Information-seeking to support wellbeing: report of a study of New Zealand men using focus groups

Abstract:
This paper reports part of an ongoing study exploring the information behaviour of New Zealand men during periods of diminished health and wellbeing. Focus groups were used for this iteration of the study. Results indicate that New Zealand men face both personal and structural constraints to their information-seeking during periods when their health and wellbeing may be compromised. Men use a variety of strategies to support their information-seeking during these times. These processes are usually not linear and oftentimes unsuccessful. The men reported that women are often key partners in their information-seeking experiences. This study highlights that service providers need to develop more effective information delivery mechanisms and support services for men. These services need to be appealing to men and reflect men's information-seeking preferences. The role of LIS professionals in supporting this endeavour is discussed.

Résumé:

Keywords: information-seeking, information behaviour, men, wellbeing, everyday life information, focus groups, research methods in LIS.

1. Introduction

There exists within both government and community services throughout the developed world considerable expertise for measuring health behaviours and other social outcomes for the population. This work is routinely undertaken and the findings are widely reported. (For examples of the enormous array of international organisations reporting responses and analysis of national social surveys see http://www.melbourneinstitute.com/hilda/links.html). Response to this social analysis is often the development of information products and co-existing services to inform the community of how changing behaviour and lifestyle choices can lead to better personal, family, and community outcomes, including better health and increased wellbeing.

Notwithstanding this large scale investment in community information campaigns, particularly social marketing initiatives, there is often poor uptake of help and support by men who need it. A large number of studies over many decades have shown that men are less likely that women to seek help when experiencing periods of poor wellbeing, and across the life-span more generally (as examples see, Case, 2007; Connell, 1999; Ek, 2013; Mackenzie, Reynolds, Cairney, Streiner, & Sareen, 2012; Mahalik, Good, & Englar-Carlson, 2003; McMullen & Gross, 1983; Mechanic, 1978; Palsdottir, 2005; Wellstead, 2011). This research shows that the outcome of these low levels of uptake of information, help and support by men is poor health and diminished wellbeing.

In response to concerns about men's information-seeking to support wellbeing, the Mental Health Foundation of New Zealand undertook a national study to gather data from men about their behaviour in this domain. Measurement of health behaviours and social outcomes for the population has provided data on what New Zealand men were **not** doing in terms of improving their health and wellbeing (e.g. not visiting health care providers etc). The aim of this study was to find out more about what "average men" **were** doing in everyday life situations in terms of their information-seeking and use of health services. We were also keen to ascertain what men might do differently in terms of the their information-seeking if information and services were provided in novel and innovative ways.

Gathering these data was considered a necessary step to equipping service providers in New Zealand (and elsewhere) with more knowledge about ways to develop information products and services that are more appealing, better targeted, and more "user-friendly" for men. The main purpose of the study was the hope that this knowledge will translate into wider uptake of such services and improved health outcomes for men.

2. Context and Rationale

New Zealand is an island nation in the South Pacific with almost 4.5 million people. New Zealand is, in law, a bicultural country; 67.6 percent of the people have European heritage, 14.6 percent belong to the Māori indigenous population. New Zealand is also a country of migrants; 22.9 percent of people in New Zealand were born overseas. For people born overseas who live in New Zealand, the most common

birthplace is England (Statistics New Zealand, 2013). The laws, customs and social norms of New Zealand society as a whole are strongly based within English traditions and history, although re-engagement with Maori traditions and culture has been an aspect of New Zealand civic life since the 1980s (Government of New Zealand, 1988).

The Health of New Zealand Adults 2011/12 survey (New Zealand Ministry of Health, 2012a) confirmed ongoing differences between men and women in health status, health behaviours and health service use. The survey reports that while men have poorer health than women in many areas they are less likely than women to have visited a primary health care provider, practice nurse or dental health care worker in the past year.

