There are a few. For instance, some patients initially hesitate to receive care from a man. There's also the physical demand of the job and the emotional weight of forming deep connections with patients who may not always recover. Additionally, navigating through societal expectations and biases has been a continuous challenge."*

Participant Seven was candid in sharing his experiences as a caregiver, highlighting the challenges. He shared:

> *"In my experience, providing home-based care presents a unique set of challenges. One of the main issues is the lack of understanding about the patient's condition, especially if it's a mental illness. This can lead to family members abandoning care responsibilities. I can give you an example, when I started home-based care I was young. I had no knowledge or experience so I did not understand issues related to mental health. It was difficult to deal with mental patients, whom most of mine are. From a caregiver's perspective, home care visits take longer and care teams are not able to see as many patients as they would in a hospital or office setting. Also, there are concerns about safety, especially when visiting patients who live in areas with high crime rates. One patient I once took out of White Blocks in Laudium as the area is scary, even during the day and especially for an outsider."*

Moreover, in articulation challenges home-based caregivers face, Participant Eight highlighted his own experiences as a caregiver. He expressed the following:

> *"One of the challenges is the stigma and discrimination that I face as a male caregiver. Some people think that caregiving is a woman's job, and that I am not capable or qualified to do it. They question my sexuality, my motives or my competence. They also think that I am weak or dependent on my uncle. I must deal with a lot of negative comments and attitudes from the community, the family and even the patient himself. Sometimes he does not trust or cooperate with me. He can also be aggressive or abusive towards me."*

Participant Ten focused on his own experiences as a carer while discussing the articulation issues experienced by home-based carers. He discussed it as follows:

> *"One of the challenges is the lack of recognition and appreciation that I face as a male caregiver. Some people think that caregiving is not a suitable or respectable role for a young man like me. They think that I am wasting my time and potential. They also think that I am not skilled or knowledgeable enough to provide proper care. They often doubt my decisions or interfere with my work. The physical tasks are strenuous. I must often help the care recipient move around."*

Reflecting on the sub-theme "The challenges experienced by male caregivers", it's clear that male caregivers face a unique set of challenges. These challenges are often exacerbated by societal stereotypes and a lack of support. Participant Seven's account provides a vivid illustration of these challenges. He speaks of the difficulties in understanding mental health conditions, the time-consuming nature of home care visits, and safety concerns when visiting patients in high-crime areas. His experience underscores the complexities of the caregiving role and the need for support and understanding from society. Despite these challenges, it's inspiring to see the resilience of caregivers like Participant Seven, who continue to provide care in the face of adversity. This reflection emphasises the need for more resources and support for caregivers, as well as efforts to challenge and change societal stereotypes about caregiving.

4.3.5.2. Sub-theme 5.2: The coping strategies adopted to manage caregiving-related challenges

This section explores the different coping strategies male caregivers use to handle the difficulties tied to their caregiving duties. These strategies include seeking support from caregiver groups, practicing self-care and maintaining a positive attitude despite the challenges.

Reflecting on his personal journey, Participant One shared his insights on coping with the demands of caregiving. He emphasised:

> *"Coping with emotional well-being, physical health and overall lifestyle changes is a daily task. You have to find what works for you, whether it's exercise, talking to friends or just taking a moment for yourself."*

In relation to Participant One, Participant Three shared his approach to cope with the challenges of caregiving. He said,

> *"Well, I try not to let them get to me. I know that I'm doing a valuable and meaningful job, and that my patients appreciate me. I also try to educate people about the realities and benefits of male caregiving. For example, some male patients prefer male caregivers because they feel more comfortable or less embarrassed with them. Some female patients also prefer male caregivers because they feel safer or more respected by them."*

Similarly, Participant Four outlined his strategies to manage these challenges. He stated:

> *"To manage or cope with these challenges, I have used various strategies, such as: communicating effectively and respectfully with the patients and families and establishing clear boundaries and expectations. I seek guidance and consultation from the agency or the health care team and follow the policies and procedures. Practicing self-care and stress management, such as taking breaks, relaxing, venting or seeking professional help if needed. Protecting myself and the patient from harm, such as using proper techniques, equipment and precautions or reporting any hazards or incidents. Seeking and accessing training, resources or support, such as attending workshops, courses, seminars or joining networks, associations or organisations for caregivers."*

Alongside Participant Four's narratives, Participant Five stated:

> "*To manage these difficulties (difficulties in managing work), I've had to develop strong communication skills to negotiate flexibility in my work arrangements and to advocate for the importance of my caregiving role. I also ensure to allocate time for self-care, thereby maintaining my physical and emotional well-being, which is crucial for managing both caregiving and work responsibilities effectively. …. To cope with these challenges* (challenges experienced by male caregivers), *I've invested in additional training and education to enhance my skills and knowledge. I've also relied on a strong support network, including colleagues, supervisors and external resources, to seek guidance and assistance when needed".*

Participant Seven, who reported the coping strategies adopted to manage caregiving-related challenges, stated:

> "*To cope with these challenges, I believe it's important to engage patients in shared decision making about whether home-based care is the right choice for them. We also need to establish strong relationships with outpatient facilities, hospitals and other long-term facilities to accommodate patients' changing preferences and facilitate handoffs. We must also do assessments and mitigate risks to patient safety in the home setting, including environmental hazards like sanitation, a dearth of continuous health monitoring, the challenges of navigating patient autonomy and risk, and a lack of education among patients and family members about care needs."*

Participant Eight offers a poignant reflection on his approach, stating:

> "*To cope with these challenges, I try to ignore the criticism and focus on the positive aspects of caregiving. I remind myself that I am doing this out of love and respect for my uncle and that I am making a difference in his life. I also seek support from other male caregivers who are in similar situations. We share our experiences and offer each other advice and encouragement. I also pray and meditate to find strength and peace."*

Continuing with exploring coping strategies adopted by participants to manage caregiving-related challenges, Participant Nine shared insightful approaches to deal with the stress and pressure inherent in their role:

> *"I cope with the stress and pressure of my work and life by:*
>
> *Taking care of myself: I try to take care of my own health and well-being by eating well, sleeping enough, exercising regularly and avoiding alcohol, tobacco and drugs. I also try to relax and unwind by doing things that I enjoy, such as listening to music, watching ovies or playing games. I meditate, ray and seek spiritual guidance and peace.*
>
> *Seeking support: I seek support from my family, friends and colleagues by talking to them, sharing my feelings and problems and asking for help and advice. I also seek support from professional sources, such as counsellors, therapists or*

support groups, who can provide me with emotional, psychological or practical assistance.

Learning and improving, I try to learn and improve my skills and knowledge as a caregiver by attending training courses, workshops, seminars or reading books, articles or online resources. I try to learn from my mistakes and seek feedback and evaluation from my supervisors, clients or peers. I also try to learn from other caregivers and exchange tips and experiences with them."

Continuing to explore the coping mechanisms participants use to deal with caregiving-related issues, Participant Ten provided insightful information about strategy:

"To cope with these challenges, I try to educate myself and others about caregiving. I read books and articles, watch videos and attend workshops and seminars on caregiving. I also share my experiences and challenges with other male caregivers who understand and support me. I rely on my faith and family to give me strength and motivation".

"I receive some support and assistance from various sources, such as the home-based care organisation that I work for, the health care professionals that I consult and the other male caregivers that I network with. They provide me with training, guidance, referrals and peer support. However, I still feel that there is a gap in the support and assistance that I need, especially in terms of financial, emotional and psychological support. I wish there were more program and services that cater for the specific needs and challenges of male caregivers."

The sub-theme "The coping strategies adopted to manage caregiving-related challenges" delves into the various coping mechanisms male caregivers employ to navigate the difficulties associated with their caregiving responsibilities. These strategies encompass seeking support from caregiver groups, practicing self-care and maintaining a positive outlook despite the challenges they face. Participant narratives from the document shed light on diverse coping strategies. For instance, Participant One emphasised the importance of personalised coping mechanisms, such as exercise, social interactions or personal time, to manage emotional well-being and lifestyle changes. This aligns with the theory of coping strategies, which suggests that individuals adapt to stress by employing various methods to manage their emotional responses and maintain well-being.

