Health Education Journal
http://hej.sagepub.com/

Pumping up the pressure: A qualitative evaluation of a workplace health promotion initiative for male employees

Libby Lomas and John McLuskey

Health Education Journal 2005 64: 88
DOI: 10.1177/001789690506400109

The online version of this article can be found at:
http://hej.sagepub.com/content/64/1/88

Published by:

http://www.sagepublications.com

Additional services and information for *Health Education Journal* can be found at:

Email Alerts: http://hej.sagepub.com/cgi/alerts

Subscriptions: http://hej.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations: http://hej.sagepub.com/content/64/1/88.refs.html

>> Version of Record - Jan 1, 2005

What is This?

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

Pumping up the pressure: A qualitative evaluation of a workplace health promotion initiative for male employees

Libby Lomas[1] and John McLuskey[2]

Abstract

Objective To evaluate the effectiveness of a workplace health promotion initiative.

Design Blood pressure screening was taken into the workplace setting for all staff members who wished to take part. Male participants were then invited to take part in a qualitative evaluation of the initiative.

Setting The evaluation was undertaken in various work locations of an acute NHS Hospital Trust.

Method One-to-one semi-structured interviews took place with 14 men in order to examine the men's perceptions of their experience, to evaluate the impact of blood pressure screening in the workplace on men's health decision-making processes, and to identify ways in which health interventions can be improved and developed. Interviews were audiotaped and transcribed verbatim and the analysis of the data was undertaken manually using thematic analysis.

Results The key themes emerging were issues relating to convenience of location, health decision-making processes, beneficial outcomes for participants and the organisation, perceptions of the health professional, expectations surrounding the Occupational Health Department and the men's knowledge and awareness of blood pressure testing.

Conclusion The men liked the convenience of the workplace location and the forum this created for discussion of other health issues with a health professional, who they respected. The men held a variety of expectations in terms of what the Occupational Health department could offer, and indeed, the need for clarification of this emerged as a key aspect for future service development.

[1]Health Promotion Co-ordinator, Nottingham City Hospital NHS Trust, Nottingham.
[2]Health Lecturer, School of Nursing, University of Nottingham.
Correspondence to: Libby Lomas, Health Promotion Co-ordinator, Nottingham City Hospital NHS Trust, Hucknall Road, Nottingham UK NG5 1PB. llomas1@ncht.trent.nhs.uk

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

Key words: men's health, workplace, health promotion, occupational health, blood pressure

Background and Introduction

The involvement of men in health initiatives and the way health professionals see men in relation to gender, has in more recent years come under close scrutiny[1,2]. Health professionals' models of care for men at work are also emerging as core areas for review and amendment[3]. Researchers and academics are starting to challenge assumptions made by professionals that 'boys will be boys'[4,5]. Such an attitude, they argue, places men in a homogenous 'macho' grouping that in turn leads to a lack of appropriate health services and a detrimental effect on male health. Understanding men's reaction and behaviour to their health is therefore an underlying issue for all health professionals. The importance of this becomes fundamental for instance when addressing a particular health problem, such as heart disease, where males can present physical symptoms at a dangerously late stage following their need to rationalise and deny their health concerns and worries[6].

Following the results of a quantitative survey among male workers[7], Nottingham City Hospital NHS Trust introduced a blood pressure screening initiative in the workplace. This involved an occupational health nurse undertaking blood pressure testing and offering health promotion advice on heart health within the men's own working environments. This initiative was not exclusively for male employees but the evaluation of the initiative concentrated on the men's response to their experience and the impact it had on their health.

Evaluation method

Quantitative evaluation methods are useful in advancing knowledge and building credibility for health promotion but there are limitations. These methods do not assist with describing, interpreting and understanding the meanings which people attribute to their existence and to their world[8], unlike a qualitative approach. Qualitative approaches tend to be undertaken in the environment of the individual and interpret issues in terms of subjective meanings attached by the individual[9]. It was felt that a qualitative evaluation would best meet the aim of evaluating the effectiveness of the health promotion initiative in order to develop appropriate services to meet the needs of male workers. This would allow the objectives of the evaluation to be met. These were to examine the men's perceptions of their experience of the intervention; to evaluate the impact of blood pressure screening in the workplace on men's health decision-making processes; and to identify ways in which health interventions can be improved and developed.

