

# The 'Self-Man' Review:

How effective, accessible & acceptable  
are self-management support  
interventions for men with long-term  
conditions?

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**“Strong gendered dimension”** that places men at higher risk of ill health than women...

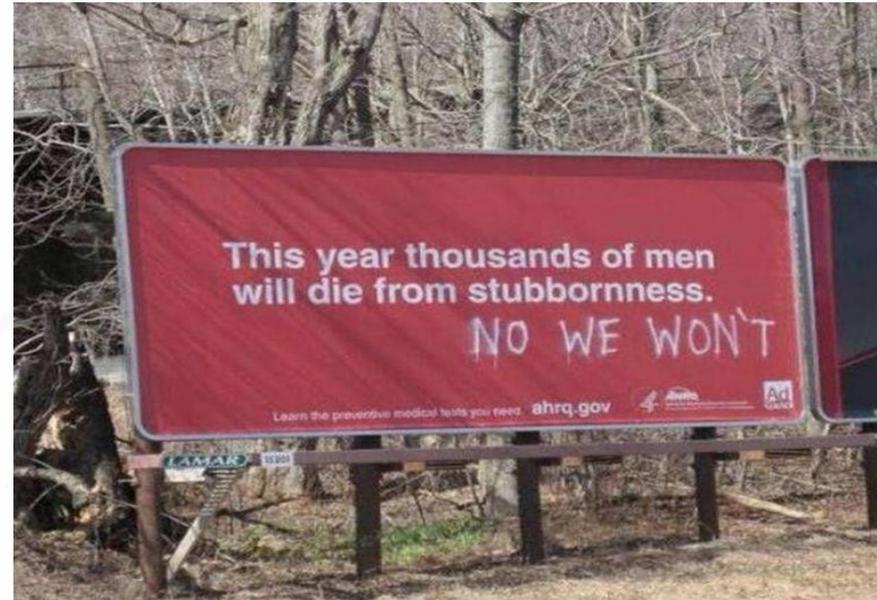
“Infrequent use of and late presentation to health services are associated with men having reduced treatment options” (p.29)

“Men’s poorer knowledge/awareness of health points towards the need for targeted health information to be delivered to men” (p.29)



European Commission (2011) The state of men's health in Europe report: European Union

- Masculine ideals and gender 'normative' behaviour for men in the UK embodied by:
  - **Autonomy**
  - **Breadwinner**
  - **Strong/stoical**
  - **Emotional resilience**



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## Analysis

### Europe's men need their own health strategy

BMJ 2011; 343 doi: <http://dx.doi.org/10.1136/bmj.d7397> (Published 29 November 2011)

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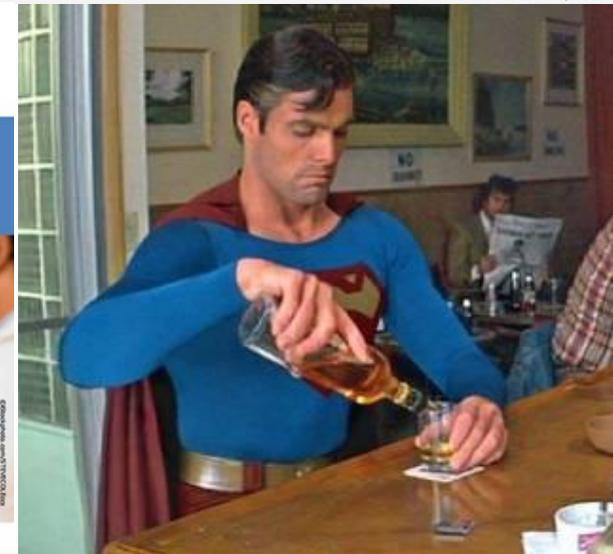
Article Related content Metrics Responses

Alan White, professor of men's health<sup>1</sup>, Martin McKee, professor of European public health<sup>2</sup>, Noel Richardson, director<sup>3</sup>, Richard de Visser, lecturer<sup>4</sup>, Svend Aage Madsen, head of department of psychology, play therapy, and social counselling<sup>5</sup>, Bruno C de Sousa, research fellow<sup>6</sup>, Richard Hogston, director<sup>1</sup>, Witold Zatoński, director<sup>7</sup>, Péter Makara, professor<sup>8</sup>

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A recent European report on men's health shows that it lags behind that of women. **Alan White and colleagues** analyse the problems and call for more policy, practice, and research aimed specifically at men



# Background

Men have an increased incidence of most serious and disabling long term conditions (LTCs)



**Poor self-management** and **reluctance to access health services** may account for a high proportion of mortality and morbidity in men.



Effective self-management can lead to improvements in health outcomes and quality of life



Men's attendance at existing LTC support services is suboptimal



Effectiveness, accessibility and acceptability of existing self-management interventions for men with LTCs is yet to be established.

## Review Question:

- How effective, cost-effective, accessible and acceptable are self-management support interventions for men with LTCs?