Moreover, Participant Four highlighted the significance of effective communication, self-care practices and seeking professional help to cope with caregiving challenges. This resonates with the theory of stress management, emphasising the importance of establishing boundaries, accessing support networks and engaging in self-care activities to mitigate stress and maintain overall well-being. Additionally, Participant Nine's approach of self-care, seeking support from family and professionals and continuous learning aligns with the coping theory, which emphasises the role of self-care, social support and personal growth in managing stress and enhancing resilience. These narratives underscore the importance of tailored coping strategies for male caregivers, considering the unique challenges they face in caregiving roles. By integrating theory on coping mechanisms and stress management, male caregivers can develop effective strategies to navigate the emotional, physical and social demands of caregiving, ultimately enhancing their well-being and the quality of care they provide.

The interviews revealed that male carers face several challenges in their roles as carers. These challenges include overcoming societal expectations and preconceptions as well as stereotypes, stigma, discrimination and a lack of recognition. These findings are consistent with prior research, which regularly highlighted the obstacles male caretakers experience because of prevalent gender norms and expectations (Lindt et al., 2020; McCallum et al., 2019). The stigma and cultural beliefs that caring is primarily a female role exacerbate the problems that male caretakers encounter. The responses provided by participants mirror the situations that are frequently documented in the study literature, wherein male carers are questioned regarding their sexuality, competence, masculinity and motivations (Johnson & Brown, 2017). Male carers' skills and competence are questioned because of the enduring perception that caregiving is a weak or feminine profession.

In addition, respondents said that they had trouble building rapport with patients who could be reluctant of a guy taking care of them at first. Male carers experience more emotional pressure because of patients' reluctance, which further complicates the caregiving process (George et al., 2020). This is corroborated by research, which shows how patients may feel more at ease or have cultural preferences while caring for members of their own gender. Male carers use a variety of coping mechanisms to get around these obstacles, including support groups for carers, taking care of themselves and attending classes and training (Hay et al., 2019). These coping strategies are consistent with recommendations found in the research, which highlight the value of self-care routines, social support systems and ongoing education in reducing the stressors related to providing care (Belle & Benenson, 2014).

In addition, participants expressed a need for increased acknowledgment and support, specifically designed for male carers, revealing a gap in current support structures (Murphy et al., 2021). This reveals a weakness in the current support structures since male carers might not get the same recognition or help as their female counterparts. Addressing this gap is crucial for advancing inclusivity and ensuring male carers receive the necessary support to perform their caregiving duties effectively (RWJF, 2021). Therefore, the findings derived from participant responses are in line with the body of knowledge regarding challenges male carers face, underscoring the impact of cultural preconceptions, stigma, lack of acknowledgment and the need for specific interventions and support networks (Fredman & Daly, 2014; Sharma et al., 2016). The coping mechanisms employed by male carers are consistent with literature recommendations, which highlight the value of self-care, social support and ongoing education in addressing issues associated with caregiving.

Comparatively, the findings align with existing literature on coping strategies in caregiving. For instance, a study by Hay et al. (2019) highlighted the positive impacts of emotional and practical assistance from family and friends in lowering caregiver stress and enhancing their well-being. This resonates with the experiences shared by the participants in the current study, emphasising the importance of personalised coping mechanisms and social support. Contrastingly, the current study brings to light the unique experiences of male caregivers, a demographic often overlooked in caregiving literature. While Hay et al. (2019) discussed caregivers in general, the specific challenges and coping strategies of male caregivers are not thoroughly explored.

From a theoretical perspective, the findings can be evaluated using the Family Systems Theory and the Social Support Theory. The Family Systems Theory views the family as a group of interdependent individuals, forming a system in which a change in one family member affects the entire system (Milberg, Liljeroos, Wåhlberg & Krevers, 2021; Wallace & Sterns, 2022). The experiences of the participants align with this theory, as their caregiving roles and the challenges they face impact their relationships and dynamics within the family. On the other hand, the Social Support Theory is a psychological framework that emphasises the importance of social connections and relationships for people’s well-being, especially during stressful and challenging times (Leahy-Warren, 2014). The coping strategies adopted by the participants, such as seeking support from caregiver groups and practicing self-care, align with the tenets of this theory.

4.3.6. Theme 6: Perception of role and experiences

Male caregivers often perceive their role as different from traditional caregiving roles, which are often associated with women. Nevertheless, they value their contribution to caregiving and believe that they bring unique strengths to the role.

4.3.6.1. Sub-theme: Male caregivers play a crucial role in caregiving even though is traditionally perceived to be a female's work

This sub-theme delves into the experiences, challenges and unique perspectives of male caregivers, shedding light on their indispensable role in caregiving. It underscores the need for societal recognition and support for male caregivers, challenging the traditional gender norms in caregiving.

Among the participants who reported the crucial role played by male caregivers was Participant Three. This is what he told the researcher:

> *"Well, I think that caregiving is not defined by gender, but by skills, compassion and dedication. Anyone can be a good caregiver regardless of their sex or gender identity. However, I also think that male caregivers have some unique strengths and perspectives that can enhance the quality of care. For example, we can provide physical strength and assistance when needed, we can offer emotional support and companionship without being too intrusive or sentimental and we can bring some humour and fun into the caregiving relationship."*

Building on Participant Three's observations, Participant Four offers a unique perspective on the challenges and rewards of being a male caregiver:

> *"I think there are some differences between being a male caregiver and a traditional caregiver, such as facing stereotypes or stigma, such as being seen as less competent, less caring, or less masculine, or being discriminated or harassed by some patients, families, or colleagues. Having different challenges or opportunities, such as being more accepted or preferred by some male patients or having more chances to advance or specialise in some fields or settings. Having different motivations or rewards such as being driven by personal reasons, as family or career, or satisfied by professional reasons such as skills or recognition."*

Echoing the sentiments of the previous participants, Participant Five shares his journey as a male caregiver, highlighting that,

> *"Being a male in a predominantly female field, I often find myself challenging stereotypes and bringing a different perspective to compassionate care. My experiences as a male caregiver provided me with unique insights and opportunities to advocate for gender diversity and inclusivity within the caregiving profession. Additionally, I believe that my presence as a male caregiver has helped break down gender barriers and promote positive role modelling for both male and female caregivers. I find my role as a caregiver rewarding. It gives me a sense of purpose, despite the challenges."*

Furthermore, drawing parallels with Participant Three's experiences, Participant Seven sheds light on his own experiences as a male caregiver, particularly focusing on

> *"Society often views caregiving as a woman's job. It can be challenging to break down these stereotypes and show that men can be just as compassionate and capable caregivers. There can be a lack of understanding from some families about the physical demands of caregiving. They may not realise how difficult it can be to help someone with mobility issues or who requires a lot of assistance with daily living activities. I may find it difficult to talk about my emotions or seek support from other caregivers. Traditionally, men are expected to be strong and stoic, but caregiving can be emotionally draining".*

Contrasting to Participant Seven's experience, Participant Eight brings a different perspective to the table, shedding light on his experiences:

> *"I think my role and experiences are different from the traditional caregiving roles, which are usually performed by women. I face more challenges and barriers as a male caregiver, such as social stigma, lack of recognition and limited resources. I also have to deal with the gender stereotypes and expectations that are imposed on me as a man. I must prove myself as a competent and compassionate caregiver, while also maintaining my masculinity and dignity. I sometimes feel isolated and misunderstood as a male caregiver".*

While other participants emphasised the crucial role of male caregivers, Participant Nine perceived his as different from traditional caregivers:

> *"I perceive my role and experiences as a male caregiver different from traditional caregiving roles, which are usually performed by women. I think that there are some advantages and disadvantages of being a male caregiver, such as providing physical strength and assistance to my patients, especially when they need to be lifted, carried or transferred. I can also help them with tasks that require manual labour such as fixing things, moving furniture or gardening. I can provide a different perspective and approach to caregiving, which may complement or contrast with the female perspective and approach. I can also offer a different kind of companionship and friendship to my patients, especially if they are male or prefer male company. I can challenge the stereotypes and stigma associated with caregiving and show that caregiving is not only a female domain, but also a male domain. I can also inspire and encourage other men to join the caregiving profession and increase the diversity and representation of male caregivers."*