The participants were male employees who had taken part in the workplace initiative. They were employees working in the Facilities and Nutrition Division and the Finance Department, as these employ the highest number of men in Nottingham City

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

Hospital NHS Trust. All men who had been involved in the initiative were invited to take part by written invitation.

Data was collected via audiotaped, semi-structured interviews. This was chosen in order to meet the objectives of the study and also because the men had previously stated that they preferred one-to-one interactions[7]. Each interview took between 25 to 60 minutes to complete and were undertaken between July and August 2003. Interviews took place in an area chosen by the participant, which allowed for privacy. The same interview was offered to each participant following an interview schedule and it was hoped that this would yield consistent results despite the interviews being conducted over different time periods[10].

Prior to commencing the interviews the participants were given information relating to the nature of the evaluation so that they could choose whether they still wished to participate. They were also asked to complete a consent form and were informed that they could stop the audiotape recorder at any stage of the interview if they wished. In order to maintain participant confidentiality, data was coded by the order of the interview (for example, interview 01, 02, etc.) and their anonymity was maintained. Participants were also informed that following completion of the evaluation their audiotaped interview would be destroyed.

The interview schedule was divided into three sections. The first section invited comments relating to the initiative taking place in the workplace and how participants felt about this, including what they felt about the gender of the nurse performing the activity. This was followed by probes relating to the results of their own blood pressure screening and the effects this has had on their lifestyle or health, and finally a discussion was invited regarding the effectiveness of the service, including ways in which it could be improved to meet their needs.

The audiotaped interviews were transcribed verbatim and analysis of the data was undertaken manually using thematic analysis[11]. Conceptual categories and themes for coding were derived from analysing the interview material[10]. Qualitative evaluation does not lend itself to a checklist approach to assess validity and rigour[12]. However, there are other mechanisms that can be employed to ensure that quality is assessed. Reflexivity means sensitivity to the ways in which the evaluator and the evaluation process have shaped the data collected, including the role of prior assumptions and experience. Both of the interviewers in this evaluation have experience and knowledge of health promotion, health behaviours and an interest in men's health. An independent academic with experience of qualitative evaluation techniques undertook validation of the themes identified and therefore this may also provide evidence as to the credibility of the analysis process[13].

Results

In total, 14 interviews were undertaken with male employees from Nottingham City Hospital NHS Trust. The age ranged from 26 years to 63 years. The mean age was 51.7

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

years. They came from a selection of non-medical and non-nursing staff groups, that is ancillary and management.

The key themes emerging were fundamentally issues relating to convenience of location, health decision-making processes, beneficial outcomes for participants and the organisation, perceptions of the health professional, expectations surrounding the Occupational Health Department, and the men's knowledge and awareness of blood pressure testing. Masculinity, as a behavioural and perceptual concept, was also identified as a key theme, although it should be noted that examples of this could be found throughout the study.

In terms of convenience, all 14 participants noted the Occupational Health Nurse attending the workplace setting as a convenient arrangement. Importantly, participants admitted that they felt they wouldn't have gone if the location were elsewhere:

> *In fact I am certain now that I still wouldn't have had my blood pressure tested if it had not been done in the workplace.* (Int. J04, 46 year old male)

In respect of decision-making, participants were asked why it was that they had chosen to have their blood pressure taken. In response to this, six participants expressed concern about their age being a predisposing factor:

> *I'm 52 now so it's...prevention is better than cure.* (Int. J11, 52 year old male)

All the participants expressed concerns over their individual health that in turn had led them to their decision to undertake the test. This mostly related to individual lifestyle habits, health status and or family history.

General interest and curiosity also emerged as sub-themes within the decision-making process as well as their use of the blood pressure test itself being used as a prompt for taking some positive lifestyle changes including swimming, walking faster, more regular attendance at the gym, healthier eating (reduction in salt) and giving up smoking.

The decision-making process also allowed for a locus of control to be exercised. This personal control and empowerment was expressed by one participant when he stated:

> *I feel like it's my decision and it's something I would like to do.* (Int. L10, 36 year old male)

Improving health status, providing a focus for behaviour change and taking positive action were some of the individual beneficial effects that were emerging. As well as this, two of the participants made reference to the corporate image benefiting from such an initiative. They placed this in the context of the mood and atmosphere this created in the workplace environment:

> *Also there was a nice bit of camaraderie with everybody who was having theirs taken too. It gave a nice feel to the workplace that day because people wanted to know how you got on.* (Int. J09, 38 year old male)

As well as these health benefits, one participant did also state that his manager's support for the initiative had a beneficial effect and played an integral part in his final decision to attend.

