

MEN AND THEIR HEALTH – A PRIMARY CARE INITIATIVE



Department of Public Health and Primary Care
Trinity College Dublin



MEN AND THEIR HEALTH – A PRIMARY CARE INITIATIVE

PART I

**Health status, attitudes and behavioural patterns of middle-aged men
in a general practice in an urban area of Dublin**

PART 2

Stress and anger management with middle-aged men in primary care

**Tom O'Dowd
Frances O'Keeffe**

**Department of Public Health and Primary Care
Trinity College Dublin**

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LIST OF ABBREVIATIONS

- Blood Pressure (BP)
- Body Mass Index (BMI)
- General Medical Services (GMS)
- General Practitioner (GP)
- International Prostate Symptom Score (I-PSS)

FOREWORD

I am pleased to welcome this report on men's health in primary care, which is both informative and innovative. The study confirms that men are interested in their health but that barriers do exist in terms of attitudes and access.

We must promote the fact that the health system is interested in men and in their health. It is encouraging to see primary care playing an increased role in men's health and it is also important that men see primary care as an appropriate setting for health services for themselves. Men have unacceptably high rates of cardiovascular disease, cancer and suicide and so everyone needs to play a part in improving the health of men.

I wish to congratulate the team in the GP practice in Tallaght for engaging in this work and for producing a report which I hope will be of interest to everyone who is committed to improving our health services for men.

I am delighted that the South Western Area Health Board has been able to support this project, which has provided so many insights into the health of men. This information will help inform the development of services as we go forward.

A handwritten signature in black ink, appearing to read 'P. Donnelly', written in a cursive style.

Pat Donnelly
Chief Executive Officer
South Western Area Health Board

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- The South Western Area Health Board.

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SUMMARY: MEN AND THEIR HEALTH – WHAT WE LEARNED AS A PRACTICE

Targeting health services for men

- Primary care is an appropriate setting for the identification and management of those at high risk of developing cardiovascular disease.
- Men do respond to GP services that are specifically targeted at men.
- Invitations to ‘well man’ clinics work well, since men in the practice did respond to written invitations and specific appointments.
- Men like to receive written or spoken confirmation of their screening results informing them what are normal test results and giving them an appointment if follow up is required.
- A range of services is needed as part of ‘well man’ clinics, including smoking cessation groups, stress and anger management, counselling and nutrition advice.
- Financial cost is a barrier to attending health services for men, especially in deprived areas.
- There is a perception that the health system is disinterested in men. This is a barrier to them attending health services.
- Expressing an interest in men’s health at practice level encourages attendance.
- Men tend to have little control over some aspects of their health, for example their diet.
- Employers need to be encouraged to promote the wellbeing of their employees.
- Primary care needs a co-ordinator to organise health services specifically for men.

Men and their GP practice

- Men appreciate their practice and its interest in their family’s health.
- Men are happy to see the practice nurse.
- Revamping waiting rooms with ‘male friendly’ literature and posters would be worthwhile.
- Opening times for GP surgeries / primary care services are sometimes not convenient for working men.
- Men see the GP in illness not health terms.
- Men are aware that their doctors are very busy and feel that they are wasting the doctor’s time unless they are very ill.
- Men will attend the doctor in the workplace.

Men and group work

- Men can work well in small groups.
- Men need to be invited to participate.
- Groups need to target men of similar age and social background.
- Men learn from each other and find social support within a small group.
- Confidentiality is very important to the men within a group setting as it allows them to participate more freely.
- A medical examination was seen as a very important part of the group process.
- Group support encouraged the men to look at their lifestyles and start changing their behaviour.

Health promotion and education

Information

- Men do want information about their health.
- There is a need to develop appropriate fact sheets and posters on men's health issues.
- Older men, particularly in areas of social disadvantage do not access information on websites.
- Local health promotion and education campaigns need to reflect the balance of male and female health issues.

Use of the media

- The media sometimes stigmatise men and their health – 'naughty boys' or 'wimps'.
- Best use of the media is at times when men are travelling to and from work.
- Particular consideration should be given to local influences, type of employment, social background, environment, leisure, etc.

Lifestyle issues

- There is a need to emphasise the understanding of the health effects of alcohol. Men are aware of the effects of smoking, poor diet and lack of exercise, but not of alcohol.
- Men are interested in stress management. They want to know what are the signs of stress and how it affects their health.
- Men have unfounded optimism about their health. While over half of the men surveyed rated their physical condition as 'fair' at best, almost all of them perceived themselves to be 'healthy'.

Engaging men

- Health promotion messages have to be pitched at different levels targeting workplaces, sport facilities, betting shops, pubs and gyms.
- In the right environment men will ask the questions that concern them and will consider changing their behaviour.

Role of women

- Women can play a key role in preserving the health of men they care about.
- Women often make the appointments for their partners to see the doctor, or encourage them to attend.

Role of GP service

- As the GP service is acceptable to the community, it should play a key role in future community based initiatives aimed at prevention of cardiovascular disease in the well population.

Training

- Health professionals need to be trained in communication skills that address the fact that men are less open to talking about their personal health and need encouragement.
- Regular training for health professionals needs to be put in place, to update them on health issues for men so that they feel comfortable talking to men.
- The primary care teams need to receive training to provide advice and support for necessary lifestyle and behavioural changes to those at risk of developing cardiovascular disease.

HEALTH STATUS, ATTITUDES AND BEHAVIOURAL PATTERNS OF MIDDLE-AGED MEN IN A GENERAL PRACTICE IN AN URBAN AREA OF DUBLIN

1.1 Introduction

Men have lower life expectancy, higher rates of heart disease and are more likely to commit suicide than women.^{1,2} In Ireland cardiovascular disease is the single biggest contributory factor to mortality among men.¹ It is also well known that men are generally reluctant users of primary care services and take few preventative health measures.^{3,4} In Ireland and internationally there is increasing interest in tackling these problems and adopting more effective ways of encouraging men to take care of their health.

The National Health Promotion Strategy⁵ and the more recent National Health Strategy 'Quality and Fairness – A Health system for You'⁶ state the importance of targeting specific interventions to address the needs of men. These strategies also emphasise the importance of developing men's health initiatives based on research. Furthermore, it is proposed to utilise research on men's health to develop a national policy for men and to identify and develop models of working with men to promote their physical and mental well being.

In response to an initiative by the South Western Area Health Board to address the health needs of men, a 'well man' programme was started in a general practice in Tallaght in South West Dublin. It targeted men aged between 50 and 55 years and placed particular emphasis on the cardiovascular system, cardiovascular disease being one of the leading causes of mortality in Ireland today. The first step was the setting up in the practice of a 'well man' clinic providing free health screening.