## Review Aims:

- Establish the relative **effectiveness** of self-management support interventions in men with LTCs (quantitative systematic review)
- Identify men's **experiences** of, and **perceptions** towards, interventions/activities aimed at supporting or promoting self-management of LTCs (qualitative meta-ethnography)

## Cochrane systematic reviews of self-management support interventions

RCTs of self-management support interventions involving both men and women, where **secondary analyses had assessed the outcomes of interventions by gender.**

RCTs of self-management support interventions conducted in **male-only samples.**

RCTs of self-management in women/mixed sex groups (comparison)

# Quantitative Review

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**P:** Adults, male, 18 years or older, diagnosed with one or more of 14 'exemplar' long term conditions (asthma, diabetes, depression, hypertension, heart failure, chronic obstructive pulmonary disease, arthritis, chronic kidney disease, chronic pain, HIV, testicular cancer, prostate cancer, prostate hyperplasia and chronic skin conditions)

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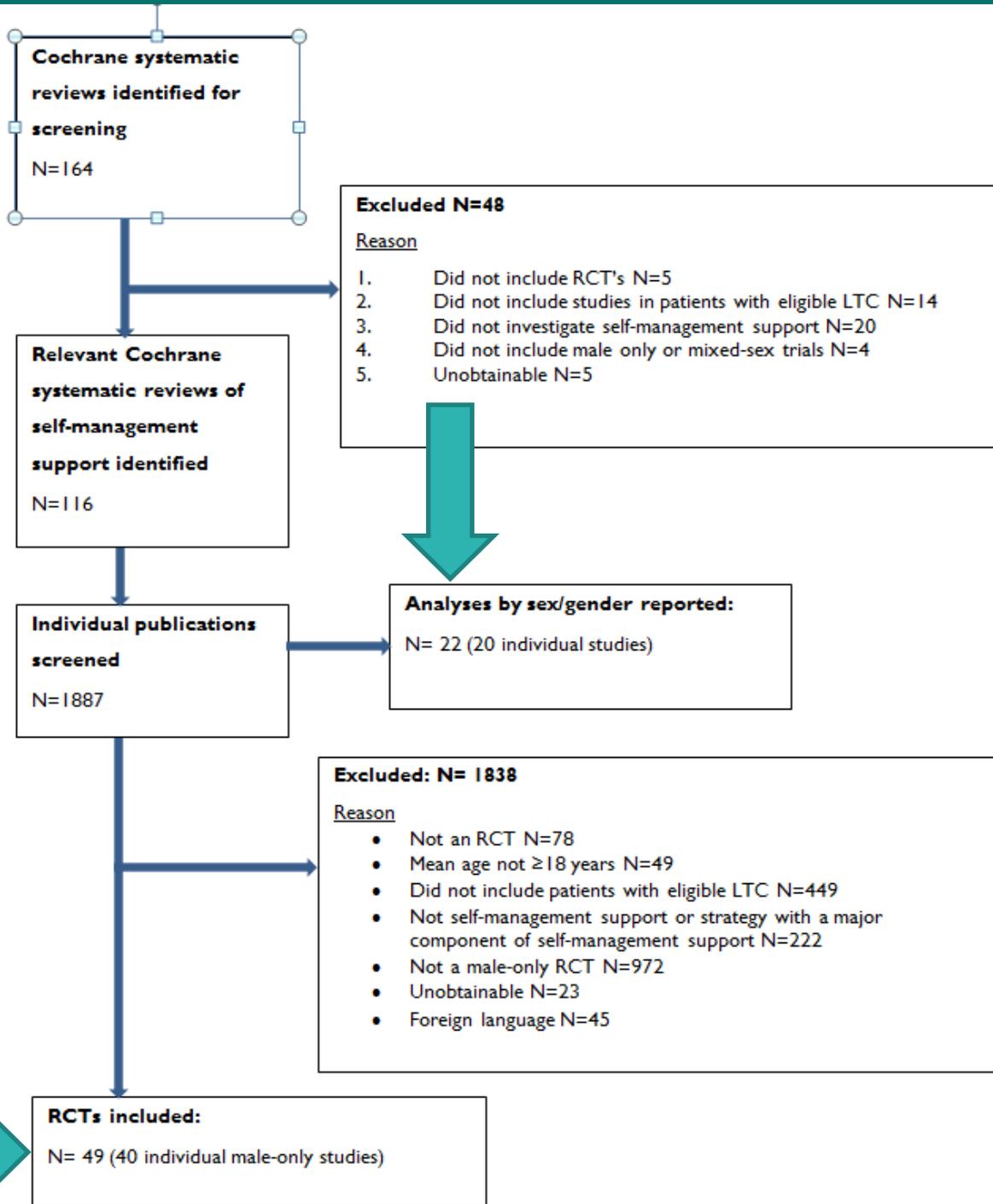
**I:** any self-management support intervention