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

The role of the Occupational Health Nurse undertaking the blood pressure tests also emerged as a key theme in terms of her sex and the professional, influential position she held. All the participants stated that the fact that she was female made no difference to them. When asked to further clarify their reasoning, three sub-themes began to emerge from the responses given. These related to the professional status of the nurse, the type of subject matter being discussed and the blood pressure test itself.

The results showed that ten participants made reference to the professionalism of the nurse being more important than the biological sex difference:

> *It wouldn't have mattered whether the nurse was female or male as both are equally professional so it wasn't a problem.* (Int. L07, 41 year old male)

In respect of the subject matter being discussed six of the participants stated that it might make a difference in certain given situations or for certain subject matters. As such, three participants said they would feel more comfortable talking to a female health professional. The reasons surrounding this were about the ease and comfort in talking to a woman about personal matters.

It was noted by two of the participants that their lack of concern regarding the sex of the health professional was the fact that they viewed the blood pressure test as a simple procedure that presented no threat.

The issue of communication culminated into three sub-themes. These related to the way in which the men were invited to take part in the initiative, the dialogue that took place during the test procedure and the physical environment affecting dialogue.

The participants had initially been sent individually addressed letters. This was mentioned by two of the participants as a good idea:

> *With having no problems previously I knew that with the invite that it was for me to go as well and not just the over 50s or 60s. Still thinking of myself as a young man I don't think that I have got any blood pressure problems so I would have thought: 'I don't need to go to that'. But I got the invite so I went.* (Int. L12, 40 year old male).

Only two of the participants stated that they felt they had not used the opportunity to ask questions about their blood pressure result. The reasons given related to nervousness and not feeling the need to enquire any further as they result was normal. The remaining twelve participants did feel able to ask questions and used the opportunity appropriately.

Some concern was raised by two of the participants regarding confidentiality due to the location of the testing, for example, size of the room and or use of partitions.

The Occupational Health service itself also emerged as a key theme given the array of expectations held by participants. These ranged from wanting full health screenings (3 participants), cholesterol testing (2 participants), a dental service (1 participant), eye and ear testing (1 participant) and information on prostate problems (1 participant). It was also the opinion of two participants that Occupational Health should be more proactive in providing injection updates and reminders.

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

It also clearly emerged that the participants had reasonable knowledge and awareness of blood pressure testing, with 12 of them being able to make an educated guess regarding frequency of the test and the associated risk factors:

> *Annually I would think. Within a year things can change, stress levels and the like, like they are at the moment.* (Int. L12, 40 year old male)

Although all the participants were providing information regarding what the blood pressure initiative was like from their male perspective, masculinity issues were specifically acknowledged by six of them. This was placed in the context of male behaviour traits. As one participant explained:

> *It's not macho. It's not macho you know, you just don't. Your conversations are around men's things, you know, sport, football, cars, women and things like that. I was out the other night with my friends but I've never said to my friends that I've had my blood pressure taken. I wouldn't have dreamt of saying that to him. He would have looked at me gone out, and wouldn't have been interested.* (Int. J04, 46 year old male)

Discussion

The geographical location of the intervention was met with an overall positive response given the convenience and ease of access this provided. Prior to this the participants already held some interest or concerns regarding their own heart health and these were also contributing factors to active decision-making. Despite holding these worries it seems it would have been unlikely that they would have actively sought out such a service had it not been for the convenience of the location. The reasons for this may be associated with male health behaviour that in turn will influence health decision-making process and health status[3].

Health decision-making is a complex arena due its subjective and transient nature based on the individual's perceptions of their own health at any given time[14]. This relates to the individual's perception of their health risks, vulnerabilities and the severity of a particular disease, in this instance heart disease. The health professional can, however, play an instrumental role in influencing the decision-making process. It should be noted that the participants in this study held the role of health professionals in high esteem. The health professional is therefore potentially in a powerful position to deliver health messages, influence decision-making processes and contribute to health behaviour change. The participants in this study were from non-nursing, non-medical backgrounds and it therefore cannot be assumed that this would be the case for all staff groups.

In conjunction with decision-making is the related matter of late presentation and estimation of symptoms[6], which was evident from some of our participants. Such behaviour means men are prone to '...continually undertaking self-surveillance to assess their performance against their impressions of society's expectations of them'[15]. In contrast to providing any health benefits, these expectations can have a detrimental effect on male health as men strive to achieve the mythical vision of manliness.