As part of further research, all the men invited to the clinic were asked to participate in a lifestyle survey. The survey proposed to investigate the health related attitudes and behavioural practices of the men with particular emphasis on cardiovascular risk factors. The practice was particularly interested in the men who did not attend the clinic; the assumption being that perhaps these men were less interested in their health. In Part I of this report we have presented the findings from the health screening clinic and also the main results from the lifestyle survey. Part II of the report describes the experiences of some of these men who also attended a course examining lifestyle issues with particular emphasis on stress and anger management.



1.2 Study setting

The practice is situated in Tallaght in South County Dublin. Tallaght has an estimated population of 80,000; 63% in socio-economic group four (skilled manual) to six (unskilled) with 25% in socio-economic groups five (semi-skilled) and six.⁷ A high proportion (45%) of the population live in local authority housing. The proportion covered by the General Medical Services (GMS) scheme in Tallaght is estimated at 37% which is higher than the average for the Eastern Regional Health Authority area (27%).⁸

The practice is a three partner practice with a female assistant and a practice nurse. The majority of the clients (58%) in the practice are in the GMS scheme. The practice is a purpose built premises with a computerised age and sex register.

1.3 How we conducted the clinic

There was a total of 374 men in the target age group (50-55 years) registered with the practice. Initially, the plan was to invite all the men in sequential order for free health screening at the clinic over a nine month period. However, the process took longer than anticipated and the final number invited to attend was 116. Each man was invited by letter to attend for screening at the Saturday morning clinic and given an individual appointment. Every effort was made to accommodate the men with suitable appointments. Screening included weight, height, blood pressure (BP), cholesterol levels, smoking and alcohol history, urine testing and the use of the International Prostate Symptom Score (I-PSS)⁹ to screen for urinary problems. The clinic was conducted by the practice nurse and a general practitioner (GP) and supported by a member of the administrative staff in the practice.

1.4 How we conducted the survey

A presenting sample was taken of the 116 men who had been invited to attend the 'well man' clinic. Since attending the clinic one man had died. Of the 115 men eligible, 100 agreed to participate in the study, 4 refused to participate, two could not be located and two were not present after three visits to their homes. Seven men had moved address.

All the participants were visited at home. The questionnaire was self administered and consisted of 33 questions. In the analysis the health status of the men who attended the clinic was described and the clinic attenders and non-attenders were compared.

1.5 Response rate at the clinic

Of the 116 men invited to attend the clinic, a total of 69 (60%) attended.

1.6 The men who attended the clinic

The average age was 51 years. The majority (92%) were married. Over three quarters (79%) were employed and 43% were in the GMS scheme.

1.7 Health status

1.7.1 Weight

To calculate levels of obesity the index used was the Body Mass Index (BMI)¹⁰.

– *Almost half of the men (49%) who attended the clinic were overweight and 27% were obese*

1.7.2 Blood levels

Bloods were checked for tryglycerides and total serum cholesterol levels. The cut off points used were 5.0 for cholesterol and 2.1 for tryglycerides as recommended by the European Joint Task Force on Coronary Prevention.¹¹ Four men refused to have bloods taken. Of those who agreed we found that:

– *The majority (61%) had a cholesterol level above 5.0*
– *Over one third (34%) had tryglyceride levels over 2.1*

1.7.3 Blood pressure measurements

Systolic blood pressure was considered above normal at 140mmHg and diastolic blood pressure was considered above normal at 90 mmHg.¹¹

– *Over half (51%) had a raised systolic blood pressure*
– *Almost half (49%) had a raised diastolic blood pressure*
– *Four out of 10 men had a raised diastolic and systolic blood pressure*

1.7.4 Urine testing

Urine was checked for protein and blood. We found that:

– *The majority (83%) had normal urine*



1.8 Lifestyle issues

1.8.1 Smoking

We asked the men how much did they smoke, how long had they smoked for and if they were interested in quitting.

- *Almost one third (32%) stated they smoked, the majority of these smoked daily*
- *The highest proportion of those who smoked (38%), smoked 11-20 per day*
- *The majority (82%) had smoked for between 30 and 40 years*
- *Just over half (54%) stated they would like to stop smoking*

1.8.2 Alcohol intake

Recommended limits for safe alcohol consumption are defined as 21 units per week for men and 14 units for women.¹² The men were asked to estimate the amount they drank.

- *The majority (84%) stated they drank*
- *Over a third (35%) drank above the normal limit*

1.8.3 Physical exercise

The men were asked if they exercised and how often.

- *Over half (52%) stated they rarely or never took exercise*
- *Under a third (29%) stated they exercised frequently (three quarters of those who exercised did so twice or three times a week)*
- *Just under a fifth (19%) stated they sometimes exercised*

1.8.4 Family history of cardiac disease

Men were asked if there was a family history of hypertension or heart disease.

- *Over one third (38%) reported a family history of hypertension*
- *Almost half (48%) reported a family history of heart disease*

1.9 Male Specific Problems

The men were asked if they had problems getting or maintaining an erection. Just over a half (54%) of them replied to the question. We found that:

- *The majority (92%) had no problems*

The prostatic symptom score (I-PSS) 9 was used to investigate urinary problems.

- *The majority (85%) were mildly symptomatic*

1.10 Survey response rate

Of the one hundred men who agreed to participate in the study, 92 (92%) completed the questionnaire. Of those, 63 (68%) men had attended the well man clinic and 29 (32%) had received the invitation to the clinic but had not attended. Six of the clinic attenders did not complete the questionnaire.

1.11 Health related attitudes

Men were asked to state whether they were currently very healthy, quite healthy or not healthy.

- *Almost 90% perceived themselves as healthy*

The men were asked to rank the level of importance they placed on various health related behaviours in helping to maintain health.

- *Not smoking (77% in the clinic attenders and 59% in the non-attenders) was considered as the most important behaviour in maintaining health*
- *Almost half in both groups (49%) considered regular exercise as very important*
- *Over two fifths (44%) in the clinic attenders and over one third (35%) in the non-attenders considered weight control as a very important behaviour in maintaining their health*
- *Just under a half (48%) in the clinic attenders and only 27% in the non-attenders considered not drinking as very important*
- *Not overworking had the lowest ranking in both groups*

The men were asked whether they felt they were underweight, the right weight or overweight.

- *In both groups the highest proportion (70%) considered themselves overweight*

The respondents were asked how did they rate their present physical condition.

- *Over half (54%) considered their physical condition to be fair, not very good or bad*

1.12 Health related knowledge

1.12.1 Alcohol

The respondents were asked if they knew the recommended units for safe consumption of alcohol for men and women.