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**C:** any comparison group

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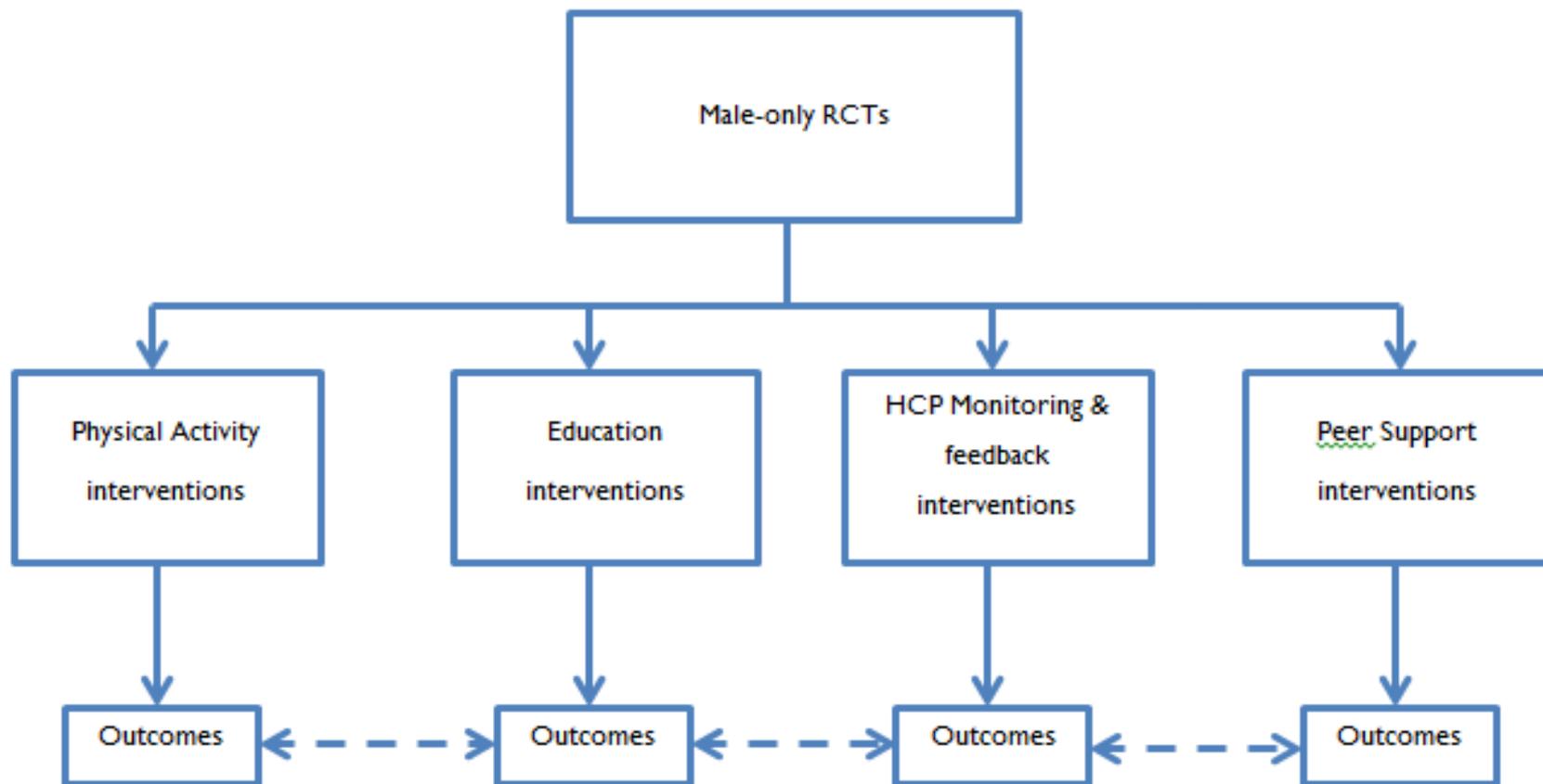
**O:** effect of interventions on health status, clinical outcomes, health behaviour, healthcare use, self-efficacy, knowledge and understanding, communication with healthcare professionals



# Study Characteristics

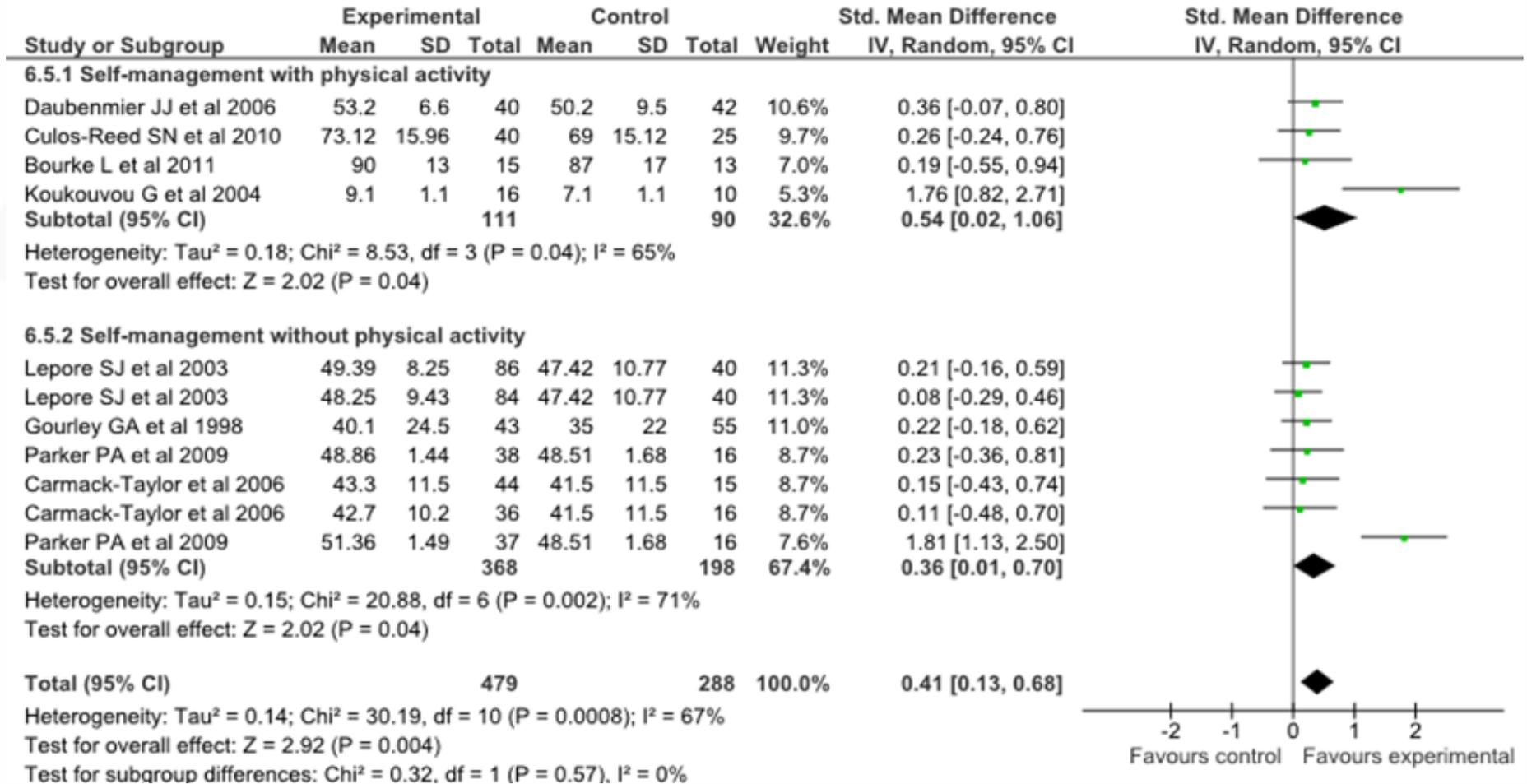
- **51** distinct self-management support interventions were reported across the **40** included studies involving men alone.
- Physical activity (n=16), education (n=36), peer support (n=17) and HCP monitoring and feedback (n=25) were the most frequently reported major components of these interventions.
- Disease types in the recruited populations included prostate cancer (n=15), hypertension (n=6), chronic obstructive pulmonary disease (n=6), heart failure (n=4), diabetes type II (n=3), diabetes unspecified type (n=1), arthritis (n=1) and testicular cancer (n=1). N=1 multi-morbidity study recruited obese men with type II diabetes and chronic kidney disease.