Of particular concern for the health and wellbeing of the New Zealand community is that, while New Zealand women have higher rates of diagnosed mental health conditions and reported psychological distress, New Zealand men commit suicide at very much higher rates. There were 380 male suicide deaths (17.0 deaths per 100,000 male population, age-standardised) in 2010. In the corresponding period there were 142 female suicide deaths (6.4 deaths per 100,000 female population, age-standardised). The ratio of male to female suicide death rate was 2.7:1 in 2010. In the age range 15-24, the elevated rate of male suicide is even more obvious with 23.8 deaths per 100,000 population (New Zealand Ministry of Health, 2012b). Older men also experience high rates of suicide showing the highest rate per 100,000 than any other age group in New Zealand. In the year to June 2014, 29 people over the age of 80 took their own lives; 24 were men (Blundell, 2015)

3. Method

The study was conducted using data from a pilot study (Wellstead & Norriss, 2014) as a major tool for development of the research instrument and recruitment. Two hundred and eighty two (282) men took part in the pilot study. They completed a voluntary opt-in survey that was available online. Notwithstanding wide publicity, and that stakeholders in the Maori and Pacific Islander community were made aware of the survey only 17 Maori men (6%) took part in the pilot study. The participants were predominantly of New Zealand Anglo Saxon background. They were also mostly middle-aged, well-educated salaried professionals with above average

incomes. This sample bias was a major limitation of the pilot study. It was clear that further work was needed during the main study to engage with a wider cohort of New Zealand men in terms of their information-seeking to support wellbeing.

The research instrument for the national study was developed using *SurveyMonkey*. Links to it were put on the social media sites of many community organisations. To increase participation of a more diverse group of men a wide-scale marketing campaign was undertaken and employer groups were engaged to support uptake of the survey by their staff. Farmers, construction workers, and Maori men's groups were a particular focus of this marketing. New Zealand has a plethora of regional newspapers that are widely regarded as tools for disseminating local news and opportunities. Many of these regional newspapers ran advertorial pieces about the research project and community radio also supported it with advertising and interviews.

The questions in the survey were divided into four major categories: demographic data, availability of social support, information-seeking behavior and two free text questions soliciting information about strategies that could be adopted to improve the health and wellbeing of New Zealand men (see, Wellstead, Kovacic, & Norriss, 2015).

Four focus groups were also held (after the online survey closed) to gather data from harder to reach groups: construction workers, Maori men, and older men. The researchers undertook a purposive recruitment strategy for the focus groups using personal and professional networks.

This paper reports data from the focus groups.

Data was collected in the focus groups using the notion of *situation – gaps – uses* in information-seeking. This tool has been widely used in the sense-making models developed and used by Devin (see, Dervin, 1983/2000, 1998; Dervin & Foreman-Wernet, 2003). It has been widely used by many other scholars over many decades to explain the dilemmas of the information-seeking experience (see as examples,

Chatman, 1991; Gaston, Dorner, & Johnson, 2015; Savolainen, 2000; Wellstead, 2011)

> Sense-making focuses on how humans make and unmake, develop, maintain, resist, destroy, and change order, structure, culture, organisation, relationships, and the self. The sense making theoretic assumptions are implemented through a core methodological metaphor that pictures the person as moving through time-space, bridging gaps and moving on (Dervin, 2003, p. 332).

4. Recruitment, Participants and Conduct of the Study

4.1 Recruitment

The national farmers association in New Zealand, a major construction company, Maori men's groups and personal networks were engaged to assist with the recruitment drive for the focus groups. A group of older men who are part of a MenNZ Shed were also invited to take part (for more information see about MenNZ Shed see http://menzshed.org.nz/about-us/what-is-a-shed/). A total of 41 men took part in four focus groups.

The human resources department of the construction company marketed the focus groups widely to staff at their two major employment hubs. This company was keen to use de-identified data from the study in order to build more effective support strategies for their male employees. Staff were offered time-off work, transport and lunch as incentives to take part. Recruitment in one of these hubs provided enough participants to take part in two focus groups (n=17). Recruitment at the other hub failed to illicit participation from enough men to hold a group in that city.