- *The majority (93%) did not know*

1.12.2 Chest pain

Sudden chest pain is a serious medical problem. The men were asked the causes of it.

- *In the clinic attenders the highest proportion (44%) stated that stress caused chest pain*
- *In the non-attenders the highest proportion (41%) stated that the 'heart' was the cause*



1.13 Health related practices

1.13.1 Nutritional practices

A list of common food items was given to the men. The men were asked to indicate how often they consumed each item. The consumption of food items was similar in both groups.

- *In both groups the highest proportion (32% in the clinic attenders and 39% in the non-attenders) rarely drank milk*
- *The consumption of fruit was poor in both groups with 29% rarely or never eating fruit,*
- *Six out of ten in both groups consumed vegetables once a day*
- *In both groups 30% of men ate chips, fried or roast potatoes more than once a week*
- *In both groups the highest proportion consumed white bread as opposed to brown more than once a day (59% versus 18%)*

1.13.2 Physical activity

Men were asked if they felt they participated in enough exercise to stay healthy. Responses were similar in both groups.

- *Only 28% felt they did exercise enough, while 59% stated they did not and 13% were unsure*

The respondents were asked how often they engaged in activity which made them sweat or become breathless, e.g. running, swimming, walking, cycling etc. We found that:

- *Only 28% in the clinic attenders and 36% in the non-attenders engaged in physical activity two or three times a week or more*
- *Over a quarter (28%) in the clinic attenders and over one third in the non-attenders (36%) never engaged in any physical exercise*

The respondents were asked what were the main barriers to participating in physical activity.

- *Work commitments in both groups (37%) was reported as the main barrier followed by 'tiredness after work' (34% in the clinic attenders and 41% in the non-attenders)*

1.13.3 Smoking

Men were asked if they had ever smoked. The responses were similar for both clinic attenders and non-attenders.

- *The majority (80%) had smoked*

They were asked if they had smoked in the last month. We found that:

- *In the clinic attenders the majority (59%) did not smoke*
- *In the non-attenders over half (54%) were daily smokers*
- *The overall prevalence of daily smokers was 33% (both groups combined)*

The daily smokers were asked how many cigarettes they smoked each day.

- *Of those who smoked daily, 30% reported smoking more than 20 cigarettes a day*

A high percentage (83%) of smokers had tried to quit and over half of these had tried more than once. Approximately 75% of the smokers were still interested in giving up.

1.13.4 Alcohol

The men were asked if they were currently drinking, ex-drinkers or if they had never taken alcohol. Clinic attenders and non-attenders had similar responses.

- *Nine out of ten described themselves as 'a person who takes a drink'*
- *None of the men reported never having taken alcohol*

Recommended limits for safe alcohol consumption are defined as 21 units per week for men and 14 units for women.¹² One unit of alcohol is defined as 8gms or 10mls of alcohol – see http://www.medicouncilalcol.demon.uk/handbook/hb_facts.htm. The Royal College of Physicians, Psychiatrists and General Practitioners proposes three categories of drinker in accordance with units consumed weekly (Table 1).¹³

Table 1 Categories of drinkers in accordance with units of alcohol consumed

Categories of Drinkers	Men	Women
Safe	1-21 units	1-14 units
Hazardous	22-49 units	15-35 units
Dangerous	50 + units	36+ units

(The Royal College of Physicians, Psychiatrists and General Practitioners, 1995)

The men were asked to calculate the amount they drank each week. We found that:

- *Over half (57%) of the men drank within safe limits*
- *One third (33%) drank within hazardous limits*
- *One in ten drank within dangerous limits*
- *The mean number of units consumed per week was 25 units*

1.13.5 Chest pain

The participants were asked what they would do first if they developed sudden chest pain.

- *Half of the men in both groups said they would seek medical help*
- *Over one fifth (23%) said they would wait and see*
- *A higher proportion of non-attenders (17%) versus attenders (6%) said they would ignore it*

1.13.6 Stress

Men were asked if they were stressed and the sources of stress in their lives.

- *The majority (85%) stated they were stressed*
- *The highest proportion (35%) was in the clinic attenders who stated that work pressure was the main cause*
- *In the non-attenders just under a third (31%) stated that family problems were the main cause*

The respondents were asked how stress affected them.

- *In the clinic attenders the highest proportion (29%) reported feeling depressed*
- *In the non-attenders the main effect reported (31%) was an increase in their smoking*
- *A higher proportion of the clinic attenders (27%) versus non-attenders (14%) reported feelings of aggression*



1.14 Health service utilisation

The men were asked when they had last visited their doctor.

- *Similar proportions in both groups (68% attenders and 63% non-attenders) reported visiting within the last six months*
- *In the non-attenders a higher proportion (33%) versus attenders (21%) said they had not visited the doctor for more than a year*

The men were asked which service they usually used when they were ill. We found that:

- *The majority in both groups (87%) used the GP. Only 5% used casualty and 8% did not use any medical service*

The men were asked what were the main barriers to attending the GP.

- *The clinic attenders reported “medical cost” as the main barrier (16%)*
- *In the non-attenders “too busy” was the main reason stated (31%)*
- *Over one third (39%), which was similar in both groups, stated that there were no barriers*

The men who did not attend the clinic were asked what barriers prevented them from attending the clinic.

- *The two most common reasons stated were “too busy” (46%) and “clinic times inconvenient” (38%)*
- *The majority of the men (87%) who attended the clinic felt it was beneficial and the highest proportion in both groups suggested that it should be a regular service for men in the area*

1.15 Conclusion

The results show very few differences between the attitudes and behaviours of the men who attended the clinic and those who did not. The men did recognise the importance of health maintaining behaviours yet in practice the health status was poor as indicated in the results from the screening in the 'well man' clinic. There is evidence of high levels of substance misuse, i.e. smoking and alcohol, low levels of regular exercise and poor dietary habits. Men did perceive stress as a problem with the majority experiencing very negative consequences, e.g. depression and aggressive feelings. Their lack of knowledge with regard to chest pain is worrying, in particular with regard to decisions on whether or not to seek medical help.

There is regular use of medical services in both groups. The attitude and response to the 'well man' clinic was very positive. Both the clinic attenders and the non-attenders felt it was a service that should continue. The main reasons for not attending were that either the men were too busy or the time was not suitable.

The Cardiovascular Strategy¹⁴ has emphasised the important role of the primary care services (general practitioners, practice nurses, public health nurses and public health physicians) in the prevention of cardiovascular disease. It advocates that evidence-based, focused initiatives be developed to promote cardiovascular health in disadvantaged groups and in the general community. The findings from the 'well man' clinic and the results of the lifestyle survey not only indicate the need for health promotion initiatives, but also that the GP service which is acceptable to the community and is well utilised, has a key role to play in the prevention of cardiovascular disease.

