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Citation:

Xiao, H and Doolan-Noble, F and Liu, L and White, A and David Baxter, G (2021) Ageing well in older men in Otago and Southland of New Zealand: a focus group study protocol. *Physical Therapy Reviews*. ISSN 1083-3196 DOI: <https://doi.org/10.1080/10833196.2021.1877387>

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Document Version:

Article (Accepted Version)

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This is an Accepted Manuscript of an article published by Taylor & Francis in *Physical Therapy Reviews* on 26th January 2021, available online: <http://doi.org/10.1080/10833196.2021.1877387>

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# **Ageing Well in Older Men in Otago and Southland of New Zealand: A Focus Group Study Protocol**

Hui Xiao, MPhEd, Centre for Men's Health, Centre for Health, Activity and Rehabilitation Research, School of Physiotherapy, University of Otago, PO Box 56 Dunedin 9054, New Zealand. Email: hui.xiao@postgrad.otago.ac.nz

Dr. Fiona Doolan-Noble, PhD, Centre for Men's Health, Department of General Practice and Rural Health, Dunedin School of Medicine, University of Otago, PO Box 56 Dunedin 9054, New Zealand. Email: fiona.doolan-noble@otago.ac.nz

Dr. Lizhou Liu, PhD, Centre for Men's Health, Centre for Health, Activity and Rehabilitation Research, School of Physiotherapy, University of Otago, PO Box 56 Dunedin 9054, New Zealand. Email: lizhou.liu@otago.ac.nz

Dr. Alan White, PhD, Centre for Men's Health, Leeds Beckett University, Leeds Beckett University City Campus Leeds, United Kingdom LS1 3HE. Email: A.White@leedsbeckett.ac.uk

Dr. G. David Baxter, PhD, Centre for Men's Health, Centre for Health, Activity and Rehabilitation Research, School of Physiotherapy, University of Otago, PO Box 56 Dunedin 9054, New Zealand. Email: david.baxter@otago.ac.nz

Corresponding author:

Hui Xiao

Centre for Men's Health

Centre for Health, Activity and Rehabilitation Research,

School of Physiotherapy

University of Otago

PO Box 56

Dunedin

9054

New Zealand

Phone: +64-22 108 9198

Word count: 2245

## **Abstract**

**Background:** Men in New Zealand (NZ) do not enjoy the same level of health and wellbeing as women. Men generally experience a higher incidence of, and mortality from, major diseases; most importantly, life expectancies for men in NZ are approximately four years less than for women. Such disparities vary across rural and urban communities, and across ethnic sub-groups. In particular, Māori men live some seven years less than other NZ men. Despite such inequalities, men's health is not recognised as a priority by healthcare providers, government, or at the wider societal level. This qualitative study seeks to address this, by contributing to our understanding of factors associated with health and wellbeing for men in the ageing process. Study findings will also inform the development of a national survey of older men.

**Method:** Focus groups will be used to explore the expectations and experiences of health and wellbeing in a cohort of older men ( $\geq 45$  years) in the Otago and Southland regions. Topics to be explored will include gender role conflict, health service help-seeking, lifestyle behaviours, social engagement, and self-identified health risks. In total, five groups are planned (6-10 men per group) and will be conducted in urban, rural, and urban-rural adjunct areas. Focus groups will be recorded, and transcribed verbatim. Transcriptions will be coded for themes using the abductive thematic analysis approach.

**Results:** This paper presents a protocol of a study in progress, and results are not yet known.

**Discussion:** This is the first qualitative study focussing on ageing well in men in NZ. It will contribute to our understanding of this aspect of men's health, and – ultimately – help to inform interventions and policies to better support men to age positively.

**Keywords:** men's health; New Zealand; focus group; ageing well

## **Introduction**

Life expectancies in developed and developing countries have grown rapidly in recent decades [1, 2], leading to increasing proportions of older people in populations. In New Zealand, the number of people aged 45 years and older has doubled in the last 50 years and is predicted to double again in the next 50 years [3]. Ageing well or healthy ageing is defined by the World Health Organization (WHO) as *'the process of developing and maintaining the functional ability that enables wellbeing in older age'* [4]. This global increase in the percentage of older people has raised public health concerns about healthy ageing, given significant differences among individuals. This is compounded by the increasing prevalence of non-communicable diseases and chronic conditions commonly associated with ageing [5]. As a result, promoting health behaviours as a part of healthy ageing has become a global focus.