Recruitment of young Maori men (n=14) was undertaken using personal networks within the research team and as a "add-on" to another project with a captive audience.

Recruitment from the MenNZ Shed (n=10) was also undertaken using personal networks and a somewhat captive audience. Many men who attend "shed" activities are empowered to improve the health and wellbeing of men (often as a result of periods of poor health and wellbeing themselves) and those that took part in the focus group were keen to support this endeavour.

4.2 Participants

The participants in the focus groups ranged in age from 18 to 89 (the 89 year old was turning 90 the week after the focus group). Most participants were in a relationship and had children. Most stated their highest level of education as secondary or trade. Only four men in the groups had a degree level qualification and one had an honours degree. These demographic details reflect the make-up of New Zealand society overall. New Zealand is a socially conservative country where farming, forestry and construction are major industries. These industries are major employers of men throughout the country. Degree qualification was relatively rare until recent time. A large proportion of the participants were construction workers for whom a trade qualification is the normal route to employment, even for those who move into management positions. Maori men face considerable educational disadvantage and their educational status reported here reflects this.

Being a socially conservative country a large proportion of the community live in relationships with children. The participants in the focus group conform to this norm. Twenty nine (29) of the forty one participants (41) indicated that they were in a relationship and thirty four of the these men had children. A number of the Maori men indicated that they had children but were not in a relationship. This is a common pattern of life for young Maori men. Teenage pregnancy is high in the Maori community and the children from these pregnancies are often raised by their mother and her extended family (whanua) rather than within a marriage type relationship.

Tables

Table 1. Demographic Data for Men from MenNZ Shed

	Age	Relationship	Children	Highest Education
Participant 1	62	Yes	Yes	Trade
Participant 2	75	Yes	Yes	Secondary
Participant 3	89	Widowed	Yes	Secondary
Participant 4	66	Yes	Yes	Degree
Participant 5	74	No	Yes	Secondary
Participant 6	68	Yes	Yes	Trade
Participant 7	65	Yes	No	Trade
Participant 8	66	Yes	Yes	Secondary
Participant 9	72	Yes	Yes	Trade
Participant 10	72	Yes	Yes	Secondary

Table 2. Demographic Data for Construction Workers

	Age	Relationship	Children	Highest Education
Participant 1	63	Yes	Yes	Secondary
Participant 2	40	Yes	No	Trade
Participant 3	44	Yes	Yes	Secondary
Participant 4	36	Yes	Yes	Honours Degree
Participant 5	44	No	No	Secondary
Participant 6	35	No	No	Degree
Participant 7	48	Yes	Yes	Trade
Participant 8	51	Yes	Yes	Trade
Participant 9	67	No	Yes	Secondary
Participant 10	57	Yes	Yes	Secondary
Participant 11	37	Yes	Yes	Trade
Participant 12	45	Yes	Yes	Secondary
Participant 13	30	Yes	Yes	Degree
Participant 14	26	No	No	Trade
Participant 15	39	Yes	Yes	Trade
Participant 16	60	Yes	Yes	Secondary
Participant 17	21	No	No	Secondary

Table 3. Demographic Data for Maori Men

	Age	Relationship	Children	Highest Education
Participant 1	34	Yes	Yes	Secondary
Participant 2	43	Yes	Yes	Not stated
Participant 3	40	Yes	Yes	Married (sic)
Participant 4	30	Yes	Yes	Degree
Participant 5	33	Yes	Yes	Secondary
Participant 6	19	Yes	Yes	Not stated
Participant 7	31	Yes	Yes	Google (sic)
Participant 8	34	Yes	Yes	Trade
Participant 9	29	No	Yes	Not stated
Participant 10	22	No	Yes	Trade
Participant 11	20	No	Yes	Trade
Participant 12	39	No	Yes	Not stated
Participant 13	18	No	No	Secondary
Participant 14	19	No	Yes	Secondary

4.3 Conducting the groups

Two of the groups (Maori men and older men) were held in regional centres. The construction workers' groups took place in a major city. The groups for construction workers and older men were facilitated by the lead researcher (female) and a male member of the steering group for the research project ("Tom"). A Maori member of the research team (male) and "Tom" conducted the focus group with the Maori men.