EXPLORING LIFESTYLE ISSUES WITH MIDDLE-AGED MEN IN PRIMARY CARE

2.1 Background

Studies have suggested that both stress and anger may be related to the development of heart disease, particularly in areas of social disadvantage.^{15, 16} As part of this ongoing programme in the practice, and having consulted with the men who were invited to the screening clinic, a pilot project was initiated which involved exploring lifestyle issues, within a group setting, with particular emphasis on anger and stress management. Group settings have been found to be more efficient than individual approaches when looking at behavioural interventions in relation to cardiovascular prevention and have the added benefits of enabling the participants to learn from and provide each other with social support.¹⁷

All the men who had been invited to the initial screening clinic were sent a letter to see what health issues they were interested in exploring further. (Appendices 1-2) Those who indicated they were interested in stress and anger management were invited to attend the course. The course was run for three groups of men between November and May 2002 with six to eight men in each group. The course consisted of two-hour sessions once a week over an eight-week period and was facilitated by two experienced counsellors and the practice nurse. A free medical check was offered to all the participants. A study was then carried out to describe the men's experience of the course.

2.2 Aim of the Study

The aim of the study was to describe the experience of the men who attended the course examining healthy lifestyle changes with particular emphasis on stress and anger management. The study was approved by the Ethics Committee of the Irish College of General Practitioners.

2.3 Potential benefits to be derived from the study

Potential benefits included:

- *Gaining an insight into the men's views and experiences of the course*
- *Discovering what type of health promotion initiatives help men deal with stress and other lifestyle issues*
- *Identifying the men's suggestions for future programmes*
- *Supporting the practice to continue developing its programme to improve men's health*
- *Adding to the limited but growing body of research on men's health*



2.4 Methods

Prior to interviewing the men, the researcher interviewed the facilitators to gain a better understanding of the course and also to get their impressions of how well the group had worked. All the men who attended the course were invited to participate in the study. The GP practice nurse made the initial contact with the men. They were invited by letter to participate and sent an information sheet (Appendix 3) detailing the purpose of the research. The men who agreed to participate were interviewed at home or in the surgery. All the participants were invited to sign a consent form (Appendix 4), indicating their voluntary participation in the study. The study employed a qualitative methodology to detail the men's experiences. The information was collected through in-depth taped interviews using a topic guide (Appendix 5). All interviews were transcribed verbatim. (Appendix 7) The interviews were coded using a qualitative research software programme 'Ethnograph' and analysed using a grounded theory methodology.

2.5 Profile of the men

Nineteen men completed the course. All agreed to participate in the research. The average age was 53 years and all were married. Over two thirds of the men had a health problem, with the majority of these having a history of raised BP or heart disease.

2.6 Reasons for attending the course

The men were asked why they attended and what were their expectations of the course. The majority of the men (14) said that they were interested in finding out more about their own health and age related problems. Curiosity also played a part in their decision and being invited to attend was very important to them and, in some cases, timely.

- > *'...like at my age I suppose the chances of learning more about your health, I mean I just decided that I'd go down and see what it was like. And that was really it' (MP7)*
- > *'...when I received the invitation at the time my present doctor had said I had high blood pressure, and I felt that to use this course and go along and find out a bit more, and be able to follow up and give me the incentive to follow up on it' (MP11)*
- > *'...well I was delighted to get the letter because when something is organised it gives you that bit of encouragement, ((rather than)) having to go out and chase it....so I was delighted to get the letter and anything like that particularly the health aspect of it no problem, I will go to it' (MP3)*
- > *'...it's just that I thought, the first time I went, it made me curious and then I just kept going, out of curiosity you know, and I felt that, I was learning something every week you know' (MP17)*

Most of the men (15) said they did not know what to expect and that it was very different and very interesting. Without exception they all enjoyed the course.

- > *'No I hadn't a clue. Just, I went up to basically see what it was all about, you know, an open mind and just worked from there, it was quite interesting as it turned out, I learned a lot' (MP6)*
- > *'I was very apprehensive going over which I think most men are, but everyone that done the course recommended it, I could not recommend it highly enough to people' (MP5)*
- > *'Well I am not going to say anything bad about it one way or another because I benefited an awful lot. I have to measure at the end of the course what did I get out of it. I got an awful lot out of it....I would highly recommend it' (MP11)*

2.7 Course content

The men commented on the fact that the course covered a broad range of issues, many of which the men had not thought about before in relation to their health (Appendix 6).

- > *'Well like it covered a lot more than I thought it would, in fact, do you know what I mean. You know that it went into details of, you know just the different lifestyles and you know, what causes stresses and strains and all the rest' (MP2)*
- > *'Well I listened a lot, and I learned, I learned specific things and eh, that I wouldn't have thought of before as such, I really did. And I was surprised that the course actually went into so much, that was very surprising, that I couldn't believe that they started at A and went right through the alphabet as such' (MP7)*
- > *'Anne and Larry kind of shed light on everything, on all aspects of your health regards your stress, your diet, your exercise, you know, your well-being really' (MP15)*

Several of the men commented that a testimony to the course was that the men were willing to give up their football night in order to attend the course. The facilitators did comment on the excellent attendances at each course.

- > *'...well I mean it took you out Tuesday night and Tuesday night was football night and I mean if, the champions league was on of a Tuesday night and I mean if it could prise you to do that. I mean it must have been good, you know what I mean' (MP12)*



2.8 The benefits of attending the course

Apart from the knowledge gained on the course the participants spoke about the fact that the course afforded them the opportunity to speak about themselves in a safe and confidential environment, often for the very first time.

- > *'...but it's the first time in ((a group)), no I didn't mind speaking at all like you know, a bit tense but when I heard all the rest I said 'well I'm as good as them and they're as bad as me....do you know what I mean, and I said 'ah what the hell like' you know, so we were all like as I call them little auld ones like you know, nattering like, you know it was great like, because if a fellow opens up in front of people then you can open up then like you know' (MP4)*
- > *'But I mean, they emphasised that what's said here is kept here, in the room. And it doesn't go beyond that, so we all agreed to that so, people generally opened up and said things that they normally wouldn't say to you, you know, to strangers really' (MP19)*
- > *'I find it difficult to talk about me own feelings but there like when the thing started, the ball starts rolling, you seem to talk too much, you know what I mean....It makes it easier for you to talk, once everyone is in the same boat' (MP1)*
- > *'Oh yeah, well it's the one thing I promised myself I'd never speak about and I was surprised in a way, that's how relaxed and confident I felt within that particular group' (MP3)*

The course gave the men time to reflect on both the positive and negative aspects of their own lives.