In a somewhat different narrative Participant Ten articulated on the role and experiences as crucial in the caregiving role. He stated:

> *"I think my role and experiences are different from the traditional caregiving roles, which are usually performed by women. I face more challenges and barriers as a male caregiver, such as social stigma, lack of recognition and limited resources. I also must deal with the gender stereotypes and expectations imposed on me as a man. I must prove myself as a competent and compassionate caregiver, while also maintaining my masculinity and dignity. I sometimes feel isolated and misunderstood as a male caregiver."*

The findings in/under? this theme reveal that male caregivers often perceive their role as distinct from traditional caregiving, which is predominantly female-oriented. They acknowledge the importance of their contributions and believe that their unique skills are an asset to the caregiving role. Literature indicates that caregiving has historically been a female-associated role, yet men are increasingly challenging this norm by assuming caregiving responsibilities (Sharma et al., 2016). Male caregivers bring unique strengths and perspectives to caregiving, such as physical robustness, a different approach to emotional support and a fresh perspective on the caregiving process (Hay et al., 2019). However, they also face specific challenges, including societal stigma, limited acceptance and a lack of

resources. In their caregiving roles, they often strive to maintain their dignity and masculinity while demonstrating competence and compassion (Johnson & Brown, 2017).

Within the framework of the Family Systems Theory, families are considered emotional units and the internal dynamics significantly influence the caregiving experience (Becvar & Becvar, 2013). As part of this system, male caregivers can both affect and be affected by other family members, impacting the overall efficacy of the caregiving system. The Social Support Theory posits that the quality of emotional, practical and informational support received by male caregivers can profoundly affect their caregiving experience (Leahy-Warren, 2014). Those who receive adequate support are more likely to navigate challenges effectively, maintain their well-being and provide high-quality care. Consequently, the experiences of male caregivers are multifaceted, influenced by family dynamics, cultural expectations and the level of support they receive. Addressing their unique needs and challenges through further research and targeted interventions is essential to support them in their critical caregiving roles.

4.3.7. Theme 7: Impact on well-being and lifestyle

Caregiving can have a significant impact on a caregiver's emotional well-being, physical health and overall lifestyle. Caregivers reported feelings of stress, fatigue and isolation, but also noted positive impacts such as personal growth and increased empathy.

Participant Three articulated the following on the impact of caregiving on his well-being and lifestyle. He stated:

> *"Indeed, caregiving, while being gratifying and enriching, can also be quite draining. It frequently leads to feelings of anxiety, depression, isolation or frustration. I struggle with sleep, maintaining a balanced diet or finding moments of relaxation. I experience physical discomforts like backaches, headaches and constant tiredness. The demands of caregiving leave me with little time or energy for physical activities, social engagements or personal hobbies. I often feel as though I'm losing touch with my own identity."*

In addition to participant Three's articulation, Participant Four gave his own views on the well-being and lifestyle impacted by caregiving. He said:

> "*Caregiving has had a mixed impact on my emotional well-being, physical health and overall lifestyle. On the positive side, caregiving has given me a sense of*

purpose, fulfilment and satisfaction. I feel proud of what I do, and I enjoy making a difference in people's lives. I have also learned a lot of skills and knowledge and I have grown as a person. I have met some wonderful people and I have formed some meaningful relationships. On the negative side, caregiving has caused me a lot of stress, anxiety and exhaustion. I sometimes feel overwhelmed, frustrated or depressed by the challenges and demands of the job. I also feel isolated, lonely or/and misunderstood by some people who don't appreciate or respect my role. I have also neglected some aspects of my health and lifestyle, such as sleep, exercise, diet or hobbies. I have sacrificed some of my personal goals, dreams, and aspirations."

Echoing the sentiments of the previous participants, Participant Five shares his journey as a male caregiver, hinting on how it has affected his well-being and lifestyle. He stated:

"*Caregiving is a demanding and emotionally challenging profession that can take a toll on both one's emotional and physical health. While it's incredibly rewarding to provide care and support to those in need, it's essential to acknowledge the impact it can have on caregivers' well-being. Over the years, I've learned to prioritise self-care and implement strategies to maintain a healthy work-life balance. This includes engaging in regular exercise, practicing mindfulness and stress management techniques, seeking emotional support from peers and supervisors and taking breaks when needed to prevent burnout."*

Mirroring the experiences of previous participants, Participant Seven opened up about his journey as a caregiver:

"*Don't get me wrong, I love looking after my patient, but it can be draining at times. I don't sleep as well as I used to and my back is always sore from helping them get around. I used to play soccer with my friends every week, but that hasn't been possible lately. It's been tough on my mood too. There are days when I just feel burnt out, but seeing their smile makes it all worthwhile. I know I need to take better care of myself so I can keep being there for them. Sometimes I feel like I need to see a professional, just to talk to someone would be beneficial".*

Participant Ten echoes these sentiments, expressing both the positive and negative impacts of caregiving. He finds purpose and satisfaction in his work and values the bond he formed with his patients. Participant 10 said:

> *"Caregiving affects me in many ways, both positively and negatively. On the positive side, caregiving gives me a sense of purpose, fulfilment and satisfaction. I feel that I am doing something meaningful and valuable for my patients and for the society. I also learned a lot from caregiving, such as patience, empathy and resilience. I develop a closer bond with my patients and appreciate them more. On the negative side, caregiving causes me a lot of stress, anxiety and depression. I often feel overwhelmed, frustrated and helpless by the demands and challenges of caregiving. I worry about my patients' health and well-being, as well as my own. I also experience physical exhaustion, pain and illness from the long hours and heavy workload of caregiving. I must cope with the changes and losses that caregiving brings, such as the decline of my patients' cognitive and functional abilities, deterioration of our relationship and the decline of personal and professional opportunities."*

The study's findings demonstrate that caregiving has a significant impact on carers' emotional well-being, physical health and overall lifestyle. Carers noted both positive and negative effects. On the plus side, caregiving can be rewarding and enriching, resulting in personal growth, increased empathy, a sense of purpose, accomplishment and satisfaction. Carers take pride in improving people's lives, learning new skills and knowledge and developing meaningful relationships (Targan & Roberts, 2023).

However, caregiving can be exhausting, resulting in feelings of anxiety, depression, isolation and frustration. Carers frequently struggle to maintain a healthy diet, get enough sleep and find time to relax. Physical discomforts such as backaches and headaches are common and caregiving demands frequently leave little time or energy for physical activities, social engagements or personal interests. This can lead to a loss of self-awareness (Zhang & Bennett, 2024).

Carers may experience feelings of overwhelm, frustration or depression due to the challenges and demands of the job. Carers may feel isolated, lonely or misunderstood by those who do not value or respect their roles. They may overlook aspects of their health and lifestyle, such as sleep, exercise, diet and hobbies, as well as personal goals, dreams or aspirations (Zhang & Bennett, 2024).

Despite these challenges, carers recognise the importance of self-care and work-life balance. They exercise regularly, use mindfulness and stress management techniques,

seek emotional support from peers and supervisors and take breaks as needed to avoid burnout. They recognise the emotional and physical toll that caregiving can take, as well as the importance of seeking professional help when necessary (Zhang & Bennett, 2024).

As such, while caregiving can have a significant impact on one's well-being and lifestyle, it also allows for personal growth and fulfilment. Carers' experiences highlight the need for support systems and resources to help them manage the challenges and demands of their roles. This is consistent with the social support theory, which emphasises the role of support networks in stress management and well-being (Leahy-Warren, 2014). At the same time, the family systems theory applies as caregiving frequently involves complex dynamics within family systems. The carers' experiences demonstrate the complex interplay of these theories in the caregiving context. These findings are supported by participants' narratives (Targan & Roberts, 2023; Zhang & Bennett, 2024).

4.3.8. Theme 8: Future outlook

Caregivers expressed a range of emotions regarding the future; from uncertainty and anxiety to hope and optimism. They emphasised the importance of planning for the future and advocating for their patients' needs.