# Analysis #1

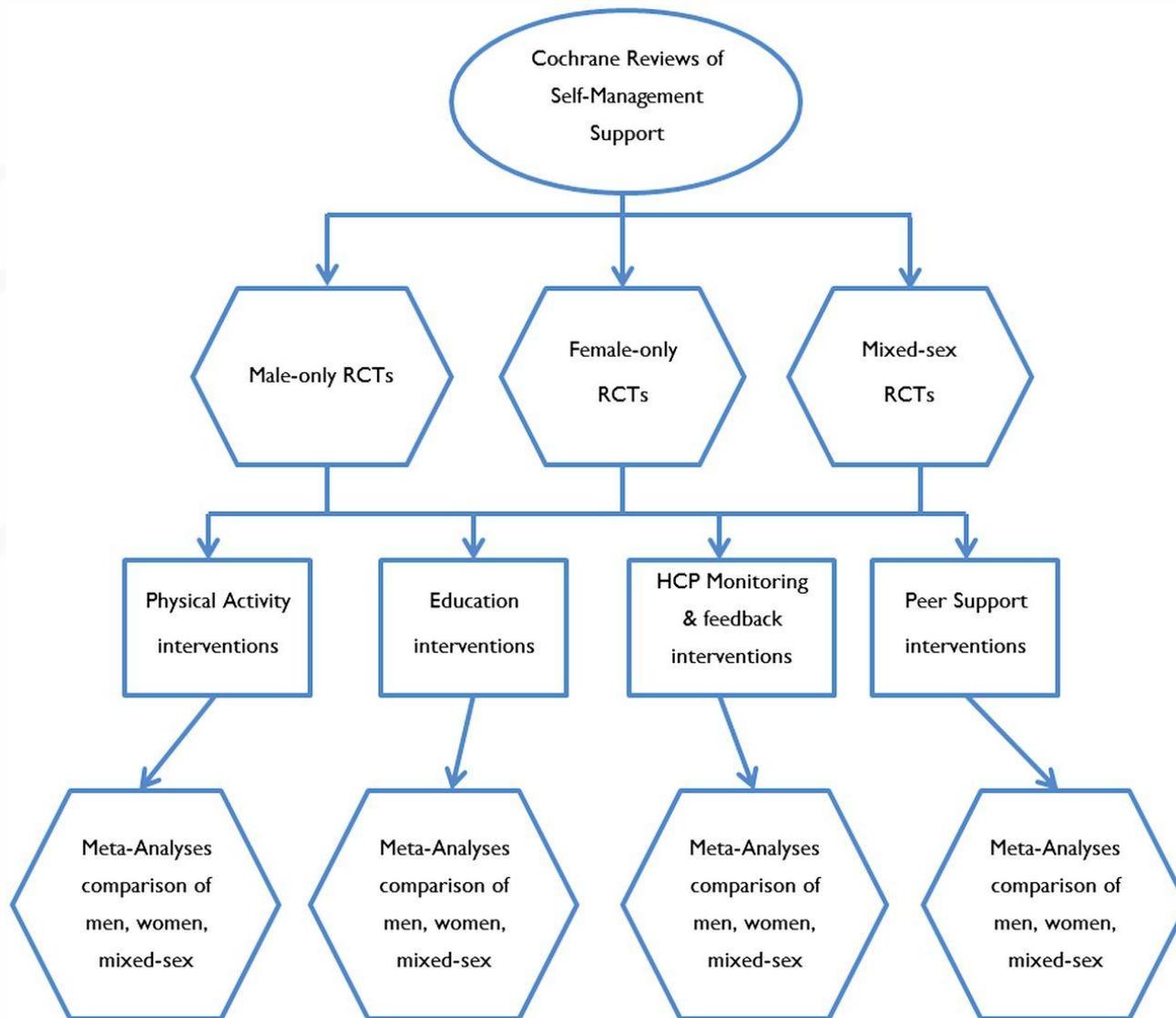


# Analysis #1 example

physical activity component vs interventions without a physical activity component in male-only trials