- > *'But I couldn't believe, I walked out of it that night and I said 'Jesus, you know what, I really have a great life', you know, touch wood, you know, apart from the bit of arthritis, and she's a couple of little things, you know, but we've, health wise we're all alright, and the family are great, and they're all doing great, they've no problems, touch wood, that it'll stay like that and I really did, that's how, it affected me. I'll never forget that to the day I die' (MP7)*
- > *'...it was the course that brought it home to me that this is, this is what's happening in me life and I want to I've got to change it somehow and if I don't I'm sort of heading for, disaster, a non-healthy finish to me life like you know' (MP4)*
- > *'Stress, yeah, would be a big factor now you know, I was really stressed out, I wasn't really kind of sitting back and looking at what was happening, I was just everyday it was kind of you know, here we go again, lets get on with it and you know, the times and days were just flying by, you were just seeing one thing you know, you're heading for one thing, you weren't really looking around you and the stress course was really was a bit of an eye-opener you know' (MP15)*

All of the men commented on how much they learned from the other participants and that it helped them to realise that they were not on their own and that they all had similar issues in their daily lives.

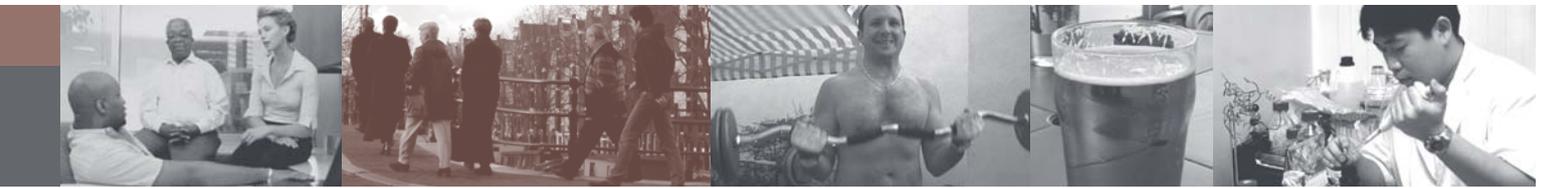
- > *'...yeah it gave me a different insight into different men....I think most of them were actually a little bit older than me. And, just a different thing like how did they cope with their teenagers and how do I cope with mine and you hear different men doing different things and sure, maybe I wish I had tried that a few year ago or then I might say something that I did, and they'd say 'Jesus, I should have tried that' (MP9)*
- > *'...some people were bringing up things about their wives and about their family life and the whole lot, which I felt was a personal thing in the beginning but as we looked on it, as time went on, it was a help to everybody I think, everybody's experience was a help to the other person' (MP13)*
- > *'...we started asking each other questions....and you started to realise I'm not alone, I'm not the only guy with these fears or anxieties' (MP5)*

One area of particular interest to the men was learning different relaxation techniques. In the majority of cases this was completely new to the men and they really enjoyed it.

- > *'I thought it ((relaxation)) was very good. Yeah, it certainly relaxed the mind, the body, and, just gave you that little bit of time for yourself, which she kept emphasising, this is your time, you know. And I thought that was, that was very important' (MP16)*
- > *'...well the funny thing is we done meditation which was terrific, at the start, you know, and we'd never done that before and it was really enjoyable to let yourself go you know' (MP12)*
- > *'...and this is one of the things about the course, they are trying to get you to relax and I couldn't believe even with those simple things that Ann and Larry had us doing, lighting the candle in the middle of the room and sitting down in the semi-darkness or darkness and the few words that were spoken, like how....it's so relaxing, you just find yourself going into a different mode altogether' (MP3)*

All of the men felt that having a physical check was an essential part of the course. They also commented that the medical staff were both approachable and accommodating.

- > *'Also the physical check-up, I got as part of this was excellent, in that it reassured me on an awful lot of, little niggly things you tend to worry about kind of, you're always sitting there all, I feel something there, is something happening here, have I got cancer....that was a huge relief' (MP11)*
- > *'I went for the whole lot....And it's great to think that was part of, you know, the involvement of that whole course, that you can get your, from A to B checked up to the last one, was the prostate, prostate cancer, check-up and that was grand' (MP15)*
- > *'...((men)) very seldom they go down and have the, their tests and we wouldn't have bothered only for that, you know, it was good because there was a particular doctor doing it you know and he fitted us in there and it was terrific, but you need that push' (MP12)*



2.9 The course facilitators

A married couple, both of whom were counsellors, facilitated the course. All of the participants were highly complimentary about the skills of the facilitators. They spoke about their professionalism, their knowledge and their ability to work as a team and most importantly, their skill in encouraging the men to participate fully in each session.

- > *'...the way the course was run was to be quite truthful, it was totally professional. And they could not have made us feel more relaxed....they took us out of ourselves' (MP5)*
- > *'...if a fellow opens up in front of people then you can open up then like you know....and then Larry and Ann then had the patience or the expertise to sort of draw that out in people....say draw it out in a particular person, but then all the rest would be listening, and it worked great in that sort of sense....I think they were a good team and that they're, they knew how to get the points across and they knew how to listen and that was the thing' (MP4)*
- > *'...they'd get you going and then they'd shut up themselves in the discussions or whatever has started round in the circle. And like if it came to a full-stop or a road block they'd sort of help you out, they suggest something else and put that up on the board and they start at the beginning and get a few suggestions and then go through them all and you just find yourself talking that you wouldn't normally do' (MP1)*

The majority of the men commented on how valuable it was to have a married couple facilitating the course and also to have the female perspective on issues that were discussed.

- > *'Then there was too the fact that Larry and Anne were married....and you could see that they were normal human beings, just like any of us....I think that helped a hell of a lot....it may not have been the same if there'd have been only one or the other there, I may not have got the same, influx into the thing, whereas they'd be discussing something and they'd turn around to one another and say 'do you remember such-and-such' you know. So in other words.... they were sort of showing that that's exactly what life is, you know, that it happens to every couple it happens to every family, ups and downs, you know' (MP7)*
- > *'...so having the balance with the woman being there was terrific because I would say a lot of them, old men, same age as myself, in our fifties and they lived with the old fashioned ideas that men don't talk to women about men's things, you know what I mean, like that they don't have any problems....I think having the woman, the woman's input into it made a huge difference' (MP12)*

2.10 Lifestyle changes

The men were asked if their lives had changed in any way as a result of attending the course. A number of men spoke about how their attitude to life had changed. They spoke about being more assertive, believing in one's self and feeling more positive about life.

