Research Report

Perspectives on men's health

Views from a group of Occupational Health Nurses

"The workplace setting has the potential to reach large numbers of healthy men who are otherwise difficult to reach normally … Arguably [this is] the one area where men's health screening takes place."

(Furber, cited in Harrison & Dignan, 1999)

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Introduction

This project grew out of a series of meetings between the researchers in their respective roles of a Health Nurse and an Academic Staff Member at the Nelson Marlborough Institute of Technology

Alison, as an Occupational Health Nurse (OHN), has an interest in the area of men's health. Alison's interest was prompted because while a large part of her work focussed on men, she found men's health was not considered a priority area in health care planning. Prompted by a belief in the need to keep a balance between genders in health initiatives, she proposed a series of men's health seminars. As Alison was uncomfortable with the thought of a woman organising a men's event she contacted David Mitchell and Philip Chapman (Public Health Unit, Nelson) with a view to their being involved in fronting the event. They took on the task and the resulting two seminars proved very successful.

David, as an Academic Staff Member, has a background in both men's health and research activity. He is active in researching with both Registered Nurses (RNs) and health care consumers using research methods and processes that assist participants in exploring issues they encounter at a depth they would normally not discuss with others. David believes that health related research needs to be better focussed on the perspectives of consumers and on the practice knowledge of service providers.

Involvement in the Men's Health seminars provided the catalyst for further discussion between Alison and David. This led to an agreement in principle to explore the possibility of research activity in the area of men, their health and employment and nursing practice.

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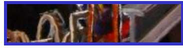

Project overview

This project aimed to identify what Occupational Health Nurses (OHNs) believed were the health related issues that affect the men they work with. This project sought to provide an environment where the experiences and insights of OHNs could be uncovered, given voice and communicated to others. That is, the researchers were keen to place clinically based knowledge in a more central position.

The research process itself involved the participants attending 2 discussion groups held 6 weeks apart. In each group 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 not only reflect on their practice but also to reflect *within* their practice. This provided the opportunity for the participants to “challenge their own assumptions [in order to] improve their own practice” (Leppa & Terry, 2004, p196).

3 themes emerged from the focus groups.

- Men care about their health and the health of their colleagues

The participants believed men were generally aware of their health and health needs. In addition, the men were also aware of the health status of their colleagues, perhaps even before that of their own. The participants considered this awareness differed from common understandings of health, suggesting that the men they worked with experienced health more as a complex dynamic between health, continued employment, family support and ultimately their own self esteem and self worth. Further, that any threat to their health (either real or imagined) carried with it an implicit threat to their employment, their family and their view of themselves. Health assessment could be seen as one such threat.

- The unique place OHNs hold in engaging with male clients

With their presence in the workplace OHNs are generally both available and accessible to men in a way that most (if not all) other primary health care services aren’t. The participants felt that over time they had refined their skills to be more acceptable and appropriate for the men they worked with. These skills involved approaches that they would not use with other clients in other settings, including the use of language which was more assertive and “no nonsense” in its delivery.

- The importance of the workplace culture in promoting the health of men

The participants acknowledged the workplace culture as being pivotal in whether health promotion, awareness and screening are seen as a cost or an opportunity to employers. The participants viewed an important part of their role as managing the tension between being contractually responsible to the

employer as well as their professional role as being an advocate for the men they worked with.

Recommendations included:

- further work-based research should be undertaken to build on the findings of this project.
- exploring the efficacy of workplace health changing from a focus on injury prevention to a focus on health promotion.
- developing processes and tools for assessing, monitoring and promoting a positive work – life balance with employees.
- the results of the project be disseminated throughout professional groups working with men in occupational settings. This should be through a report, publications in industry relevant journals and presentations to interested groups.
- identifying the cost benefits to industry of supporting a comprehensive approach to health promotion for men in the workplace.

