Successful initiatives in men’s health

Last year we asked for your feedback in regards to getting men to attend general practice. Here we present some of your responses.

Insights and perspectives on men’s health

David Mitchell and Alison Horn from the Nelson Marlborough Institute of Technology conducted a research project that aimed to identify what Occupational Health Nurses believed were the health-related issues that affect the men they work with.

The research involved eight participants*, who attended two focus groups, held six weeks apart. At each session they were asked to respond to the question: “What are the main health related issues that affect the men that you work with?” This process and timeframe was planned to enable the participants to reflect over time and during their practice and to perhaps challenge some of their own assumptions.

In the first session, the participants echoed the more stereotypical thoughts on men and their attitudes towards health care, e.g. being macho, not caring about their health and lacking in responsibility. In the second session, the participants explored the question in greater depth. This resulted in them presenting insights about men and their health that are not commonly understood. The participants talked about a delicate balance between men, employment and being a provider to their family. They talked about how these factors were linked to men’s self esteem/self image and, importantly, how men viewed health assessments as presenting a threat to continued employment and subsequently a risk to their self perceptions (as an earner and provider).

“And they do resist that [finding out about their health status], they’re very anxious about it. They’re worried about what the results [of the health assessment] might be and the implications

*While this was a small number of participants the group represented a high percentage of the Occupational Health nurses in the Nelson area, especially those that worked with males. However the findings from the project should only be generalised to a wider population with considerable caution.
for working. For example, how long does it take for hearing to be lost? They’re worried about the results.” – Research participant

The participants also considered the workplace culture as critical in promoting the health of men. Here the important factor was whether there was a focus on a minimum level of compliance with Health and Safety legislation or whether the employer believed there were benefits in supporting a focus on health and wellness. A minimum level of compliance tended to result in interventions that were viewed as surveillance and this linked closely with the men’s perception of a risk to themselves. In addition, the participants believed that nurses have a particular advantage in engaging with men as health professionals. They were able to specify educational preparation and skills that they felt were important in achieving this connection.

Findings from this project show that health professionals need to be vigilant in appreciating what factors motivate men to present, to present late or to not present to health services in order to avoid reinforcing the negative discourses around men and their health-related behaviours.

The participants in this project demonstrated that experienced nurses, given the opportunity, are able to clearly articulate a range of insights and skills in working with men that are not commonly understood. With the presence of a large population of nurses in the primary care health workforce it seems timely for this group to have the opportunity to take a greater responsibility in developing initiatives in the area of men’s health.

It is of interest that this small, local project has acted, at least in part, as a catalyst for continued work. Nelson Bays Primary Health has now completed a project entitled “Getting Men In the Door”, with the aid of funding through the Ministry of Health’s “Men’s Health Innovation Fund”, as well as other initiatives that either directly or indirectly impact on men’s health.

The benefits of inviting men to a male health check

Dr Pete Barwell from Muritai Health Centre, Wellington, conducted a research study on the benefits of inviting men to attend general practice for a health check. The invitations resulted in almost three times the usual number of men attending for a health check, increased numbers of male patients attending for a specific problem and increased implementation of preventative health screening. The practice received positive feedback from both the invited males and their partners. This was expressed even when the male had not attended – the initiative from the practice was appreciated and it generated discussion about health issues “over the dinner table”.

The practice used the following approach:

- Initial education sessions about the importance of male health issues, involving all practice staff
- Simple tick-box screening template (“Well Man Check”) incorporated into the practice management system
- Guideline biopsychosocial screening process for individual staff to apply as they felt appropriate
- Men aged between 40 and 50 years were identified using the PMS and sent an invitation to attend for a Well Man Check. Patients with known conditions requiring regular follow-up were excluded, as were
those with recent health assessments.

- The Well Man Check consisted of a 15 minute appointment with the practice nurse, where data was collected including weight, height, waist circumference, blood pressure and mid-stream urine test. Smoking, drug and alcohol history were taken when time allowed.

- This 15 minute check was then followed by a GP consultation, where the most appropriate assessment aspects were selected for that individual.

“I think the multi-factorial causes of poor male attendance to general practice are pretty well understood, with male cultural roles, perceived child/female centric health centres, ‘boys don’t cry’ attitude and poor understanding of their own body and when something is wrong, being well studied. A better focus may be on whether getting men to attend ‘well man checks’ actually provides any benefit. The findings of my research study show there is pathology out there to detect, but not whether resources exist to deal with it or any formal quantified assessment of whether men feel their wellbeing has been improved by an invitation to attend a health check, whether or not they took it up.” – Dr Pete Barwell

For further details of this study see: Barwell P. Do invitations to attend Well Man Checks result in increased male health screening in primary health care? J Prim Health Care 2009;1(4):311-4.
Different strategies needed for getting men to attend general practice

Jean Harris, a community cardiac nurse from Horowhenua, recently undertook cardiovascular disease (CVD) risk assessments at a local general practice. Both men and women in the appropriate age ranges were invited to attend on a particular day for a CVD risk assessment, however, it was mostly female patients that attended.

“The men were not good attendees, with less than 50% turning up. When it came to the women I had a really good response and some of the women asked me to make appointments for their husbands again as they were really cross that they hadn’t attended.” – Jean Harris

It was unclear why the men did not attend therefore uncertain what could have been done differently, but it is apparent that a different strategy would be required if CVD risk assessments for men were offered again.