- > *'Yeah, you know, kind of be more assertive about what you want, just don't take any more shit from people. Where before if a doctor said you had this, you had that, and half the time they wouldn't answer you, you'd ask them a question they wouldn't even answer you, now I say 'excuse me I asked you a question would you mind answering it' (MP9)*
- > *'So now I kind of, I don't put myself down, you know, as it said in the thing ((course)), I'm as good as anybody else, you know' (MP17)*
- > *'And, as I told you I think I was a C ((personality type)), I think I was a bit of a worrier and so forth. So I'm admitting that now. There was a time I didn't, I wouldn't admit that. And I used to worry about the kids a lot now. I used to worry about stupid things I'm sure. But I've, I've learned now that I just I have to, put my own, meself first. So, I've realised that I, I need to look after meself now, you know' (MP14)*
- > *'I was a totally different person now before I have to say; my whole attitude towards life is different. Instead of being sceptical and always, you know, looking on the dark side of everything I started to be more positive, do you know, where I was negative before, I started to be more positive' (MP12)*

The men spoke about how they are managing to deal with stress and anger in their daily lives.

- > *'I don't get wound up so much now you know....I'd say like the course had a lot to do about it because, I'd say like it teaches, there's nothing you can do about it and you're only just doing yourself damage by worrying too much or stressing yourself out about it, you can only worry about something that you can do something about' (MP1)*
- > *'I think in the home life, things have changed there. Like I'm not as angry as I used to be. I'm, I can be a lot more calmer and deal with things a lot easier since doing the course' (MP13)*
- > *'...but basically what I'm doing at the moment now I'm letting it go, I'm letting it go now from driving or I'm at the Cherry Tree roundabout or somebody pulls out in front of me and I'm not getting into a rage, I'm kind of letting it go, and I'm letting it go in here ((at home)) as well' (MP19)*



Men spoke about the efforts they were making to communicate more with their partners and families.

- > *'I've a very very bad habit of coming in, paper up, eat my dinner, stuck reading the paper....it's mainly sports I'm reading and she's talking to me and I'm saying I just want to read this but it's a bad habit I developed and still have it....and Wednesday I said hold on I'll put the paper away and just listen and I mightn't want to listen but I'd like her, you know, because I like, if I'm speaking to give me attention but I've learned it from the course' (MP5)*
- > *'I'm beginning to talk to them ((children)) properly and we're beginning to do things, you know, I find that they're talking to me now, they come in and sit down to you and talk to you, exactly what went on in their jobs and so on, like before I wasn't, I never really hit them or never fought with them as such, I used to keep myself to myself it was just something, you know and now you can get a laugh with them and so on like, you know, and it works like' (MP4)*
- > *'Well now I know how to talk to me kids yeah, I'm kind of relaxed now over it. Ban shouting and bawling and all that, go and be diplomatic about it, you know, if that's the way you want to put it, you know. Just say right, instead of jumping I have to sit down and talk to them, just different things....Yeah, I think they, they're not walking away laughing at me anymore. All of a sudden they say oh, he's not just bawling his head off as usual you know' (MP17)*

The majority of the men spoke about how they were trying to lead a healthier life through exercising, healthier eating and changing their drinking habits etc.

- > *'Well, diet for starters you know like, I'm watching what I eat, you know, I suppose I'd nearly say there'd be a curry every night, you know. I used to be drinking nearly every night, an average of what, up to thirty, forty pints a week, you know, that's cut down an awful lot. I'd say its just weekend drinking now. I'd be down to fifteen, you know' (MP6)*
- > *'Yeah, I have, yeah, well you know, when the weather is fine now I walk from here all the way up to the Killinarden Heights, all the way down, to the top of the houses and all the way back down here, on a regular basis, yeah, yeah. Whereas before I wouldn't have went out this door, I would have probably just walked from here to the pub and that's it. But if I go up to the pub now I go all the way round, you know' (MP15)*
- > *'Well I know the girl was talking a lot about diets and things, and I usen't to, I use to be, you know, one of these, ah sure, I don't believe in that carry on and, but I've actually, I actually now in the last twelve months I've, I've, I am trying to do every-thing that they've been asking me to do. I got a dietician sheet and all that carry on, and believe it or not I lost a stone weight' (MP14)*

2.11 Suggestions for future initiatives

All of the men felt that the free medical should be offered either yearly or every two years. Receiving a written invitation is important as is receiving written results or if necessary being given a specific appointment to return for results. The men also spoke about the importance of having health screening services specifically targeting men.

- > *'Yeah, I think that a follow up ((medical check up)) there, now whether it'd be annually or, or every second year, would be a very good idea, because it's, that would be monitoring the health of the men over a period of even over a period of ten years and do it every second year. And we get the blood checked, heart checked, and then it's keeping us in touch with anything, any other tests that might be going' (MP18)*
- > *'That's another thing ((prostate screening)) that should be there, it should be ongoing thing for men. It shouldn't have to be that the doctor refers you because he thinks there is something wrong, it should be there like the smear test women have done, that it's a facility that should be there So, and men should be encouraged to go for it, to get this test, but it's not there unless the doctor thinks there is something wrong' (MP8)*

The men felt it was important that the groups be composed of men of similar age and socio-economic backgrounds. There were numerous suggestions about the course, ranging from an interest in doing another full course to the majority suggesting having monthly meetings with the group and the facilitators. Some of the men felt the need to explore some issues further and many were interested in the relaxation and meditation techniques.

- > *'First of all, the group was about the right size. They were all nearly manual workers and the fact that, as I say I don't know whether it was deliberate or not but the age group was all the same. I think that was important because if you had, you know, if it was with very young and very old and the lads mixed, they'd have all had different problems and different things. So I think that worked as well. And the length of time, I'd say eight to ten weeks would be the most now' (MP18)*
- > *'But why wouldn't it ((the course)), why shouldn't it become a regular thing?' (MP10)*
- > *'...not that it would go on for ever but I mean it's a pity there couldn't be some sort of follow on because it's like getting some treatment and then someone just stopping it, do you know what I mean, when we had got to the stage when we were opening out and we were talking and we were feeling terrific about it, do you know....we spoke about it and we perceived things from a different point of view completely, we were all in our fifties and to say that we could all of a sudden see what was happening down the line, that we never looked at it another way and all of a sudden after eight weeks we were seeing it from a different perspective you know,....but then for it to be gone' (MP12)*



There were some interesting suggestions on how to target people. Word of mouth was the most common suggestion with many of the men already recommending the course to friends and male family members. They also suggested putting notices up in pubs and local leisure facilities as well as in the local health centre and GP surgeries. A number of the men suggested that the course would be very beneficial in the workplace. Interestingly several of the men felt that they would have benefited even more if they had attended the course at an earlier stage in their lives. They felt this would have been particularly beneficial in relation to stress management. They suggested that they would have had a better quality of life and perhaps could have prevented some of their health problems.