Background

The topic of men’s health has had a slow but steady rise in the public consciousness over the past few decades. This growing awareness could be considered long overdue when the statistics regarding men’s health are considered. Briefly put, men die younger than women. In New Zealand this difference is an average of six years. Further, death is most often from preventable conditions such as coronary heart disease, stroke, cancer and AIDS (Docherty, 1998., Harding, 1998., & Shepherd et al, 2003).

A commonly argued position is that gender differences in relation to morbidity and mortality are due to the negative influences of male socialisation. For example, men indulge in high-risk behaviors, excessive drug/alcohol use, reckless driving and participate in high-risk sports. In addition it is also commonly argued that adherence to a macho approach to life such as valuing independence and stoicism results in men’s resistance to acknowledging problems and accessing health care (Huggins, cited in Laws, 1998; Shilton, cited in Harrison & Dignan, 1999). Implicit in these perspectives is the view that men aren’t interested in their health or view it superficially. If one accepts these perspectives uncritically it is difficult to view men as anything but responsible for their own misfortune in relation to their experience of poor health.

From another perspective working with, supporting and caring for men does provide challenges. As Ragg (1995, p24) argues, “For the men’s health movement to move past the sort of victim blaming which seems to come from some proponents it needs to …. keep in mind that not all behavior occurs on the basis of rational choice.” Ziguras (1998, cited in Laws, 1998) argues that the more negative constructions around men’s health focus on a stereotypical male and do not acknowledge the diversity of expression of masculinity. He states “it is pointless trying to change masculinity as a whole … health [related] messages need to be very attuned to the diversity of [men today]”. Less commonly argued is the position that men are indeed interested in their health but are reluctant to seek health care because of feelings of embarrassment and fear as well as a perception that health care professionals lack an understanding of men’s needs (Banks, 2001).

The researchers believed that professional nursing care is ideally situated to manage the tensions between societal stereotypes, the effects of male socialisation and the health care needs of men. With its emphasis on an ethic of care, advocacy, partnership and a holistic approach to health care, nursing has a unique potential to identify and respond to the health care needs of men. Given these points it would seem timely to explore how experienced nurses manage these tensions especially if one considers that nursing research in the area of men’s health is meagre (Clatterbaugh, 1997, White & Johnson, 1998).

OHNs are registered nurses who are generally responsible for the health and well being of employees in the workplace. They work in organisations alone, as part of a health team or as private consultants. Their responsibilities include health assessments, monitoring of staff, counselling, crisis intervention, health promotion activities, ensuring regulatory and legal

compliance as well as hazard detection. Because of the focus of their work contact with men is a large part of their role.

The researchers believed that, given the points above, OHNs would have developed professional insights into the area of men's health that move beyond commonly held understandings. Further, that given the opportunity, OHNs could articulate, share and, in doing so, build upon these insights.

The aims of the project

This project aimed to identify what OHNs believed were the health related issues that affect the men they work with.

Theoretical framework

Informed by the perspectives of critical social theory, action research and group process, this project sought to provide an environment where the experiences and insights of OHNs could be uncovered, given voice and communicated to others.

Critical social theory with its focus on the nature of power suggests that one damaging effect of power is how groups who are subject to its influence tend to uncritically accept this situation even to the point of viewing it as natural, perhaps even necessary (McLaren, cited in Denzin & Lincoln (Eds.). 1994). In nursing, the dominance of medical perspectives, especially medical language, has been well commented on by nurses who use critical perspectives in their work (Huntington & Gilmour, 2001). While acknowledging the contribution of medical/technical knowledge to the discipline of nursing, in this project the researchers were keen to place *nursing* knowledge in a more central position.