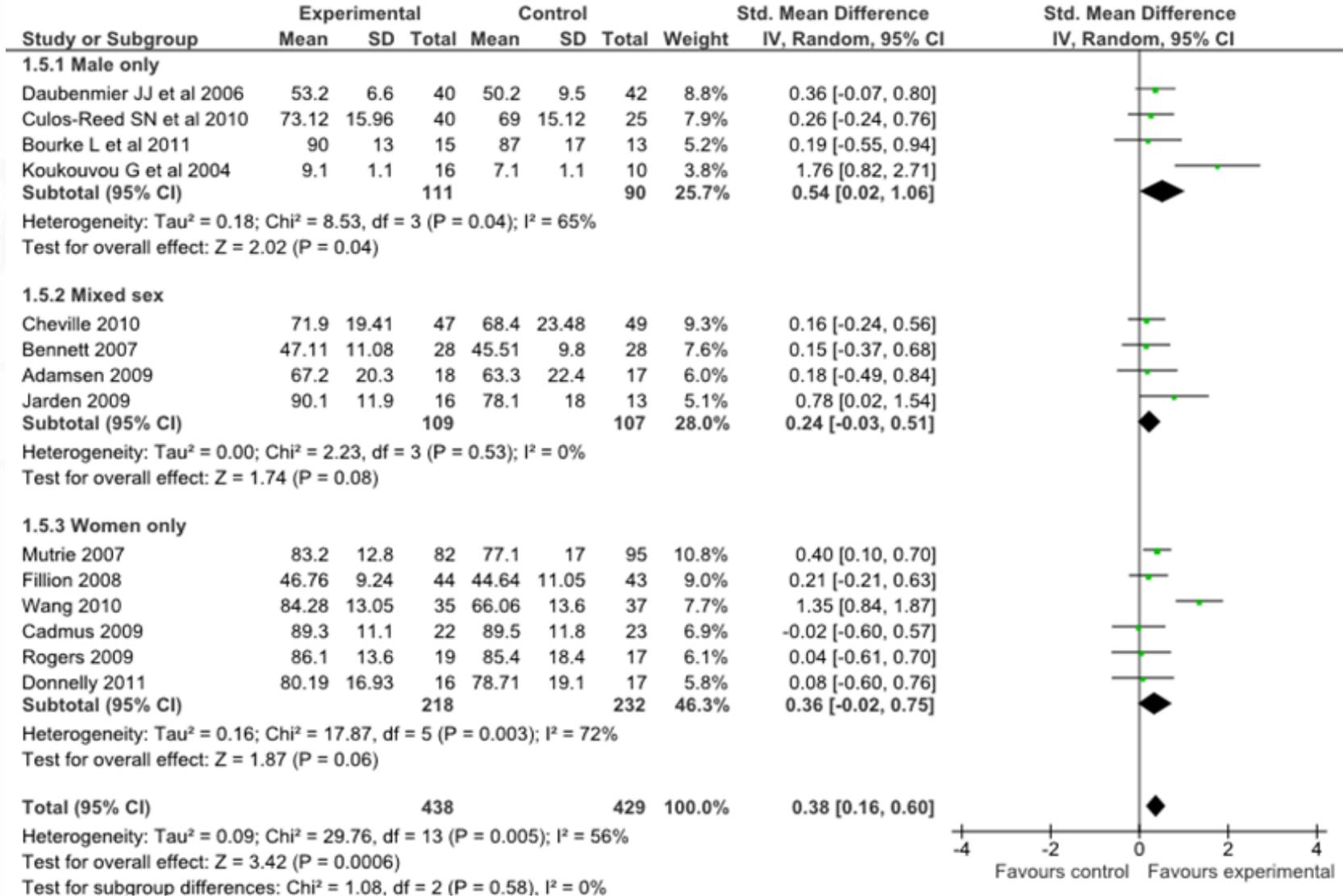


# Analysis #2



# Analysis #2 example

## Physical activity interventions on HRQOL

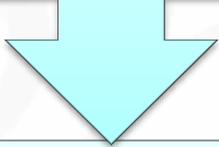


# Results

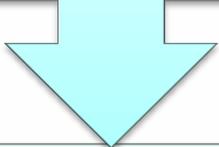
- Meta-analysis suggested that **physical activity, education, and peer support-based interventions** have a positive impact on **quality of life** in men.
- However, there is currently **insufficient evidence** to make strong statements about whether males show larger, similar, or smaller effects in self-management support interventions compared to females and mixed-sex groups.