- > *'I've told all the fellows in the pub about it....Ah Jesus, I'm boasting about it....and there's people there now, they said they never got letters from the doctor and they only lived up the road and they said they would have went on it as well' (MP15)*
- > *'I think probably hitting the workplace is next. A lot of larger companies, the company I work with and all that would, be interested in the health of their workers. And if the Health Boards could get in with some of them....it would be very helpful' (MP11)*
- > *'I think, well if it was over-forty, so I was fifty, if it's over-forty it should be forty, forty-one, so you could have another ten years then to alter, as I say if you're going down the slippery slope and this is what you have to do, you have to start winding down a little bit and look at your life, you know, and take stock, you know, and that's what it's all about really like, you know what I mean' (MP4)*

Finally one man offered to speak to other men or groups about his experience of attending the course to tell them how it has affected his life and changed it in a very positive way.

- > *'Ah yeah, I'd even be interested in talking how my life changed and so on, like you know' (MP4)*

2.12 Conclusion

It was the first time these men had attended a course which specifically targeted men. It was also the first time for the facilitators to work with a group of men. It was a very positive experience for both the counsellors and the participants.

The group gave the men a forum to speak about themselves in many cases for the very first time. In fact a few of the men spoke about events in their lives that they had never spoken about before to anyone. The entire group spoke about how relaxed and at ease they felt as the weeks progressed and they were highly complimentary about the skills of the facilitators.

The men seemed to be reassured by the fact that other men had similar problems and that they were not alone. All of the men felt they learned a lot through listening to the experiences of the other participants. The course gave the men time to reflect on their lives and find ways to improve the quality of their lives. For example, many of the men stated that they had not realised how stressed they were and how this had impacted on their health and well-being.

All of the men have made some effort, to varying degrees, to deal with the issues they discussed on the course. The course was very much directed by the needs of the group and the men received support and encouragement within the group. This type of group support appears to have helped the men to start responding in a very positive way by addressing some of their lifestyle issues.

The medical examination was seen as an essential part of the programme. It provided both reassurance and information for the participants. The men spoke about how encouraging and accommodating the doctor and practice nurse were. However, many of the participants did comment on the fact that, in general, they find that during consultations health professionals are too busy to listen and do not ask male-specific questions. This was seen as a definite barrier to effective delivery of primary and secondary care services.

This health promotion initiative in a primary care setting appears to have been a very effective way of supporting and encouraging men to address their health issues. The success of group work is based on the premise that learning is best done by reflecting, discussing and doing, rather than by simply receiving information.¹⁸ This ethos seems to have worked well with this group of men.

The support and encouragement of their peers within a group setting seems to have been a very important factor, as was the time to reflect on their lives and the opportunity to discuss the issues of concern to them. The combination of the skilled counsellors supported by the health professionals in the practice has been key to the success of the course. The men felt valued by the interest in them and responded by addressing some key lifestyle issues.

It is of interest to note that since the courses were run, all the men continued to respond with enthusiasm and a great willingness to share their views with the team at the practice.

REFERENCES

- 1 Department of Health and Children. Vital Statistics 1999. Dublin, The Stationery Office 1999.
- 2 Kraemer S. The fragile male. *British Medical Journal* 2000; 321:1609-1612.
- 3 Tudiver F, Talbot Y. Why don't men seek help? Family physicians perspectives on help-seeking behaviour in men. *Journal of Family Practice* 1999; 48 (1): 47-52.
- 4 Courtney WH, Constructions of masculinity and their influence on men's wellbeing: a theory of gender and health. *Social Science and Medicine* 2000; 50: 1385-1401.
- 5 Department of Health and Children. The National Health Promotion Strategy 2000-2005. Dublin, The Stationery Office 2000.
- 6 Department of Health and Children. Quality and Fairness: A Health System for You. Dublin, The Stationery Office 2001.
- 7 Jobstown Integrated Development Project. Community Health Response – A Report from the Community Health Group. Dublin: Jobstown Integrated Development Project 1996.
- 8 Department of Public Health. Report - Public Health at the turn of the century. Dublin: Eastern Health Board 2000.
- 9 Cockett AT, Aso Y, Denis L, Khoury S, Barry M, Carlton CE, et al. Recommendations of the International Consensus Committee. In: Cockett AT, Aso Y, Chatelain C, Denis L, Griffiths K, Khoury S, et al eds. *Proceedings of the World Health Organisation International Consultation on BPH 1991 Jersey: Scientific International, 1991.*
- 10 World Health Organisation. *Physical Status: The use and interpretation of anthropometry* Geneva: W.H.O. 1995.

- 11 European Joint Task Force on Coronary Prevention. Prevention of Coronary Heart Disease in Clinical Practice. *Journal of the European Society of Cardiology* 1998; 19: 1434-1503.
- 12 Department of Health. A Health Promotion Strategy; making the healthier choice the easier choice. Dublin, Department of Health 1995.
- 13 Royal College of Physicians, Psychiatrists and General Practitioners. Report of a joint working party. Alcohol and the heart in perspective: sensible limits reaffirmed. London: Royal College of Physicians, Psychiatrists and General Practitioners 1995.
- 14 Department of Health and Children. Building Healthier Hearts. The report of the Cardiovascular Health Strategy Group. Dublin, The Stationery Office 1999.
- 15 Chang P, Ford D, Meoni LA, Wang NY, Klag MJ. Anger in young men and subsequent premature cardiovascular disease: The precursors study. *Archives of Internal Medicine* 2002; 162:901-908.
- 16 Hemingway H, Marmot M. Evidence based cardiology: psychosocial factors in the aetiology and prognosis of heart disease: systematic review of prospective cohort studies. *British Medical Journal* 1999; 318:1460-1467.
- 17 Williams R. Hostility, psychosocial risk factors, changes in brain serotonergic function, and heart disease. In Stansfeld A, Marmot MG (eds). *Stress and the Heart — Psychosocial pathways to Coronary Heart Disease* London: BMJ Publishing Group 2002.
- 18 Elwyn G, Greenhalgh T, Macfarlane F. *Groups: a guide to small group work in healthcare, management, education and research*. Oxford: Radcliffe Medical Press 2001.