Action research is concerned with the development of knowledge and change through collaboration between researchers and participants. In general terms, action research within nursing uses group methods and a problem solving approach to explore issues about clinical practice aimed at improving the delivery of care. Action research is collaborative in nature, contextually based and focuses mainly on marginalised groups of people. Overall, action research seeks to empower participants through critical reflection and consciousness raising (Fontana, 2004). The researchers believed that the principles of action research guided by critical social perspectives would create the possibility for the research participants to critically reflect both on and within their clinical practice. This would provide an opportunity for them to identify possibilities, challenges and contradictions that they may experience in their practice and to articulate new understandings specific to *nursing* practice.

The potential contribution of group process to research activity is often overlooked and/or minimised in research activity. While commonly thought of

as a method of data collection (as in focus groups), group process can also be viewed as a unique perspective through which knowledge can be constructed. When considered from a perspective that values the notion of the shared nature of identity, consciousness and reality, groups and group process can also be viewed as a research methodology (Tuckett & Stewart, 2004). Seen in this way the collective nature (or synergy) of a group has been suggested as offering the opportunity for individual participants to identify and subsequently voice understandings of their experiences in what could be described as a developing collective consciousness. The assumption being that our understandings of the world are not developed in isolation but through interactions with others (Jamieson & Williams, 2003).

The researchers believed that group process would provide an ideal approach to enable both the researchers and the participants to uncover a nursing "voice".

The research process

The proposal for this project was forwarded to the Nelson Marlborough Institute of Technology Research & Ethics Committee for ethical approval. The project was considered to be of minimal risk to participants and approval was gained.

Participants were approached through the local OHNs' forum. 6 OHNs expressed interest in participating in the project. There were 5 female participants and 1 male. An Information Sheet was posted and a written consent form was completed.

The OHNs mainly worked with men in the 18 – 60 year old age range. The men worked in primary industries, specifically in the fishing and timber industries. The men ranged from unskilled to skilled industry workers and their ethnicity varied widely.

The research process itself involved the participants attending 2 discussion groups held 6 weeks apart. At the beginning of the first group, following introductions and the revisiting of the research aim and process, the participants were asked to consider the question, "What are the main health related issues that affect the men that you work with?" There was no elaboration on this question as it was considered important that the participants discussed and refined the question between themselves. This was aimed at creating a shared understanding and ownership of the question. Subsequent facilitator involvement was restricted to redirecting participants to the original question when it was felt they had moved "off track". The discussion was audiotaped as well as summarised on newsprint pinned around the walls for all to see.

Following the 1.5 hour discussion the audiotape was stopped and the participants were given coloured tokens which they were asked to attach to the points on the newsprint they considered most valuable. The participants

were asked to do this without discussion with the aim of each person having as much “say” as each other. This was aimed at minimising the potential bias caused by group members who may talk more or talk less. The more highly ranked points (ie. Those with more tokens attached) were then arranged as themes, supported by quotations from the transcribed audiotape and this analysis was posted to the participants for verification of its accuracy.

The second group followed exactly the same process except the question posed was slightly different. It was, “After reading the transcriptions and themes from the first group what do you now think are the main health related issues that affect the men you work with?”

This process and timeframe was planned to enable the participants to not only reflect on their practice but also to reflect *within* their practice. Consistent with the principles of action research, the research process provided the opportunity for the participants to consider the findings from the first group while they were actually working in clinical practice. This process provided the opportunity for the participants to “challenge their own assumptions [in order to] improve their own practice” (Leppa & Terry, 2004, p196).

Results and discussion

3 themes emerged following the collation of results from the focus groups.

- Men care about their health and the health of their colleagues
- The unique place OHNs hold in engaging with male clients
- The importance of the workplace culture in promoting the health of men

Theme No. 1: Men care about their health and the health of their colleagues

This theme was articulated at the beginning of the project and developed further as over time the participants had the opportunity to reflect on their understanding of the relationship between men and health. This exploration was aided through discussion with their colleagues.