# Qualitative Review

CINAHL, EMBASE, MEDLINE, PsycINFO and Social Science Citation Index searched in July 2013

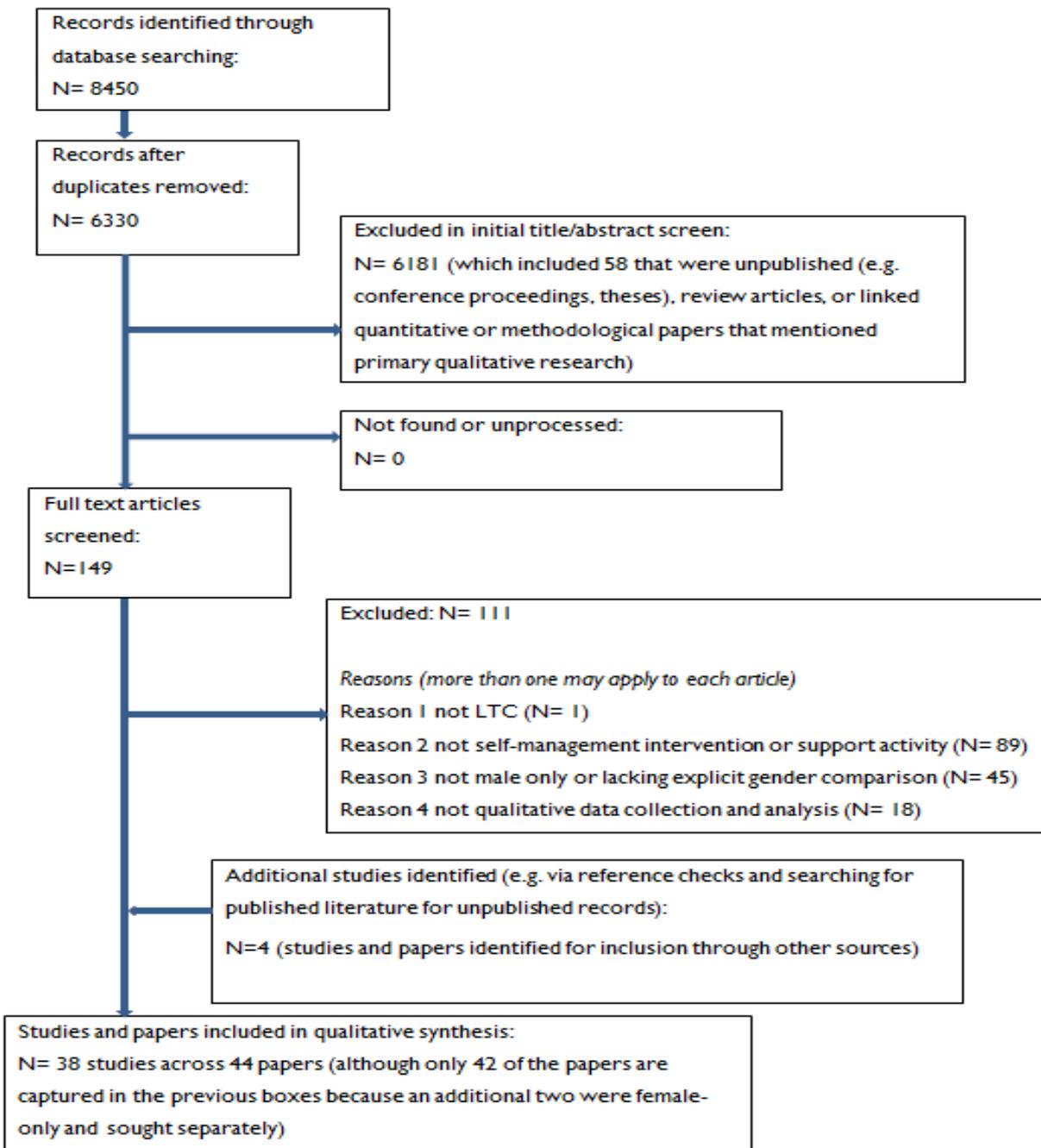


Include: experiences/perceptions of interventions/activities aimed at supporting self-management in men with LTCs (or explicit comparison between men and women)



Exclude: focus on self-management experiences and needs of people with LTCs more generally (i.e. did not consider a support intervention or activity).

Figure 10 **PRISMA** flow diagram for the qualitative review



# Study Characteristics

## Country

- USA (n=13), UK (n=11), Australia (n=5), Canada (n=5)
- N=1 each from Denmark, France, South Africa, and Sweden.

## Conditions

- Cancer (n=22), HIV/AIDS (n=7), cardiac (n=8), mental health (n=2), arthritis (n=1), type 2 diabetes (n=1) and multiple sclerosis (n=1).

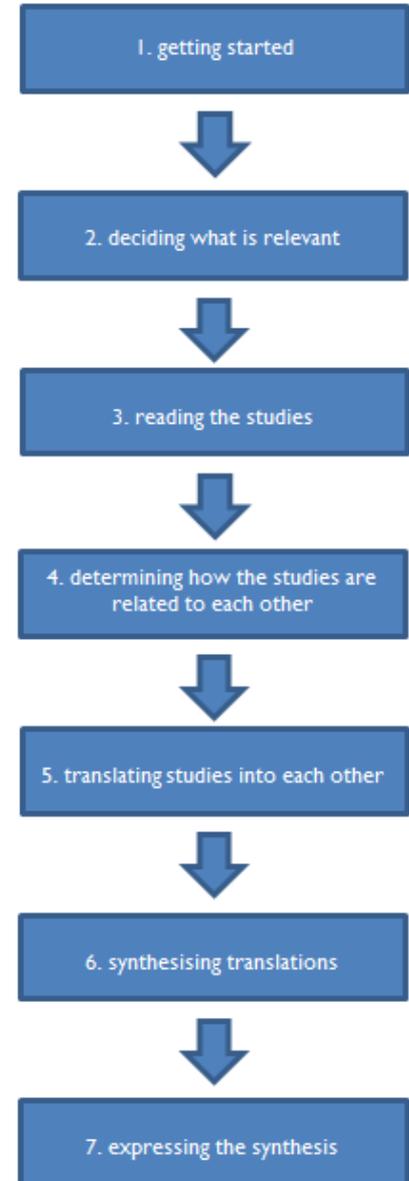
## Support

- Face-to-face support groups (n=12 studies), 'lifestyle' interventions (n=11), internet information and/or support (n=5), information (n=2), 'psychological' interventions (n=6) 'various' (n=6)