At the beginning of each group the participants were given a "sign-in" sheet where they were asked to record their age, relationship status, if they had children and their highest level of education. These data were collected to provide a snapshot of the lives of the participants (see section 4.3) and as comparative data with men who took part in the online survey.

Participants were also provided with a graphic representation (Fig 1) of the notion of *situation – gaps – uses* in information-seeking that is at the heart of sense-making theory.

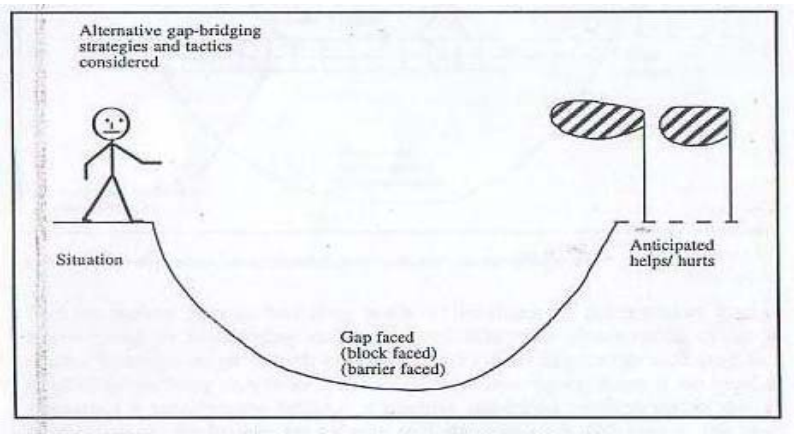

Fig 1. Savolainen, R. (2000). Incorporating small parts and gap bridging: two methodological approaches to information use. In L. Hoglund & T. D. Wilson (Eds.), *New review of information behaviour research: information seeking in context* (pp. 35-67). Cambridge: Taylor Graham (p. 43)

This graphic representation of the gap and bridge building in the information-seeking experience was used to encourage the participants to think about "gaps" they had faced in their own information-seeking experiences. "Tom" shared his "gap and bridge building" story to illustrate how this mental model can assist men to see their way forward during what are oftentimes daunting informational crises. He presented his story in the following way:

- Facing the gap (scary!)
- Building the bridge (hard!)
- Finding support (letting others in!)
- Moving forward (resolution/skills development).

After presentation of the visual representation of "the gap" and the personal story of "Tom", the female co-facilitator invited the participants to discuss their information-

seeking during periods of diminished wellbeing. As would be expected the conversation about their information behaviour was not linear as men "chimed in" with comments in response to other mens' stories. Notes were taken throughout the discussions.

1. Results

Data from the focus groups was analysed using a thematic approach. These themes showed four major categories of the situation – gaps – uses model:

i. personal barriers to seeking information and support;
ii. structural barriers to seeking information and support;
iii. the role of women in assisting bridge building to information and support; and
iv. the role of supportive environments in building the bridge.

Oftentimes, these themes were operating in tandem as the narrative below demonstrates.

A significant finding from the four groups was that the men who participated had gaps in their knowledge about suitable pathways to information, help and support when they experienced periods of diminished wellbeing [**Theme 1**]. These periods of diminished wellbeing [the situation] included unemployment, geographic relocation, physical ill-health, parenting issues, separation and divorce, transition to retirement, death of a spouse and significantly, *over-work*.