Consistent with common constructions about the nature of men and health, discussion in the first group initially focused on observations about the poor interest men hold in relation to their own health. For example; men’s seemingly superficial and rather shallow approach to managing their health as well as the lack of preparedness or inability to explore aspects of their health care with health professionals. As the participants noted in the first group,

> *I find that they will not accept that they have a problem. If they can’t see it why fix it?*

When I'm trying to give men information about flu vaccinations, they want the information straight away and then they're off. It's like they're here to get that particular thing done and they don't want any other information.

These observations reflect commonly held assumptions that men are fearful about talking about their health, fearful about being seen as vulnerable and that they view their body as a machine (McKinley, 2004). While these perspectives initially dominated discussion; the participants then moved on to exploring the relationship between men and health from another perspective. As discussion progressed, the participants identified employment and its relationship to supporting a family as a key aspect of how men maintained a strong sense of their personal identity, their self esteem and ultimately a commitment to their health. However the participants believed the manner in which men managed this was complex.

The role that a man has in society or the family is terribly important. It's so important for everybody to have a role. It seems terribly important for men to have employment. To support a family. It's the whole esteem thing.

One thing that sticks out with the guys that come over is the cardiac thing and worrying about their wives. You see these men working really really hard and also trying to keep the family together

In the second focus group, after having the opportunity to reflect in the written analysis of the discussion from the first group, the participants were able to explore this area in more depth.

Guys don't like to think that they're going to have their job changed because they're not up to what they used to be.

That was what was behind it all, 'how is this going to affect my work?'

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 for working. For example, how long does it take for hearing to be lost? They're worried about the results.

These observations are supported by literature which suggests that while the nature of employment has changed with women increasingly entering the workforce, employment continues to be central in men's perception of their role. Also that this relationship (between employment and identity) is complex with strong links to attitudes regarding health and health care (Mullarkey & Playle, cited in Harrison & Dignan, 1999; Williams, 2003). More seriously perhaps, one author suggests that loss of employment "not only undermines social status but also brings with it other changes, including disruption in

family and work roles, subsequent financial strain, increased isolation, loss of self esteem and uncertainty about the future" (Ibid, p183).

The participants were clear in their belief that if men were to be considered unfit through health assessments, a key element of what maintains their sense of health and wellbeing (ie. employment) is threatened.

An unexpected but consistent finding from both groups was the observation that men went out of their way to support each other. For example, in the first group one participant noted:

> *I've actually found that guys come to me about somebody else. They're quite good at looking after each other, being an advocate for another person.*

This point was explored further in the second group:

> *With men supporting other men, I've been quite staggered. This man was suicidal. It was quite good in that we spoke to a number of his colleagues, and they simply got into business and supported him. I was just surprised at how wonderfully supportive they were.*
>
> *And it's like if the guys notice one of their work mates is like, physically not that well, they'll come over and have a word and say, 'can you look out for old Joe Bloggs' or whatever when the person won't come over themselves. That's quite common.*

One participant cited a client's perspective:

> *[Men] tend to support each other differently from women. [Men say] "I won't ring up my mate and say 'how about we go for a coffee?' Generally what we'll say would be more like, go out for a hunt, or come round and stack a bit of wood, or go for a game of golf. There has to be something else going on, a reason for meeting".*

These observations are quite at odds with the portrayal of men as being isolative, independent and self-reliant that is so common in the lay and professional literature.

In the second group there was discussion about the relationship between stress, employment, leisure and negative health outcomes.

> *A lot of men, to de-stress will go hunting, will go to the speedway. A lot of the young boys that I talk to are boy racers, round a lot of loud cars, motorbikes, fixing them, racing them. Their way of de-stressing is to do things that are going to be detrimental to their health in the long term.*

Mullarkey & Playle (cited in Harrison & Dignan, 1999, p186) state, "The totally pervasive nature of work within an individual's life means that experiences of stressfulness in employment have potential consequences for the individual's

overall health and wellbeing". While women are thought to be exposed to more stress than men some evidence suggests that men have higher levels of employment related stress (Williams, 2003). Stressors and the negative emotional states created by them can also lead to health behaviors such as impaired sleeping patterns, decreased physical activity, increased substance abuse and the consumption of more food than usual, all of which can increase the risk of chronic diseases." (Williams, 2003, p726). Hamilton Smith (in Laws, 1998) argues that stress has increased markedly over past few years and men are not prepared in any way to deal with this.