4.3.8.1. Sub-theme: Uncertainty and anxiety

This sub-theme explores the feelings of uncertainty and anxiety caregivers often experience as they contemplate the future, highlighting the emotional challenges they face in their caregiving journey.

Participant One discussed a profound realisation about his future in the caregiving field. He expresses determination and purpose, acknowledging that his journey will not end here. He said:

> *"I have realised a lot of things in life. For example, I noticed that my life cannot end here so I have to look for where they need male home-based caregiving."*

Participant Two expressed concerns about the future of his caregiving role. He was unsure where caregiving would take him, indicating a lack of clarity about his future path:

> *"I don't know where caregiving will take me. We'll see how times go."*

Participant Three expressed his aspirations and worries for the future. Although he recognised the uncertainties associated with providing care, he wished the best for both himself and his patients. He declared:

> *"Well, I don't know what the future holds. I hope that my patients will remain stable and comfortable as long as possible. I hope that they will appreciate me and remember me fondly when they pass away. As for myself, I hope that I will be able to continue doing this job as long as I can. I hope that I will not burn out or get sick or injured. I hope that I will be able to balance my caregiving duties with my personal life and happiness."*

Participant Four was filled with doubt about the future. Though he accepted that the future was unpredictable, he nevertheless had hope for both his patients' well-being and his own caregiving duties:

> *"I envision the future in terms of my caregiving responsibilities and the well-being of my patients as uncertain, but hopeful. I don't know what will happen to me or my patients in the future, as there are many factors and variables that can affect our situations."*

Participant Eight is concerned about his patient and his own future prospects. He wished for his patient's health to stabilise or improve. He declared:

> "*I am not sure what the future holds for me and my patient. I hope that his condition will improve or stabilise, and that he will be able to enjoy a good quality of life…".*

Participant Ten expressed his conflicting thoughts about the future. Though he was unsure of what lay ahead for him and his patients, he never wavered in his optimism or dedication to giving them the best care possible. He tried to make the most of the moment while preparing for the possibility that caregiving may not last forever. He declared:

> *"I am not sure what the future holds for me and my patients. I hope that their conditions will improve or stabilise and that they will be able to enjoy a good quality of life. I also hope that I will be able to continue to provide them with the best care possible, and that I will have the resources and support that I need. I am aware that caregiving is not a permanent situation and that it will eventually end, especially if you are not employed in an organisation. I try to prepare myself*

for that possibility, but I also try to live in the present and make the most of every moment."

The future outlook of caregivers is marked by a mixture of uncertainty, anxiety, hope and optimism. Caregivers express a range of emotions about the future, emphasising the importance of planning for the future and advocating for the needs of their patients.

Participant One, for instance, expresses determination and purpose, acknowledging that his journey will not end here (Charalambous, 2023). This reflects a sense of resilience and adaptability, key traits that have been highlighted in the caregiving literature (Charalambous, 2023).

Participant Two, on the other hand, expresses uncertainty about the future of his caregiving role (Ng & Indran 2021). This aligns with the findings from Ng & Indran (2021), who noted that societal perceptions of caregivers can impact caregiving decisions and either exacerbate or ameliorate the caregiver burden.

Participants Three, Four, Eight, and Ten express both aspirations and worries for the future (Charalambous, 2023). They recognise the uncertainties associated with providing care but wish for the best for both them and their patients. This reflects the complex emotional landscape of caregiving, characterised by a mix of hope, fear and uncertainty (Charalambous, 2023).

4.3.8.2. Sub-theme: Hope and optimism

This sub-theme explores the hope and optimism that carers frequently feel regarding the future, highlighting their resilience and optimistic view despite the difficulties they face while providing care.

Participant One shares a realisation about his future in the caregiving field. He sees potential for personal growth and career advancement in continuing with home-based caregiving. He said:

"I noticed that if I continued with home-based caregiving it would give me experience that could take me far."

Despite the uncertainty, Participant Two has hope for the future. He wants to help expand the home-based care field, especially for male carers:

> *“Despite the uncertainty, there is a sense of hope as the participant wishes to help where he can, "I hope, maybe you will help. Maybe your research findings will help with broadening the home-based care field particularly for us males."*

Participant Four expressed hope for the future. He aspired to continue providing high-quality care to his patients and to see male carers recognised and appreciated in society. He stated:

> *“I hope that I can continue to provide quality care and service to my patients and that they can improve or maintain their health and happiness. I also hope I can find more balance and harmony in my life and that I can achieve some of my personal and professional goals. I hope society and the system can become more supportive and inclusive of male caregivers and that we can get more recognition and appreciation for our work.”*

Participant Five saw his role as a carer evolving in a variety of ways. He is dedicated to professional growth and development and eager to explore novel approaches to caregiving:

> “*In the future I envision my role as a caregiver evolving in several ways. Firstly, I aim to continue advancing my skills and knowledge through ongoing education and training opportunities. I'm passionate about professional growth and development and aspire to take on leadership roles within the caregiving community, such as becoming a mentor or supervisor for other caregivers. Additionally, I'm interested in exploring innovative approaches to caregiving, such as utilising technology and telehealth services to enhance patient care and support. Overall, I'm committed to making a meaningful difference in the lives of those I care for and contributing to the advancement of the caregiving profession.”*

A future where home-based care is respected and acknowledged is what Participant Seven envisions. In addition to stronger support networks, he hoped to see more resources and assistance available to carers. He stated:

> “*I see a future where the care we provide at home is recognised and valued as much as the care provided in hospitals and clinics. I hope for more resources and support, not just for the patients we care for, but also for us caregivers. We are often overlooked, yet we play a crucial role in the health system. My hope is that we can build stronger support networks for caregivers where we can share*

experiences, learn from each other and find solace in knowing we are not alone. I also hope for more training opportunities to better equip us in providing care".

Participant Eight expressed hope for the future while acknowledging the impermanence of caregiving. He hoped to continue providing the best care possible while emphasising the importance of living in the moment and making the most of every opportunity. He said:

"*...I hope that I will be able to continue to provide him with the best care possible and that I will have the resources and support that I need. I am aware that caregiving is not a permanent situation and that it will eventually end. I try to prepare myself for that possibility, but I also try to live in the present and make the most of every moment".*

Participant Nine saw the future as uncertain and unpredictable but hopeful and promising. He expressed a desire to continue providing high-quality care, improving his patients' quality of life and contributing to the caregiving profession:

"I envision the future in terms of my caregiving responsibilities and the well-being of my patients as uncertain and unpredictable, but also hopeful and promising. I hope to continue to provide quality care and improve the my patients' quality of life. I also hope to continue to learn and grow as a caregiver and contribute to the caregiving field."

Participant Ten expressed the need for additional training and resources to provide effective patient care. He emphasised the difficulties that carers face when confronted with new situations or problems, as well as the importance of understanding the diseases that their patients have. He said:

"We need more training on how to care for our patients. Sometimes we don't know what to do when we encounter certain situations or problems. We also need to know more about the diseases that our patients have, so that we can understand them better and help them more. But we don't have enough training or resources to learn. Sometimes we have to pay for our own training or travel far to attend workshops or courses. It is not easy for us."

The sub-theme "Hope and optimism" investigated the feelings of hope and optimism carers frequently experience about the future. Despite the challenges and uncertainties that come with caregiving, carers demonstrate resilience and a positive outlook. They envision a future

in which their caregiving roles change, their skills and knowledge grow and they continue to make a significant difference in the lives of those they care for.

These feelings of hope and optimism are closely related to the Social Support Theory, which emphasises the value of social connections and relationships for people's well-being, particularly during stressful and difficult times (Leahy-Warren, 2014). Carers frequently seek emotional, informational and practical support from a variety of sources, including family, friends, coworkers and community organisations. This support can help carers cope with the demands of caregiving, reduce stress and improve their overall well-being (Hay et al., 2019).

The experiences of the caregivers in this study align with the findings of Hay et al. (2019), who found that caregivers with high levels of social support experience less stress, hopelessness and burnout. The carers in this study are optimistic about the future, indicating that they have a strong support system to help them manage the challenges they face, maintain their own well-being and provide high-quality care to their loved ones.