Many men, especially the younger construction workers who took part, mentioned this *over-work* in heart-felt terms [**Theme 2**]. They expressed the impact on their wellbeing of the constant need to make choices about their workload and commitment to their employers to work longer hours to get their jobs done, and their ever demanding family responsibilities at home. Younger men talked about this in terms of the (perceived) differences in this struggle for themselves and the lack of it for their fathers. "*Dad just went to work, he did not have to do all the home stuff I have to do. It seemed easier for him*" (construction worker, group 1). In terms of seeking help and support to better manage these dilemmas most participants were at a loss to articulate what that help and support might be, and how their conflicting roles might be better managed so that their wellbeing could be enhanced. There was a general view that I in terms of the pressures they faced balancing their work and family life they just had to

'suck it up' and manage the best they could. There was a level of resignation that this was just how it is for men. This response was quite palpable within the groups.

Older men too talked about the struggle to balance work and home after retirement [**Theme 2**] but in inverse terms. Many of these men missed their work and found themselves as a *fifth wheel* at home in a domestic space where their wife was in-charge and the gate-keeper. This had considerable impact on their feelings of self-worth and wellbeing. Many of these men where "the fathers" mentioned above by the younger workers. These older men had not contributed to the domestic load during their working lives because that was the domain of women [**Theme 2**]. On retirement the men had difficulty coping with their at-home life and expressed considerable resentment at their loss of autonomy and independence. Many acknowledged that this was a source of diminished wellbeing. That said, however, a number of the men admitted enjoying the change of pace and the opportunity to learn new skills by engaging with new sources and styles of information and support [**Theme 1**]. Several were taking part in cooking classes arranged by the diabetes education nurse who made contact with The Shed as a way of connecting with men at risk. Most participants in the group admitted that they had no cooking or domestic skills at all and needed support from women to learn these new skills "in case I am on my own later" [**Theme 4**]. And, likewise, many were prompted to get involved in these new information-seeking experiences (at the MenNZ Shed and elsewhere) after prompting and encouragement of their wives and daughters [**Theme 3**].

The young Maori men also articulated the need for proding and prompting, often from women (wives, mothers, aunties) [**Theme 3**] and word of mouth from peers, to get them to take steps to improve their wellbeing. They too reported that they had gaps in their understanding of what they could do and where they might "build bridges" to the supports they needed [**Theme 1**]. Significantly, periods of diminished wellbeing for them were similar to the older retired men. For these Maori men wellbeing was very much linked to feelings of usefulness and purpose [**Theme 2**]. Once they found a place [the dive school that supported the focus group] where they discovered they could learn new skills (even basic literacy), improve their employment opportunities and bond with other men in a shared experience their wellbeing increased [**Theme 1**]. In this supportive environment they also admitted to being more receptive to

information about sources of help and support that could improve other aspects of their lives [**Theme 4**]. This finding supports other research that shows that higher life satisfaction may motivate greater willingness to engage in preventive health care and behaviours (Kim, Kubzansky, & Smith, 2014). Periods of transition appear to have particular impact on perceptions of wellbeing for men and place them at risk of poor wellbeing. But, somewhat counter-intuitively, these periods of life also provide opportunities for personal growth and enhanced wellbeing if this unsettledness can lead to motivation to action [**Theme 4**].

A large body of the responses indicated that the men believed that there are structural barriers to them "building the bridge" [**Theme 2**] that would lead to information and support. These included the aforementioned *over-work*, the availability of primary health care at a time that fits with their working lives, and the cost of such care. But the men were also willing to admit that the barriers were often of their own making [**Theme 1**] and that they used avoidance strategies as justification for the reasons that did not seek out information and support during periods of diminished periods of wellbeing. One finding of considerable concern was that they had received what they perceive to be poor, or inappropriate, help and support in the past [**Theme 2**]. This research, in all its iterations (pilot study, national survey, and now focus groups) has provided this same data. That is: many men perceive that they have not received the care and support they needed in the past, and were reluctant to "go there" again. Strongly linked with this concern was "getting into the system" and "getting onto the medication merry-go-round" [**Theme 2**].