The participants' discussion was consistent with these points.

> *And they're paying the price for it. I mean they obviously don't notice anything wrong, but a lot of them aren't taking safety precautions during their hobbies, or even if they are, it's just in doing these things, outside work to de-stress. And if they can't do them, then you know, they just get more stressed at work.*

Williams (2003) also suggested that while men have higher rates than women of externalising disorders (where emotions are expressed in outward behavior) such as alcohol/drug abuse and antisocial behavior, these could be seen as a coping response to high levels of stress. The participants considered that these stress related behaviors were strongly related to, and not distinct from, health and employment.

> *They do that – drugs to keep themselves awake and then drugs to get themselves to sleep.*
>
> *Alcohol is probably much the same. Probably starts off the same. A little bit, a little bit more, and it becomes a greater help to cope.*

While the participants made a number of links between men, employment, stress and negative health outcomes, because of limited time the topic wasn't pursued further. However the discussion did raise the point that men's health needed to be considered more broadly and that attention to work-life balance could have a positive impact in the workplace. Bell (2005), in reviewing a workplace based men's health initiative in New Zealand, supports these comments by linking fatigue and stress with increased rates of workplace accidents. By addressing the area of work-life balance this company noted a reduction in the number of workplace accidents.

In summary, given the opportunity to reflect on their practice both individually and with their colleagues the participants quickly moved beyond the commonly held assumptions regarding men and health. Firstly, they identified a range of interrelated pressures that they felt placed their clients in a difficult, even a paradoxical position, one where seeking information about their health status carried with it a threat to employment and ultimately a threat to a positive sense of self. Secondly the participants identified that men appeared to be very aware of the health related needs of their colleagues, even before their own, and were prepared to approach the OHN with their concerns.

Finally, the participants identified stress as a major factor in men's lives and that this was evidenced both outside work and in the workplace.

Theme No. 2: The unique place OHNs hold in engaging with males.

> *Often we're the only health professional that men see year in and year out.*

> *Women will go to the GP more readily, particularly if they have children. Men will talk to me.*

The participants talked of their relationship with male clients as being the most consistent contact the men were likely to have with any health professional. This point ranked as the most important of any specific point made during both group discussions. They also talked of these relationships as having a quality that differed from what the men experienced with other health professionals.

The nature of the relationship with a health professional, at least initially, is said to be perceived by men as involving a loss of control and the difficult sharing of their vulnerability (Rhoades, cited in Harrison & Dignan, 1999). The participants, while acknowledging this point, focussed more on the opportunities in their relationship with their male clients rather than on supposed deficits in the male psyche.

> *The other day I was doing checks and this guy was about to leave (as is often the case) and he said "I've got some blood in my stools." Just like that. He would have been mulling that over.*

> *Men will disclose stories, intimate things … it amazes me … it's quite humbling.*

> *We really are in a privileged position because they trust you implicitly with all sorts of information about work and people and home.*

The participants found that the men they worked with were open to discussing quite personal details. The development of trust was identified as a key element in promoting this relationship. The participants felt that the development of trust was directly related to the skills held by the OHN. Here the OHNs began to explore aspects of their own professional practice especially in regard to communication skills. For example in the use of a simple prompt:

> *They hate fronting up. The average man will roll his shirt up so far and say "That's far enough isn't it?" and I'll say "No, it isn't." Sometimes you have to unbutton the shirt for them to drop the shoulder out.*

They identified the importance of language and how it mediates the relationship.

I use "warrant of fitness" for health checks and get a laugh. Terminology is very important. Men don't respond well to the term "health assessment." It takes the sting out of the whole operation, it makes it OK.