The findings under Theme 8: Future outlook revealed a wide range of emotions expressed by carers regarding the future, including hope, optimism, uncertainty and anxiety. Carers emphasised the importance of long-term planning and advocating for their patients' needs.

The first sub-theme, Uncertainty and anxiety, emphasises the emotional challenges carers face as they consider the future. This is consistent with the Family Systems Theory, which holds that families are emotional units with one member's experiences having a significant impact on others (Becvar & Becvar, 2013). Carers' emotional experiences can influence family dynamics, potentially affecting care quality. This is supported in a study by Cheng and Haley (2020), who discovered that carers frequently report both stress and positive aspects of caregiving.

The second sub-theme, Hope and optimism, delves into carers' resilience and positive outlook in the face of challenges. This is consistent with the Social Support Theory, which emphasises the value of social connections and relationships on people's well-being, particularly during stressful times (Leahy-Warren, 2014). Hope and optimism are fostered in carers by the social support they receive, which helps them cope with the challenges of caring for others. The results of Hellman, Worley, and Munoz (2017), who proposed the idea of hope as a coping mechanism enhancing carers' resilience and well-being, are consistent with this.

In conclusion, the findings for Theme 8 highlight the complex emotional landscape of caregiving and the critical role of social support in navigating this terrain. Carers' experiences are consistent with the theoretical frameworks of the Family Systems Theory and the Social Support Theory, emphasising the importance of targeted interventions to address carer needs and experiences.

4.3.9. Theme 9: Participants' advice for other male caregivers

Participants shared valuable insights and advice for other male caregivers. They encouraged them to seek support, practice self-care and embrace their role as caregivers.

4.3.9.1. Sub-theme 9.1: Seeking support

This sub-theme explores participant advice regarding the value of getting help. It emphasises how important it is to make connections, use the resources that are available and reach out to others in order to successfully navigate the caregiving journey.

Participant One mentioned that his coworkers provided him with much support, mentoring and understanding of his role. He also underlined the value of having someone to talk to who is familiar with the caregiving journey and the support of the community. He declared:

> *"I got support mostly from my colleagues who showed me around and helped me into knowing my job. Community support is also important. Sometimes you just need someone to talk to, someone who understands what you're going through."*

The necessity of providing more resources and support for male carers was mentioned by Participant Two. He emphasised the need of having a support system that can console, counsel, listen and uplift carers. Additionally, he stressed the value of other male carers sharing their insights, difficulties and solutions. He stated:

> *"I think we need more support and resources to help us with our caregiving. We need to have someone who can listen to us, advise us, comfort us and encourage us. We need other male caregivers who can share their experiences, challenges and solutions with us. We need some time off from our caregiving duties to rest and relax. We need to have some money to pay for our expenses and needs. We need some transport to take us and our patients to the clinic or hospital. We need to have some equipment and supplies to use for our caregiving. We need to have some contacts or referrals to other services or organisations that can assist us.*

We need support and resources that are available and dependable and that we can reach and use easily."

Participant Nine gave other carers advice on how to maintain their own health, ask for help when necessary and to keep in mind that it's acceptable to take breaks when necessary. He emphasised that providing care is a commitment to raising the quality of life for those you look after, not just a job. He said:

"My advice would be to seek support when needed, take care of your own health and remember that it's okay to take a break when needed. It's important to remember that caregiving is not just a job, but a commitment to improving someone else's quality of life. It's a role that requires compassion, patience and resilience. Don't be discouraged by the challenges and stereotypes. Your contribution is valuable and you are not alone in this journey."

The necessity of raising awareness and recognising male carers was mentioned by Participant Seven. He underlined that in addition to being appreciated and valued for their work, male carers ought to receive some sort of incentive or reward to keep them going. He declared:

"I think there should be more awareness and recognition of male caregivers. People should know that we exist and that we are doing a good job. We should be respected and valued for what we do. We should also be given some incentives or rewards to motivate us and to show us that we are appreciated."

Participant Six stated that supervisors and employers needed to provide more guidance and oversight. He emphasised the importance of frequent check-ins, feedback, help with problem-solving, skill development, inspiration and recognition. In addition, he underlined the importance of greater emotional and psychological support in addition to increased support from other male carers:

"We need more support and supervision from our employers and our supervisors. We need them to check on us regularly, to give us feedback, help us solve problems, teach us new skills, motivate us and appreciate us. We also need more emotional and psychological support, because we go through a lot of stress and trauma in our work. We see suffering and death and we must cope with our own feelings and emotions. We also need more support from our fellow male

caregivers, who can understand us better and who can share their experiences and tips with us."

The sub-theme "Seeking Support" emphasises the importance of asking for help and utilising available resources during the caregiving journey. The carers in this study emphasised the importance of support from colleagues, the community, employers, supervisors and other carers. This is consistent with the Social Support Theory, which holds that social connections and relationships are essential for people's well-being, particularly during stressful times (Leahy-Warren, 2014).

The participants' experiences correspond to the findings of several studies in the caregiving literature. For example, Cheng and Haley (2020) discovered that carers frequently report both stress and positive aspects of caregiving, and that support from colleagues and the community can help alleviate these stresses. Similarly, Hay et al. (2019) emphasised the benefits of emotional and practical support from family and friends in reducing carer stress and improving well-being.

The participants' emphasis on the need for additional support and resources such as training, equipment and referrals to other services or organisations, is consistent with Hellman et al.'s (2017) findings, which introduced the concept of hope as a coping resource which contributes to carer well-being and resilience. Carers with high levels of social support reported less stress, hopelessness and burnout.

In summary, the sub-theme "Seeking support" highlights the crucial role of social support in the caregiving journey. It emphasises the importance of targeted interventions to improve carer support systems, consistent with the Social Support Theory's tenets.

4.3.9.2. Embracing the caregiver role and education

This sub-theme investigates participants' advice on accepting the carer role and the value of education. It emphasises the importance of accepting and understanding the carer role, as well as the need for ongoing learning and skill development throughout the caregiving journey.

Participant One discussed the importance of patience and empathy in home-based care. He emphasised the importance of being mentally prepared when taking on the carer role. He said:

"One thing I would like to see changed is that us as men need to have a heart and be patient when it comes to home-based care. We need to put our mind to this aspect as well."

Participant Two considered the challenges and learning aspects of caregiving. He realised that caregiving was more than just taking vital signs and putting patients to sleep; it was also about adapting to changes. He stated:

"I thought caregiving was all about checking vitals and putting them to sleep. I didn't know it's all about changing… I didn't know those things."

In his advice, Participant Three emphasised that male carers are not alone and that their work is fulfilling and significant. He also offered advice to other male carers. He urged them to be proud of what they contributed to the caregiving industry and society at large. He declared:

"*Well, I would like to tell them that they are not alone and that they are doing a great job. Caregiving is not easy, but it's also very rewarding and meaningful. It's not something to be ashamed of or afraid of. It's something to be proud of and celebrated. Male caregivers have a lot to offer and contribute to the field of caregiving and society in general. They should not let anyone tell them otherwise."*

The Fourth Participant offered observations and suggestions for other male carers. He urged them to look after their physical, mental and emotional well-being and to not be scared or ashamed of being male carers. He said:

"Some insights or advice I would like to share with other male caregivers will be that don't be afraid or ashamed of being a male caregiver. It is a noble and rewarding profession and you have the skills and qualities to do it well. Don't let the stereotypes or stigma get to you. You are not less competent, less caring or less masculine because of your role. You are a valuable and respected member of the health care team. Don't neglect yourself or your needs. You are also a human being and you deserve to be healthy and happy. Take care of yourself physically, mentally and emotionally. Seek help or support when you need it. Don't give up on your dreams or aspirations. You can still pursue your personal and professional goals, even if you must adjust or compromise. You have the

potential and the opportunity to grow and succeed. Don't forget to enjoy and appreciate your work and your life. You are making a positive difference in people's lives, and you are also learning and growing from your experiences. You have a lot to be proud of and grateful for."