Dr. Robin Quigley
Dr. William Kavanagh
Dr. Thomas O'Dowd
Dr. Hazel Byrne
Nurse Christine Kelly

Springfield Medical Centre,
Alderwood Avenue,
Springfield, Tallaght, Dublin 24.
Telephone: 451 4077, 451 3743.
Fax: 452 6503/452 0799
Appointments: 452 0799

WELL MAN SERVICES

Dear

**As you know this practice has a big interest in Men's Health.
Our recent survey indicated a good deal of interest in this issue.
Discussions with the men involved revealed three areas of concern.**

- * Nutrition and alcohol**
- * Stress and anger management.**
- * Giving up smoking.**

**We are planning short courses to help in each of these areas.
We would be grateful if you could complete the questionnaire enclosed and return it to us in the
envelope provided.**

**We hope to hold these courses in September.
We will be sending you a personal invitation following your response to this letter.**

Thanking you in anticipation.

Yours sincerely.

**Dr. Robin Quigley.
Dr. Tom O'Dowd.**

**Dr. William Kavanagh.
Nurse Christina Kelly.**

QUESTIONNAIRE
WELL MAN SERVICES

Are you interested in attending a short advice course on:

- | | |
|-------------------------|----------------------|
| | <u>please circle</u> |
| * Nutrition and alcohol | Yes / No |
| * Stress and lifestyle | Yes / No |
| * Giving up smoking | Yes / No |

Please circle in order of choice:

- | | |
|-------------------------|----------------|
| * Nutrition and alcohol | 1st. 2nd. 3rd. |
| * Stress and Lifestyle | 1st. 2nd. 3rd. |
| * Giving up smoking | 1st. 2nd. 3rd. |

IF YES TO ANY OF THE ABOVE

What is the most convenient day of the week for you?

Please circle

Mon Tues Wed Thurs Fri Sat

What is the most convenient time of day for you?

Please circle

Morning Afternoon Evening Night

Where do you think is the most convenient venue for you?

Please tick

Community Centre _____ G.A.A. Centre _____

Mary Mercer Health Centre _____

Please return in stamped addressed envelope provided

PATIENT INFORMATION SHEET

Title of study:

Men's experience of attending a healthy lifestyle initiative in a general practice in Tallaght

Introduction:

This study proposes to describe the experience of men who attended the course, examining healthy lifestyle changes with particular emphasis on stress and anger management. This is part of an ongoing research project on men's health in the primary care setting. The research team would like the men who attended the course to describe their experience of the course.

Procedures:

Frances O Keeffe (a public health nurse) will phone each man to arrange a suitable time to visit his home and do the interview. The interview will take 30 to 45 minutes and will be taped. Prior to the interview Frances will answer any questions you may have about the study. She will then ask you to sign a consent form.

Benefits:

This is an opportunity for you to ensure that:

- The practice gains an insight into the types of health promotion initiatives that help men deal with stress and other lifestyle issues.
- You have a say in the planning of future health promotion initiatives.
- The practice can continue to develop its programme for men in the area.

Confidentiality:

Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone outside the research team. The practice will not be able to identify your responses in any way.

Voluntary Participation:

You are free to refuse to take part in the interview, refuse to answer any of the questions and stop the interview at any time. We do hope that you will be willing to participate in this study, as we are very interested in your views.

Further information:

You can get more information or answers to your questions about the study, your participation in the study, and your rights, from Frances O' Keeffe who can be telephoned at 6081087/6083737

CONSENT FORM

In-depth interviews of men who attended a course examining healthy lifestyle changes which included stress and anger management

During the interview I will ask you about your experience of the course. The interview will take approximately 30 to 45 minutes. The details of the interview will be recorded on tape. Only the principal researcher will listen to the tape. The tape will be erased once the information on the tape has been typed. When the information is put together no individual will be identifiable.

The information will be written up detailing all participants experience on the course including common issues and differing opinions. Some of your quotes may be used to emphasise different experiences. No quotes will be linked to any individual respondent. Your general practitioner or practice nurse will not be able to identify your responses in any way.

I have read the above explanation, and where required additional issues have been explained.

On the basis of this information I agree to take part in the study.

Signed

GUIDELINE QUESTIONS FOR INTERVIEW

Before starting the course

Why did you decide to do the course?

What did you expect to get from the course?

When attending the course

What did you learn?

What were the main issues raised that were important for you?

Why were these issues important?

What was the good/not so good about the course?

As a result of the course

Has the course helped you in your daily life?

What was useful for you?

Did you make any changes as a result of attending the course?

Have you ever made contact with any of the men in your group?

Have you attended any other services as a result of the course?

If yes, why did you attend these services?

For the future

Are you interested in further courses or group work?

Have you any further suggestions about services for men in the area?

THE MEN'S GROUP

Course Content (2 hours weekly for 8 weeks)

Stress Management

Short-term effects

Long-term effects

Behavioural symptoms

Stress response

What is stressful in our lives?

How do we de-stress?

Reflections on stress: cognitively, behaviourally and physically

Nightly relaxation techniques

Physical self-care

Personality typing

Lifestyle audit

Stress management techniques

Communication

Guidelines

Techniques

Role play/games

Assertiveness

Guidelines

Techniques

Role play/games

Conflict Resolution

Guidelines

Techniques

Role play/games

Anger Management

Patterns

What makes us angry?

Changing a pattern

A better way

Time Management

Practical tips

SILVERMAN'S TRANSCRIPTION SYMBOLS

Notes for the transcriber:

There are 19 tapes denoted by the numbers MP1 – MP19

The letters MP denote male patient

The tape number indicates the interviewee number so all conversation attributed to the interviewee is denoted by the tape number, for example, MP2 for tape number 2 and MP3 for tape number 3 and so on up to tape number 19 (indicated by MP19)

The interviewer was FO'K so all of the interviewer's questions, clarifications or comments are attributed to FO'K.

Conversation on the tapes to be formatted as follows:

FO'K: Okay, em, how would you rate your physical condition – poor, fair or good?

MP4: Good.

FO'K: Now I'm going to ask you a little about your drinking, okay?,

MP4: Yeah.

FO'K: Okay. So can you tell me a bit about how you cope with stress.

MP4: Well em, the relaxation class was good.

Save document as 'text' only. Do not use automatic line spacing or paragraph spacing instead use 'enter' or 'return' key.

Please use the following notations:

() 'empty parentheses' indicates talk too obscure to describe.

hhh indicates hearable aspirations length proportional to number of hhhs

] left sided bracket indicates over lapping conversation begins and [right sided indicates over lapping conversation ends

(()) double parentheses indicates transcriber's comments

- indicates unfinished word such as "unfin -"

Underlining of text indicates stress or emphasis

Author's note: Transcriber's text reproduced exactly as typed by transcriber in accordance with qualitative research methodology.



"getting better together"

The Men's Health Project was supported
by the South Western Area Health Board.

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