Within the field of gerontology, men's health has only recently become an area of interest compared to the focus given to women's health. Men, however, are more likely to experience serious health issues such as heart disease, chronic liver disease, and cirrhosis at an earlier age than women, and are more likely to suffer premature death [6, 7]. In New Zealand, men's health has received relatively little attention as an area of public health concern [8, 9].

As part of this, there is also limited information available on differences across rural and urban areas. Studies of older men's health and wellbeing in New Zealand have mainly focused on urban communities [10], with little attention to rural areas; thus, there is a lack of knowledge on the experience of older men living in rural areas, and a lack of urban-rural comparison.

This study will contribute to our understanding of older men's ( $\geq 45$  years) attitudes towards their health and wellbeing, and factors associated with their ageing well. As part of this, it also aims to explore potential differences between men living in urban and rural areas.

## **Research Design**

## ***Aim***

Primary objective: to explore older men's ( $\geq 45$  years) attitudes and understanding about their health and wellbeing.

Secondary objectives: to identify key content for a questionnaire for a future planned survey study; to investigate older men's preferences for survey administration (online *versus* paper), and consider potential biases that could arise from using these methods; to identify possible strategies for improving response rates in the next phase of this study and in the future.

## ***Methodology***

### *Study Design*

This prospective qualitative study aims to recruit  $\geq 45$ -year-old men from within Otago and Southland (NZ), beginning in March 2020.

Sample size: We aim to conduct up to five focus group interviews (to data saturation) within a six-month period (subject to impact of COVID 19). N= 6-10 persons per focus group are planned, estimating a potential 20% attrition.

This study will be conducted in the Otago and Southland regions in Southern New Zealand. According to the 2018 Census, around 229,200 and 99,100 people live in the Otago and Southland Region respectively, accounting for 7.3% of NZ's population [11]. In these regions, over 13.9% of the population is aged 65 years and over, compared with 14.3% of total NZ population [11]. Therefore, Otago and Southland's older population represents a fair representation of NZ's overall aged population. Our study methodology is consistent with the previously successfully completed study in this region [12].

Given the lack of NZ research on ageing and men, our principal questions are designed to capture a range of participants' perspectives across multiple domains, based on the existing

men's health literature. This project has been approved by the University of Otago Ethics Committee (reference code H19/150). Qualitative data will be reported as per the Consolidated criteria for Reporting Qualitative research (COREQ) statement: a 32-item checklist for interviews and focus groups will be applied [13].

### *Eligibility Criteria*

Inclusion criteria: older men (defined as  $\geq 45$  years old), residing in Otago or Southland.

Exclusion criteria: participants will be excluded if they are unable to communicate in English, or if the individual's ability to give informed consent to participate is impaired.

### *Participant Recruitment*

The purposeful sample (including Māori and Pacific participants) will be recruited from existing partners (including local men's health charities and Age Concern), and via the following: advertisement flyers, internet posters/media, information sheets, notices in the Dunedin hospital, healthcare centres, public media (e.g. local newspapers), public noticeboards (e.g. public library and community local boards), University newsletters, social networking sites (Facebook invitations), and via word of mouth in Otago and Southland. Subjects who are interested in volunteering for the study will be requested to contact the primary researcher at the Centre for Health, Activity, and Rehabilitation Research (CHARR), School of Physiotherapy, University of Otago. A member of the research team will contact volunteers (by telephone) and screen for eligibility using a standardized procedure.

### *Data Collection*

Data will be collected through focus groups in predefined locations (including the School of Physiotherapy, Dunedin, and Alexandra Council Chambers). Semi-structured questions will be developed by the research team to explore the objectives of the study. Each focus group will last for approximately one hour. A practice focus group study will be undertaken first among

a group of researchers currently working with older adults at CHARR, School of Physiotherapy, University of Otago. As recommended, this will help the moderator to gain confidence, familiarity, and accuracy in real interview processes [14]. Based upon participants' feedback and consensus between research team members, suggested amendments will be incorporated into the final interview questions. Sampling will be continued until saturation of the topic is reached and no new themes are obtained from ongoing focus groups. At saturation point, no further interviews will be scheduled. Focus group interviews will be recorded digitally via an audio recorder. The audio recordings will be transcribed word for word by a transcription service and will be checked for accuracy by a second researcher. Detailed field notes will also be made to provide context for the transcription process.