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

This behaviour may also contribute towards the figures as outlined earlier regarding health trends relating to male life expectancy and untreated hypertension[16]. Self-referral dependent services requiring proactive behaviour may therefore need to bear such factors in mind and seek innovative ways of making access easier.

It should also be noted that the way in which the service was advertised and the personalised letters of invitation served as useful and persuasive tools. The results reported by participants indicate a feeling of inclusion and identity that the service was being clearly offered to them. This suggests that efforts made in the planning process regarding how to actively engage men in a health initiative may be a fundamental reason for good attendance figures. Gender is not normally an integral part of health service provision[15] but in this instance it demonstrates that it enabled the target audience to be effectively reached. In turn it also appears that such sensitivity had a beneficial effect on the underlying corporate message this sent to participants.

The participants in this study held no strong views about their preference for a male or female health professional. The sex of the health professional did, however, begin to make a difference when clarifying situations where they thought this may pose a problem, that is that it might in fact depend upon the subject areas being discussed or the clinical procedure taking place.

It is useful to note that in respect of service expectations, the participants in this study presented a variety of views concerning the Occupational Health Department. Some of them also expressed views and ideas about what they felt their needs were and how these could best be met. There currently exists no clear or formal pathway within the organisation where such dialogue can be entered into or taken forward. The multitude of expectations expressed by participants, raises the issue of what can be reasonably expected by the Occupational Health department. It also suggests that the participants may not have a clear understanding of the Occupational Health role and service provision.

Conclusion

This study sought to determine the thoughts, feelings and perceptions among a group of male employees regarding a blood pressure initiative. The evaluation has shown that male employees are willing to participate in health promotion initiatives that are focused appropriately. The findings of the study are also supportive of current literature regarding men and their health, in that there is a need to address late presentation and under-estimation of symptoms. In order to improve this, health professionals need to acknowledge the power-relationship that they may have and make positive use of this to encourage behaviour change. In order to achieve this successfully the impact of gender, in particular masculinity, needs to be acknowledged, understood and thoughtfully embraced.

References

1 Robertson S, Williams R. *Men's Health: A Handbook for Community Health*

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011

Professionals. Community Practitioners and Health Visitors Association, 1997.

2 Kraemer S. The fragile male. *BMJ*, 2000: **321**: 1609–1612.

3 Luck M, Bamford M, Williamson P. *Men's Health: Perspectives, Diversity and Paradox*. Oxford: Blackwell Science, 2000.

4 Pryjmachuk S. Pragmatism and change: Some implications for nurses, nurse managers and nursing. *Journal of Nurse Management*, 1996: **4**: 201–205.

5 Doyal L. Sex, gender and health: The need for a new approach. *BMJ*, 2001: **323**: 1061–1063.

6 White AK, Johnson M. Men making sense of their chest pain – niggles, doubts and denials. *Journal of Clinical Nursing*, 2000: **9**: 534–541.

7 Lomas L. Men at work. *Men's Health*, 2003: **2**(1): 4–5.

8 Cutliffe JR, McKenna HP. Establishing the credibility of qualitative research findings: The plot thickens. *Journal of Advanced Nursing*, 1999: **30**(2): 374–380.

9 Fenton KA, Power R. Why do homosexual men continue to practise unsafe sex? A critical review of a qualitative research paper. *Genitourinary Medicine*, 1997: **73**: 404–409.

10 Bowling A. *Research Methods in Health: Investigating Health and Health Services*. 3rd Edition. Buckingham: Open University Press, 2000.

11 Grbich C. *Qualitative Research in Health: An Introduction*. London: Sage Publications, 1999.

12 Pope C, Mays N. *Qualitative Research in Health Care*. 2nd Edition. London: BMJ Books, 2000.

13 Polit DF, Hungler BP. *Nursing Research: Principles and Methods*. 6th Edition. Philadelphia: Lippincott, 1999.

14 Naidoo J, Wills J. *Health Promotion: Foundation for Practice*. 2nd Edition. Edinburgh: Bailliere Tindall, 2000.

15 Doyal L, Payne S, Cameron A. *Promoting Gender Equality in Health*. London: Equal Opportunities Commission, 2003.

16 Wanless D. *Securing Good Health for the Whole Population: Population Health Trends*. London: Department of Health, 2003.

Downloaded from hej.sagepub.com at SAGE Publications on November 10, 2011