Recommendations for additional male carers were made by Participant Five. He urged them to prioritise self-care, embrace their distinct viewpoint and contributions and remain true to their passion for providing care. He declared:

"To other male caregivers, I would offer the following advice: Stay true to your passion for caregiving and the desire to make a positive impact in people's lives. Embrace your unique perspective and contributions as a male caregiver and don't be afraid to challenge stereotypes and gender norms within the profession. Prioritise self-care and seek support from colleagues, supervisors and external resources to maintain your well-being and resilience. Remember that your role as a caregiver is invaluable and your dedication and compassion make a significant difference in the lives of those you care for."

The need for additional patient care training was brought up by Participant Seven. He emphasised the difficulties faced by carers in dealing with novel situations or issues and the significance of being aware of the diseases their patients are afflicted with:

"We need more training on how to care for our patients. Sometimes we don't know what to do when we encounter certain situations or problems. We also need to know more about the diseases that our patients have, so that we can understand them better and help them more. But we don't have enough training or resources to learn. Sometimes we must pay for our own training or we must travel far to attend workshops or courses. It is not easy for us."

In his discussion on caregiving, Participant Eight emphasised that it is a human role rather than a gendered one. He emphasised the value and honour of being a carer as well as the necessity of asking for and accepting assistance from others. He also emphasised how dynamic caregiving is and how important it is for carers to change with the times and their clients' needs. He declared:

"I would say that caregiving is not a gendered role, but a human one. Anyone can be a caregiver, regardless of their sex, age or background. Caregiving is a noble

and rewarding role and it should be respected and valued by everyone. Secondly, I would say that caregiving is not a solo journey but a shared one. Caregivers need to seek and accept help from others, whether it is from family, friends, professionals or peers. Caregivers also need to help themselves by taking care of their own needs and well-being. Thirdly, I would say that caregiving is not a static role but a dynamic one. Caregivers need to adapt and adjust to the changing needs and situations of their patients and themselves. Caregivers also need to plan and prepare for the future but also enjoy and appreciate the present".

It is clear from considering the sub-theme 4.3.9.2, Embracing the carer role and education, that male carers play a complex and multifaceted role in home-based care. For the benefit of the recipient as well as the carer, acceptance and education regarding this role are essential.

The expectations of society and culture that male carers frequently encounter can affect how they provide care (Johnson & Brown, 2017). Understanding the special difficulties and experiences associated with giving care in a home environment is necessary to embrace this role (George, Kecmanovic, Meade & Kolt, 2020). It entails appreciating their significance to the lives of care recipients and the healthcare system (Ayalon, 2018; Onywera et al., 2021).

To give male caregivers the abilities and information they need to deliver quality care, education is essential (Archbold et al., 2015). This entails receiving instruction in the practical facets of providing care as well as comprehending the emotional and psychological support that patients and carers require. Education also contributes to the questioning of gender norms and the acceptance of men performing caregiving duties.

The reflection emphasises the value of resources and support networks that recognise and cater to the needs of male carers, creating an atmosphere that allows them to flourish in their positions and deliver the highest quality of care.

The findings of Theme 9: Participants' advice for other male caregivers reveal valuable insights and suggestions from the participants. They encouraged other male caregivers to embrace their roles, seek support and prioritise self-care.

The participants' experiences align with the Family Systems Theory, which emphasises the interdependencies between the caregiver, the care receiver and other family members

(Becvar & Becvar, 2013). Adjustments in roles and responsibilities, increased pressures related to caregiving and the emotional toll that comes with it can all lead to changes in family dynamics and relationships.

The participants also highlighted the importance of seeking support from peers and the community, consistent with the Social Support Theory. This theory posits that during stressful or challenging times, individuals can receive emotional, practical and informational support from their social networks and relationships (Becvar & Becvar, 2013; Hay et al., 2019).

Furthermore, the participants emphasised the need for more training, resources and recognition for male caregivers. This aligns with existing research indicating that male caregivers often face challenges due to societal norms and gender expectations, which can impact how they interact with patients and their families, as well as the care they provide.

In summary, the participants' experiences and advice significantly contribute to the body of knowledge regarding male caregivers. They underscore the importance of providing support, education and recognition to male caregivers thereby highlighting the need for further research and interventions to address their needs and challenges. These findings further validate the applicability of the Social Support Theory and Family Systems Theory in understanding and addressing the challenges and experiences of male caregivers.

4.4. CHAPTER SUMMARY

Interpreting and presenting the research findings was the central subject of this chapter. The chapter started with an introduction which outlined the approach followed to present the findings, followed by the presentation of the biographical profiles of the participants through which each individual participant was introduced. The study also determined the similarities and differences between the male carers in terms of age, education, marital status, employment status, income, religion, culture, ethnicity, and language.

The concept of role conflict is pivotal in understanding the intricate equilibrium that male caregivers must maintain. They find themselves at the crossroads of fulfilling their caregiving duties and adhering to the established norms of manliness, which often leads to a state of discord. In stepping beyond the bounds of conventional gender roles, these caregivers are pioneering a new understanding of caregiving as a collective duty. Scholarly works support this transformation, underscoring the necessity to acknowledge and honour the distinct contributions they bring to the table, as noted by (Sharma et al., 2016).

The strain on men who provide care is immense and often goes unrecognised. They grapple with stress that is internalised, leading to exhaustion and a sense of seclusion, exacerbated by a lack of substantial emotional support systems. It becomes imperative for them to adopt coping mechanisms—engaging with support groups for caregivers, indulging in activities that promote self-wellness, and fostering an optimistic mindset. Such approaches are in harmony with scholarly findings that highlight the importance of the emotional connections formed through caregiving roles (Robinson et al., 2014).

In the context of familial relationships, the role of male caregivers is critical. Shifts in the dynamics within a family can profoundly alter the experience of providing care. Acknowledging how family members are interrelated is vital to the success of caregiving practices. The Family Systems Theory offers a perspective that helps decipher the complex interactions within a family unit (Becvar & Becvar, 2013).

Males in the caregiving field are at the forefront of championing inclusivity and a broader gender representation. Their involvement dismantles traditional gender norms, setting a strong example for others. It is crucial for policies to value their role and introduce measures that both encourage and honour their efforts. Brown et al. (2007) highlights the connection between the act of caregiving and the health concerns specific to men, calling for acknowledgment and assistance.

The outcomes of our study are significant for the realms of social work, policymaking, and academia. It is vital to acknowledge the distinct obstacles and contributions of male caregivers. There is a need to create specialised programs, reinforce communal support structures, and confront entrenched gender biases. Prospective studies should investigate how caregiving impacts the long-term health and happiness of men, and push for caregiving approaches that are considerate of all genders

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

Chapter Five is the final chapter of this dissertation, and its purpose is to present the main conclusions, recommendations and limitations. Whereas conclusions serve as a summary of study with specific attention on the process, methodology and the findings, the recommendations offer suggestions for practice, research and policy, based on the study process and the findings. As part of the limitations, the focus is on the study's shortcomings as well as strategies adopted by the researcher as mitigative measures.

5.2. SUMMARY OF THE RESEARCH PROCESS

The primary aim of this study was to explore the experiences of male home-based caregivers when rendering care to patients within the City of Tshwane Metro Municipal Area. To achieve this aim, the qualitative research approach supported by exploratory, descriptive, contextual and phenomenological research designs was adopted. In adopting qualitative research for this study, the researcher anticipated gaining in-depth insights into the personal experiences, challenges and perceptions of male caregivers in their caregiving roles.

As part of the ethical protocol, the study plan, in the form of a research proposal, was developed and subjected to the institutional ethics review committee of the College of Human Science Research of the University of South Africa under the reference number 54946743_CREC_CHS_2023. Upon approval of the study plan by the committee, data was collected through semi-structured interviews, among a total of ten caregivers, specifically based on their experiences in rendering care to patients within their households. Relevant ethical principles such as informed consent, confidentiality and anonymity were implemented to safeguard the participants' rights, while Guba and Lincoln's trustworthiness principles assisted in upholding the study rigor.