6. Limitations

There are two significant limitations to the study.

The first was the difficulty in recruitment and attracting a diverse pool of men to be involved in the groups. Attempts to recruit a group of farmers to take part in a focus groups was not successful, notwithstanding significant personal networks that were employed to assist with recruitment throughout the farming sector. [Significantly, farmers were the largest group of participants in the online survey]. Two of the research team who had extensive personal and professional networks in the "world of

men" in two major cities but were also unsuccessful in their attempts to convene focus groups within these cohorts.

The second limitation was that many of the men who did attend did not "participate". Getting the men to verbally communicate their experiences during the conduct of the groups was a significant challenge. And many of the participants were reluctant to share their experiences at all.

It is reasonable to presume that these two limitations are linked in that men did not offer to participate in the groups because they did not want to speak publically about their information-seeking behaviour, or about the events that led them to believing that they needed help and support.

New Zealand men, in the main, are not expressive about emotional or personal matters. This presents considerable challenges in engaging them using focus groups to gather data about their health and wellbeing.

7. Conclusion

This attempt to further our understanding of information-seeking behaviour by New Zealand men during periods of diminished wellbeing by using focus groups has had some success and some failures. It is clear that the data that was collected confirms the results of the survey data for this study and its pilot (Wellstead et al., 2015; Wellstead & Norriss, 2014). It shows that New Zealand men face both structural and personal barriers to accessing information and support. The results also suggest that when men are in supportive environments where their self-worth and wellbeing are enhanced they are more likely to engage in other preventative health initiatives and self-care. The role of women as mentors in their information-seeking experience is also significant.

We have shown that focus groups provide some opportunities to engage men about their health and wellbeing. In conclusion however, it is noted that, as with other hard to reach groups, recruitment to the groups and input to them once in attendance present significant obstacles to the quality of the data that was collected. A strategy that employs more of an overt information delivery model for the groups, with time

for personal reflection and sharing of personal stories, may go some way to encouraging more input from participants. The impact of peer-based learning through focus groups has been suggested by others (Ndumele, Ableman, Russell, Gurrola, & Hicks, 2011). Developing a robust model for information delivery and sharing during groups seeking to elicit data about men's information-seeking behaviour during periods of diminished wellbeing may produce more data from a wider range of men.

On reflection, and discussion amongst the research team, it is clear that many of the men came to the focus groups to learn more about health and wellbeing strategies rather than to contribute information about their own experiences. The use of the researcher "Tom" who had a story of his own to tell assisted in part to this dilemma, and further use of this strategy may have enhanced participation. A significant finding from the study was that the men who attended the groups were information-seekers. They wanted more information about strategies they could employ to improve their wellbeing. They had not reflected previously on their own information-seeking behaviour so "sat-out" during the discussions, wanting to listen to the stories of others. This provided unexpected data in terms of what men might need. Quite simply, more information! Those of us who work in the information-delivery environment at the community level may be surprised by this given the plethora of social marking initiatives curently extant that provide advice about matters of health and wellbeing, and the investment in them.

It is essential that services attempting to provide help and support to men understand more about men's information needs and pathways to care. LIS professionals should work with these agencies to support their information delivery functions. This could be achieved by a re-engagement with the delivery of everyday life information by LIS professionals to ensure that those people who do not visit libraries have access to better quality information at a variety of community venues LIS professionals should work with these agencies to support their information delivery functions (for discussion see, Wellstead, 2010).This is especially the case for information about health and wellbeing. In conclusion it is worthwhile, perhaps, restating the premise made at the beginning of this paper: *Notwithstanding large scale investment in community information campaigns, particularly social marketing initiatives, that provide information about initiatives to support health and wellbeing, these*

information campaigns are not well targeted. As a consequence resources are wasted and there is often poor uptake of help and support by men who need it.

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