# Analysis/Synthesis

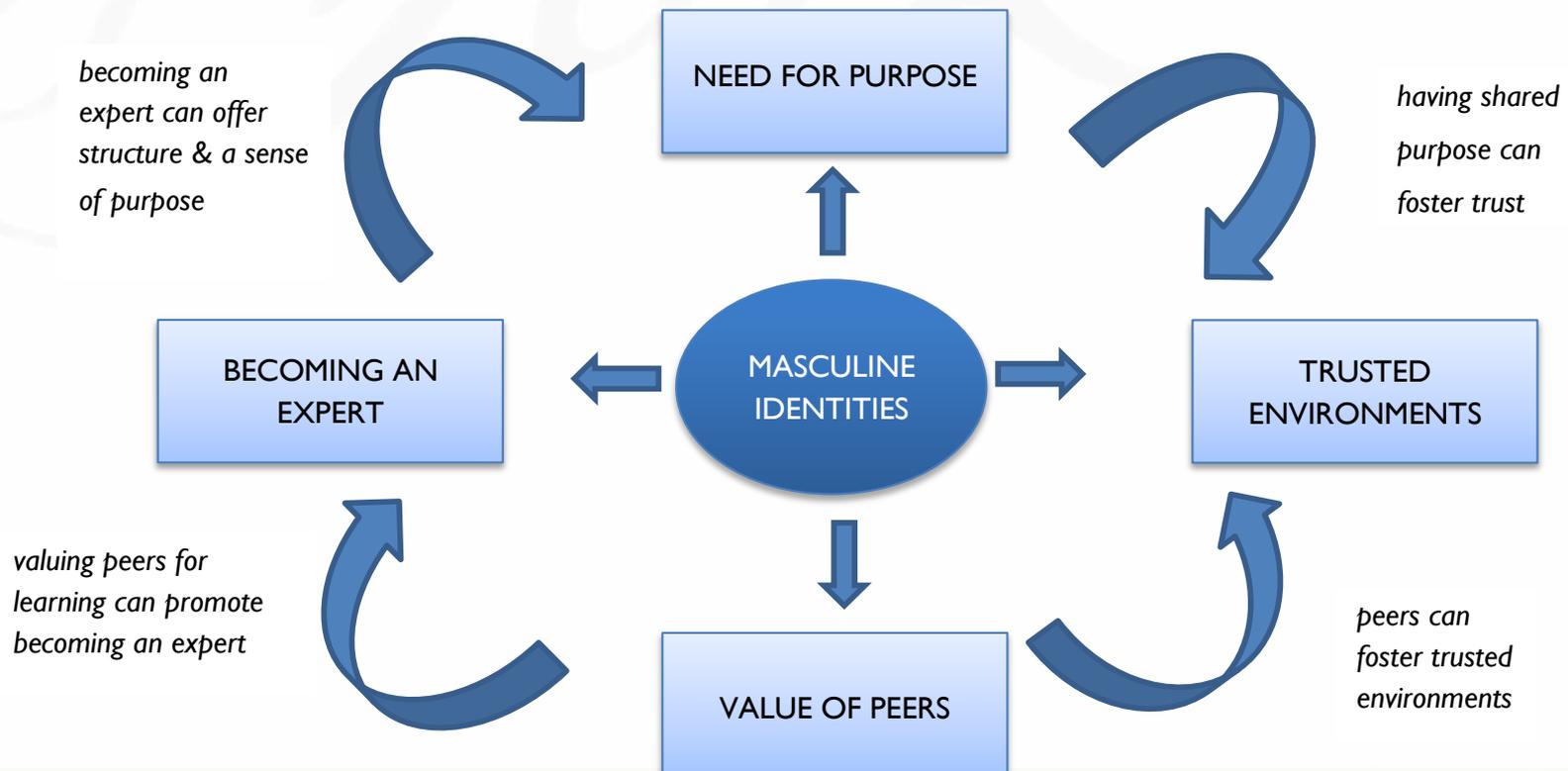
Extracted and imported into *NVivo10*:

- Study details (methods, quality criteria, etc)
- Participant quotes/observations (**first-order constructs**)
- Study authors' themes/concepts and interpretations (**second-order constructs**)
- Data were synthesised using a meta-ethnography approach (Noblit and Hare 1988)
- **Third-order constructs** derived and integrated into 'line-of-argument' synthesis



# Findings

- **Tensions** between some men's perceived need to **fulfil roles and obligations** linked to their identity as a man, and acceptance of needing support to manage a health condition that could **potentially threaten that identity**



# 1) Need for Purpose



Need to feel a **clear purpose** when accessing/continuing to use self-management support that perceived to address an **unmet need**.



Preference for structured, action-orientated support  
Emotional support occurring as a 'by-product' of other shared activities



# 1) Need for Purpose

- ***"We didn't come just to discuss things"***  
*(1<sup>st</sup> order -- Adamsen et al 2001; cancer)*
- ***"... doing the exercises we thought we were getting something out of it. Just having these talks [group discussions], is not doing a lot of good"*** *(1<sup>st</sup> order -- Bourke et al 2012; prostate cancer)*
- Receiving and sharing information could provide men with both reassurance and emotional support, and was commonly seen as more acceptable than 'just talking'.