5.3. CONCLUSIONS AND RECOMMENDATIONS BASED ON THE RESEARCH PROCESS

To determine whether the study aim was achieved, or the adopted research methodological process was appropriate for the study, the following conclusions can be made:

The rationale to undertake this study was to seek understanding regarding the profile and experience of male home-based caregivers who offer their services within the City of Tshwane. This was done through specific research questions to focus on identifying the specific issues these caregivers encounter, what they require and what they would like to see change within home-based care. The results of the study in this paper support the understanding that these objectives were attained as planned. The collected data offered detailed information about male caregivers and the nontrivial but also multifaceted role they play in their working and personal lives.

The research method used in this study, namely semi-structured interviews, appeared appropriate to elicit details of participants' experiences. The following are some of the reasons that informed the selection of the qualitative approach in the study: This approach lays the foundation to explore the carers' perspectives by ensuring the data collection process is flexible and responsive to emerging themes (Bryman, 2016; Creswell & Poth, 2016). The moral principles, as well as the cognitive, confidential and withdrawal, were strictly observed as a prerequisite to conducting the study and for the protection of the subjects needed for research purposes (Polit & Beck, 2019). The methodological norms supplemented by the naturalistic settings of the interviews, made it possible to capture the details of the caregivers' day -to-day experiences and how the environmental characteristics regulates the expanse of their responsibilities (Patton, 2015).

Interviews was conducted to generate data which pointed to the following main ideas: i.e. male caregivers encounter many social and cultural barriers, for instance, they experience prejudice and on the other hand rely on husbands to take care of their sick wives' children and experience little social appreciation. These matters play a role in male carers feeling lonely and unappreciated in the field that is dominated by females (Archbold et al., 2015). This paper established that male caregivers are overwhelmed by emotional and physical challenges and are poorly supported and resourced. These findings are in consonance with earlier studies regarding the importance of understanding the current challenges which male

caregivers face and the requirements of designing culturally sensitive intervention strategies (Yatchmenoff, 2016).

Thirdly, it emerged that male caregivers have some positive recommendations to make concerning the home-based care services. They called for an increase in the number of male caregivers and the promotion of equal opportunities, improved training, educational procedures and opportunities and reinforced supportive structures. This shows/explains the importance for policies that embrace men as sensitive caregivers and strengthen the male caregivers to support the opposite, extra time bound caring services (Fabricius et al., 2014).

Following is the findings usages for social work practitioners, HBC organisations, funders and researchers. For practitioners, knowledge of the concrete difficulties male carers experience indicates what support they need from practitioners in this sphere. The recommendations provided in the study can be implemented into the operations of the home-based care organisations to increase gender diversity for mass employment, staff empowering and training, special training for genders and availing of specific tools. From these findings, funders would be in a stronger position to finance programs that would/could supply in the needs of male caregivers. It is recommended to extend future research based on this study by investigating more deeply into the dynamics involved in male caregiving and also to proceed in identifying intercessors?? to support this less researched caregiving category of patients (Saunders et al., 2019).

To sum up, this research provided appropriate insights into male caregiving in the context of the City of Tshwane. Finally, the theoretical frameworks based on the family systems theory and the social support theory used in the study shine a strong light on the caregiving processes and the prerequisite importance of support structures. The materials collected offer a background for further research and formulating the policies connected with home-based care, stressing the necessity to combine various approaches. Therefore, using the recommendations proposed in the study should be an affair of utmost priority for all stakeholders to improve the quality of care that is received and the well-being of the caregivers and patients.

Due to this research, the male caregivers' concerns were highlighted and the important focus on their involvement in home-based care has been shifted. It is prudent that such research outcomes should trigger some form of positive change and contribute to the encouragement of men in caregiving and providing quality care. The study draws final

recommendations, seeking all the stakeholders to enhance and take care of male caregiver' accounts with attention and to construct a more efficient caregiving structure for future needs.

Based on the above conclusions, the following recommendations are proposed, specifically regarding the research process:

Future/new studies should endeavour to cover a wide and diverse population of male carers to provide generalised results beyond the City of Tshwane. This will reduce the study's vulnerability to specific institutional biases, rendering the results more general.

Recommendations

Policy and Practice

1. Inclusive Policy Development: It is high time that there were policies that encourage men to take up the role of caregiving and also to reduce the gender bias in caregiving. It is recommended that the policies should address the issues that male carers face in their work and provide them with equal opportunities in training, promotion and emotional support.

2. Improved Training and Resources: Male caregivers should be able to get improved training courses that will be of extra benefit to them. These programs should therefore aim at training them in both practical aspects of caregiving as well as emotional strength to enable them to handle the two tasks of caregiving and society.

3. Support Structures: Male caregivers should be provided with peer support groups as well as access to psychological counseling. This would reduce the emotional stress they go through and get an opportunity to share with other caregivers on how they can handle their responsibilities.

4. Recognition and Appreciation: Male caregivers should be accorded more appreciation in home-based care since they are equally involved in the practice. More awareness and understanding of their job from the public could go along way in reducing some of the social prejudices they endure.

Future Research

1. Broader Population Sample: Future research should extend the sample to male caregivers from other parts of South Africa or other countries. This would give a broader perspective of

their experiences and the possible cultural and geographical differences in their roles as caregivers.

2. Mixed-Methods Approach: It was suggested that the use of both the quantitative survey method and the qualitative interview method might provide a better understanding of the situation of male caregivers. Measures could be useful in establishing more general patterns, while findings could offer the richness of detail required to address particular issues.

3. Longitudinal Studies: It is recommended that future research should attempt to conduct panel studies in a bid to assess the status of male caregivers as well as their needs and experiences over time. This would provide a good idea on what their responsibilities and difficulties may entail in the future as the culture shifts and new health care systems are developed.

4. Cross-Cultural Comparisons: Research with male caregivers from different cultures could show how culture impacts on caregiving. This would help to come up with culturally appropriate interventions that are more useful in handling issues that male caregivers may encounter.

5. Interdisciplinary Collaboration: Subsequent studies should draw on the ideas from psychology, sociology, and public health to enhance the understanding of the male caregiving process. It would enhance better and more specific recommendations on how to improve the support for caregivers.

5.4 SUMMARY AND CONCLUSIONS BASED ON THE RESEARCH FINDINGS

The findings of this study were made through the following themes as explained in chapter three, section 3: Thematic analysis procedure by Braun & Clarke. 3. 6. Having established the study's aim, questions and objectives, the researcher proposed four themes and sub themes.

The first theme, *Experiences of male caregivers*, explored the participants' personal, emotional, and social experiences of being male home-based caregivers. The second theme was *Needs and challenges* which looked at the needs that caregivers have, and the challenges that they go through. The third theme, *Impact on well-being*, demonstrated how caregiving affected the caregivers' quality of life and health and provided possible self-care

strategies. The last theme, *Support and Interventions*, focused on the male caregivers' requirements and assistance.

Therefore, the research outcomes present the ways in which male caregivers' experiences depend on the cultural expectations, individual temperaments, and the existence of helpful tools. These factors either worsen or enhance the quality of care and the care givers' health. An understanding of these aspects calls for appropriate support systems that can be put in place to improve on the caregiving ability and wellbeing of male caregivers..

5.5 RECOMMENDATIONS FOR IMPROVING THE EXPERIENCES, NEEDS AND CHALLENGES OF MALE HOME-BASED CAREGIVERS

The following recommendations are intended to help male home based caregivers in the City of Tshwane Metro Municipal Area to help with their difficulties in order to enhance their caregiving.

Increasing awareness and recognition of male caregivers: These participants also pointed out that the role of male carers should be better acknowledged in society and the health care system. Since caregiving role has been culturally assigned to women, male caregivers are invisible and discriminated. More people will learn about male caregivers through media and other community activities which will in turn reduce prejudices against such caregivers and increase visibility. Acknowledgment of the efforts made by these men will ensure that more males come forward to take up the caregiving responsibilities.

Providing training and education for male caregivers: Male caregivers need to be trained in order to improve on their caregiving skills especially in the emotional, social and medical aspects of care giving. Programs that are within reach and that focus on the needs of male caregivers will enable the males to offer quality care and also enhance their ability to handle caregiving difficulties.