*Phase 1: Focus Group Question Development*

Questions will be kept as open-ended as possible, to avoid “over-steering” discussions during focus groups [15]. The study will be guided by five principal research questions designed by summarizing the relevant literature to explore the principal challenges for ageing well in men, including lifestyle behaviours to age-related conditions, masculine gender role conflict, and health service help-seeking attitudes:

- *What do health and wellbeing mean for you?*
- *Do you think there is a difference for men compared to women, either in terms of what health means or how to maintain health?*
- *What does "masculinity" mean to you?*
- *About your lifestyle, what do you do to look after your own health, particularly in terms of diet, exercise or physical activity, or in terms of alcohol consumption?*
- *What do you think is the biggest health risk at your age?*

Starting with such open-ended probes, questions will be sequenced from general to specific. Five principal questions will be discussed (approximately 10mins each), and it is anticipated that subsequent discussions will involve drilling down on particular ideas and comments as necessary. Detailed notes will be recorded during the focus groups, e.g. when someone within the group shares a particular or a different opinion. All discussions will be moderated to avoid one or more participants dominating the conversation of the session, and to ensure every attendee has a chance to talk.

*Phase 2: Focus Groups: Process*

Before the start of each focus group, consent forms, demographic forms, and names tags will be distributed, and forms will presumably be completed.

The focus group will start with a welcome from the moderator, including introductions, scene setting, clarification of the purpose and context of the focus group, as well as an explanation of what the focus group will include. As part of this, there will be confirmation that all information is confidential - participants will be asked to keep each other's information private, and their real names will not be used in the analysis and write up. Following this, the prepared questions will be used to guide participants to explore the key concepts of interest; questioning will open with an ice breaker questions. The interviewer will elicit participant accounts of their understanding of men's health and wellbeing, with particular emphasis on how each participant conceptualises and understands their own health. At the end of the focus group, an explanation of how the data will be analysed and disseminated will be given. Contact information for the research team will be distributed for further follow up if requested.

A note-taker and a recorder will attend for the whole session.



*Phase 3: Interpreting and Reporting the Results*

The primary researcher will complete an initial discussion with moderators and facilitators immediately after each meeting, and will write up a brief summary. All transcripts of voice notes will be read verbatim to look for themes/trends; at the same time the recording will be carefully reviewed, paying special attention to tone and context of discussions.

The abductive approach will be adopted throughout the analysis process, which includes the summary of preconceived theoretical ideas (deductive process) plus developing our own theoretical repertoires (inductive process) from the focus groups [16]. In keeping with this, a summarized Excel table of men's health issues (derived from relevant literature) will be used as a template in the first instance to structure the initial analysis of the themes. Following this, thematic analysis will be conducted, comparing and contrasting themes. The unstructured data will be stored and organized by using NVIVO software. Thematic analysis will be carried out by five analysts in six stages [17]: Stage 1: Familiarisation with the data, and identifying items of potential interest; Stage 2: Generating initial codes (NVIVO); Stage 3: Constructing initial themes; Stage 4: Reviewing initial themes; Stage 5: Defining and naming themes, and Stage 6: Producing the report. Briefly, two analysts will conduct Stage 1, 2, and 3 independently. The third analyst will be an inter-rater (Stage 4) to review and integrate the differences between the first two analysts on the initial themes. As the number of initial themes is built up, constant comparison i.e. cross-referencing emerging and established themes will be adopted in Stage 5 by three analysts together, to merge similar themes into higher-order (or 'superordinate') categories. Then we will rename these superordinate categories to reference our core themes. The fourth and fifth analysts will check the coding reliability by independently reviewing a list of quotations to the core themes. At the final stages of the analysis, all researchers will review the data and formulate an agreement around the themes that most succinctly explain the data.

**Discussion**

To our knowledge, no study has evaluated men's attitudes and perspectives towards their health and wellbeing within the context of ageing, and no previous study has compared such perspectives between urban and rural areas in NZ. Although experts have previously expressed opinions on men's health, the voice of the real experts – men themselves – is missing. This qualitative study will help us better understand men's attitudes toward their health, and undertake a preliminary assessment of a range of potential barriers and challenges to men ageing well. As part of this, results will also inform content for a future questionnaire survey. This will subsequently serve to inform gender specific health promoting interventions which are appropriate to different subgroups.

### **Significance**

This study forms a part of a programme of research examining ageing well of older New Zealand men [18]. This phase of the programme of research seeks to provide an initial understanding and identification of relevant issues. As such it will provide key information to assist development of the survey instrument.

### **Funding details**

This work is supported by the *Collaboration of Ageing Research Excellence (CARE)* under Grant [CARE student support grant \$2000].

### **Disclosure statement**

No potential conflict of interest was reported by the authors.

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