# 2) Trusted Environments



Need for men to access interventions in a safe, private, trusted space/environment apparent across literature



Especially important in activities seen as incongruous with masculine ideals and behavioural norms (e.g. group-based emotional sharing)



## 2) Trusted Environments

- ***“Men who did not want to talk could listen without worrying about being put on the spot to say something, whereas others could comfortably share questions and comments from within the group.”***  
(2<sup>nd</sup> order - Oliffe et al 2010; prostate cancer)
- ***“I finally screwed up the courage to say something ... I looked around expecting people to look shocked or disapproving. ... People just nodded ... and reacted like it was no big deal. After that, I was able to talk more openly ...”*** (1<sup>st</sup> order - Sandstrom 1996; HIV/AIDS)
- The setting, group size & structure, processes for dealing with emotional/taboo topics, and characteristics of the facilitator, all impacted on ‘trustworthiness’

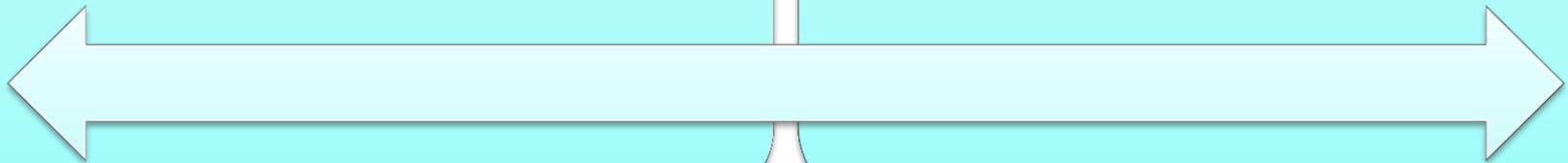
# 3) Value of Peers



Interaction with peers who had a shared illness experience valued across support activities (either face-to-face or online) -- sense of belonging, connectedness, and normality for many men.



Opportunities for social comparison and learning, and lead to implications for sense of community, issues of belonging, meaning and adjustment, as well as peer education and mutual motivation.



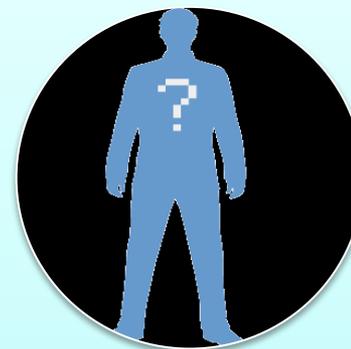
# 3) Value of Peers

- ***"you can't separate support from understanding. ... there's nothing more supportive to me than when someone says, "Yeah, I know" or "I understand" or "it's happened to me" ... that commonality" (1<sup>st</sup> order -- Trapp et al 2013; cancer)***
- ***"... you have also created an enormous burden on others ... I belong to the support group, because ... we all understand each other. There are a few people there who are very important to me. They're not friends. ... there's that distance. We just get together to unburden ..." (1<sup>st</sup> order -- Bedell 2000; HIV/AIDS)***
- Attendance of women can have both a positive and negative impact on men's perception of acceptability and accessibility; may vary with condition and with activity / intervention type.

# 4) Becoming an Expert



Men involved in self-management support interventions often evolved into 'experts' and providers of information in their own right



Developing expertise could complement a 'need for purpose' and offer a way to regain control and **reclaim a sense of identity** fractured through chronic illness



## 4) Becoming an Expert

- ***"People [men] are hungry for information, what is the latest in research ... People are just dying to get their hands on the latest information."*** (1<sup>st</sup> order -- Gray et al 1997; prostate cancer)

Although some men may place a high value on technical information and knowledge, overly complex information can also act as a barrier to learning and may also provoke anxiety or feelings of being overwhelmed.

- ***"Imagine being in a fast flowing river and the guy on the bank has got half a dozen different aids to help you, and he's shouting to you 'which one do you want?'"*** (1<sup>st</sup> order -- Evans et al 2007; cancer)

# Key Messages

- Self-management support is likely to be more accessible and acceptable to men when it takes account of **valued aspects of masculine identities** (independence, stoicism, and control).
- Physical activity, education, and peer support-based interventions may be particularly beneficial for improving quality of life in men with long term conditions.
- Gender-sensitising self-management support in
  - **context** (e.g. delivered in a trusted environment among peers)
  - **content** (e.g. action-orientated)
  - **delivery style** (e.g. a problem-solving/practical approach)
  - **marketing** (e.g. emphasis on purpose/tangible results)may yield benefits.

# Future research

- Consideration and/or adequate **reporting of gender as a moderator of outcome data** in future research on self-management support
- Further primary research examining which **models of service delivery** are most effective and cost-effective in providing SMS to men
- Primary qualitative research is also needed to develop our understanding of what makes interventions, and their 'active ingredients', **accessible and acceptable** for men with LTCs.

# Questions?

- This project was funded by the National Institute for Health Research Health Services and Delivery Research Programme (project number 12/5001/14). Views expressed are those of the authors and do not necessarily reflect those of the HS&DR programme, NIHR, NHS or Department of Health
- Galdas P.M. et al (2014) The accessibility and acceptability of self-management support interventions for men with long term conditions: a systematic review and meta-synthesis of qualitative studies **BMC Public Health** 14; 1230
- Galdas P.M. Fell J. Bower et al (2015) The effectiveness of self-management support interventions for men with long term conditions: a systematic review and meta-analysis **BMJ Open** 5; e006620

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