Enhancing support and resources for male caregivers: Some of the things that participants felt the need to have included; financial assistance, transport, equipment, and support groups. It is equally important to build stable support systems and to supply male caregivers with the appropriate caregiving equipment that would enable them to better manage the caregiving role and decrease their stress levels.

Promoting gender equality and diversity in home-based care: More should be done to diversify caregiving profession by promoting employment of male caregivers to be granted

equal rights, privileges and opportunities as the female caregivers. Gender equality and integration of male and female carers will enhance the general care giving practices and yields better results for both carer and care receiver.

5.6. CONCLUSIONS ON IMPROVING THE EXPERIENCES, NEEDS AND CHALLENGES OF MALE HOME-BASED CAREGIVERS

To effectively address the complex and multifaceted needs, challenges and experiences of male home-based carers in the City of Tshwane Metro Municipal Area, a comprehensive approach is necessary. The study's recommendations, which are based on the opinions of male carers, offer a helpful starting place when it comes to enhancing this population's experience with caregiving.

Therefore, to enhance the experiences of the male home-based caregivers in the City of Tshwane Metro Municipal Area, a multi-faceted strategy is required. Based on the caregivers' feedback, the following key recommendations where made:

1. Raise awareness and recognition of male caregivers: Reduce the prejudice of male caregivers by launching awareness campaigns and sensitization programs that will change the perception of society towards them.
2. Provide accessible training: It is necessary to expand the options of low-cost training that targets medical, emotional, and social sides of home-based care. This will help male caregivers to provide better quality care and take up more responsibilities.
3. Enhance support resources: Provide scholarships, transport, equipment, support groups, babysitting services, and counselling. Availability of these resources will help ease the pressure on the caregivers and therefore enhance the quality of caregiving.
4. Promote gender equality and diversity: Promote more male involvement in caregiving through equal employment opportunity and parity. It is recommended that male and female caregivers should work together to improve the situation and make it more sensitive to both male and female caregivers.

5.7. IMPLICATIONS AND CONTRIBUTIONS

This study will benefit the home-based care and social work fields in various ways, as well as for the male carers, their patients, families and communities. The study advanced knowledge and comprehension of the difficulties and experiences faced by male carers when providing home-based care. This area of the literature has received little attention and research. In terms of addressing the needs and strengths of male carers and boosting their

support and empowerment, the study also informs and enhances the practice and policy of home-based care and social work.

Through the application and testing of the Social Support Theory and the Family Systems Theory in the context of male caregiving, the study advances the theoretical understanding of social work and home-based care. The study illustrates how these theories can be used to explain and comprehend the intricate and dynamic relationships that exist between male carers, their patients, families and social networks. The study also demonstrates how these theories can be applied to locate and evaluate the resources and variables that impact the health and efficiency of male carers and their patients. To more accurately represent and capture the realities and difficulties of male caregiving in the South African context, the study made some additional modifications and extensions to these theories.

By offering comprehensive and in-depth information and insights on the experiences and difficulties faced by male carers in the City of Tshwane Metro Municipal Area, the study advances the empirical understanding of social work and home-based care. The research exposed the richness and variety of the male carers' experiences, drives, expectations, roles, duties, abilities, rewards, recognition, social, emotional and practical difficulties, as well as their positive traits and coping mechanisms. In terms of age, education, marital status, employment status, income, religion, culture, ethnicity and language, the study also identified the similarities and differences amongst the male carers. The study results were also compared to the body of knowledge on male carers in various situations and contexts as well as home-based care.

By offering pertinent and helpful information and suggestions to the many parties involved in home-based care, including male carers, their patients, families, communities, home-based care organisations, social workers, medical professionals, policy makers and researchers, the study advanced the practical understanding of social work and home-based care. The study makes several recommendations on how to raise the calibre and efficacy of social work and home-based care, particularly regarding:

- Dispelling the myths and stigma attached to male caregiving, as well as appreciating the role and contribution that male carers play in home-based care and society.

- Giving the male carers proper and sufficient training, supervision, direction, feedback, peer support, counselling, mentoring and referral services to empower and support them.

- Addressing and resolving the issues that male carers face, such as a lack of funding, tools, transportation, recognition, respect, safety, security and professional opportunities.

- Encouraging and supporting the positive elements and advantages of male caregiving, such as the identity, meaning, fulfilment, personal development and purpose male carers experience in their work.

- Encouraging and involving male carers in the development, execution, assessment and enhancement of social work and home-based care policies and programmes; additionally, guaranteeing their involvement and representation in decision-making frameworks and processes.

5.8. LIMITATIONS OF THE STUDY

Despite the findings of this study on male home-based caregivers in the Tshwane Metro Municipal Area, the following limitations should be considered. These include the method used, sample, generality and other factors which might have an influence in the understanding and use of the discovered results.

Methodological constraints

One major weakness of the present study is the methodological limitation of using only qualitative data. Although qualitative investigation provides rich meaning in the participants' experiences or attitudes, the research design inherently restricts the potential for external validity. Semi-structured interviews and thematic analysis were used for data collection and analysis and despite the research providing a rather detailed account of the participants' experiences, it can be argued that the data are rather qualitatively and even to some extent, politically sensitive since it reflects the view and interpretation of the researcher. The method also has the problem of intersubjective variability; this is because different people may not analyse data in the same way hence decreasing the reliability of a study.

Furthermore, it is necessary to note that the present study used only purposive sampling, which is one of the non-random sampling methods. To develop the sample, this approach was adopted to guarantee that the participants had prior caregiving experience; however, this may lead to selection bias. The study's participants could easily have been people with quite strong views or exceptional experiences and could potentially not be a fully representative sample of male caregivers in Tshwane. This may be potentially threatening

the external validity of the study, in the sense that what is discovered might not be able to illustrate all the realities seen in male home-based caregiving in the given region.

Sample size and diversity

The sample size of the study included 10 participants which was comparatively small but was large enough for the qualitative data analysis. This is an issue because a more diverse and therefore a more extensive participant group would have provided an improved/enhanced method to compare the various emotional experiences of males who are attracted to home-based caregiving in the City of Tshwane Metro Municipal Area. Also, the study respondents were individuals of specific socio-demographic characteristics, which may not represent experiences of other male caregivers in Tshwane. It is also noteworthy that there are arbitrary caregiving situations based on age, the socio-economic status and cultural differences, which were not investigated in this study.

Geographical limitations

Confining the study to the Tshwane Metro Municipal Area makes the geographical applicability conclusions rather small. Basically, the caregiving practices, difficulties faced and the assistance received can be diverse depending on the policy of a region, the culture that is in a region or the facilities available. Therefore, it can be argued that the conclusions drawn from this study will not be suitable for male caregivers in other parts of South Africa or even other nations. This geographical limitation shows that the study findings should not be used freely in other areas other than Tshwane.

Generalisability

However, based on its qualitative nature, the sampling techniques carried out in this study and the specific focus area which is geographical, the results obtained cannot be generalised. Despite the comprehensive understanding derived from the study of male caregivers' experience in Tshwane , it is impossible to generalise them to all settings. More studies with a diverse population sample from different geographical areas are needed to replicate and build on these results. As noticed, the generalisation of findings is also a rather sizeable limitation because caregiving is a cultural-dependent process depending on the socio-economic circumstances of/in Tshwane, South Africa.

Potential biases

Another limitation steeped in qualitative studies is that of researcher bias. It is noteworthy to point out that the researchers' bias and prior beliefs can affect the methods of data gathering and data analysis. Another pitfall attributed to the thematic analysis is that this method wholly depends on the researcher to infer data, thus may comprise subjective bias. To address this, the study employed member checking and triangulation, which, while eliminating all bias, resulted in comparatively less bias.

Ethical considerations

Although various ethical issues were considered and all participants' consent was obtained along with confidentiality assurance, it was found that the participants' caregiver roles and experiences might have affected the openness level of participants. Out of convenience some participants might have avoided reporting negative incidences or cases which are personal hence some cases might not have been well reported. This could mean there is underreporting which translates to an inaccurate representation of the struggles male caregivers go through/experience.

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