One participant summarised these thoughts as follows,

I find that 95% of men are concerned about their health. (The other 5% are the ones that enjoy smoking and destructive lifestyles). If you haven't got the skills you won't pick that up with them. You put them off. They wont disclose to you, but if you've got that ability to relate you'll get so much information at the time.

In the second group the participants developed this point further pointing out that an assertive, no-nonsense approach was readily accepted by men and assisted hugely in promoting and maintaining an environment where men felt comfortable in disclosing aspects of themselves to another.

I'm far more bolshey than I ever was. In the early days I was very respectful and now I'll say "Listen mate …" It depends on the personality, there are some you can't do that to but more and more I'm [being direct].

It's when you lay down the law and be upfront and strong with it that they'll actually [listen].

These findings are supported by authors who suggest that men have poorly developed language skills through which to express their discomfort or vulnerability (Rhoades, cited in Harrison & Dignan, 1999). Further, Mitchell (1999) suggested that with their mix of skills, nurses are ideally positioned to assist men in managing this situation, moving them towards more positive health outcomes.

In addition to language use, the participants considered there were further skills that needed to be developed by OHNs in order to work effectively with men especially skills in effectively managing issues to do with more delicate topics such as sexual health functioning.

In the practice for sexual health, you really have to be very, very careful with men because it's really difficult for them to talk about intimate things with women. It's really hard for them to talk about something intimate.

I had a man recently who possibly had prostrate [problems] and was going through a whole horrible range of tests and things they do to them, and I felt that he wasn't – I mean, he was concerned, but he wanted more information from my point of view because his wife was absolutely beside herself. And he wanted information from a woman's perspective.

In summary, the participants believed that OHNs have a unique and privileged role in engaging with men as health professionals. They believed the

development of the therapeutic relationship with men required a range of interpersonal skills that differed from those they used with female clients. They were able to specify particular skills that they felt were important in achieving this connection. In addition, there were gender related boundary issues that required consideration and careful management.

Theme No. 3: The importance of the workplace culture in promoting the health of men.

As with the previous themes the culture of the workplace was considered important by the participants in both groups and was a topic revisited several times during discussions.

> *A lot of it comes back to the culture of the workplace. You can pick up the culture within a minute or two of being in their workplace. It's almost palpable.*

The responsibility the employer takes in regard to health was considered to be of profound importance.

> *It's a lot to do with the employer, what the culture is. Often in smaller places [the employer] resents your presence so the workers resent your presence as well. It's visa versa for employers that take their responsibilities [more seriously].*

> *We see what we're paid to screen and, if we're allowed to, we see a lot more. If we go in to do hearing tests that's all we'll see.*

Apart from what the participants perceived as resentment, they believed many, if not all employers, struggled with the cost of health and safety requirements in the workplace.

> *Maybe I am just going in to do the hearing tests. A lot of the Managers are looking at the time [taken], they give you 20-minute slots to do a range of assessments and you just can't. [The men] want to talk to you*

> *[Health assessment] stirs up great issues with employers as well, trying to work out whether the problem is employment related. Who owns the loss?*

In addition, the OHNs believed the men themselves saw direct cost implications.

> *It's very hard to get people off the floor sometimes. They're paid by what they produce, the work they do in a day. If one person were off the line more often than others they'd soon get [spoken to].*

> *Going to the Doctor often means leaving work, taking 2 or 3 hours off. It means $50. It's not a priority. If they think it's worth it to go, they will.*

Overall the participants believed that it was the Occupational Health and Safety legislation that made the difference; that compliance with the legislation was the main factor that led employers to make changes to the organisations health and safety practices.

> *I still think there's this huge issue of what makes it happen, and that's the legislation. Somehow they've been functioning along with their workers at risk but something's happened so they scurry around.*

> *A lot of the changes to the workplace have come from the Occupational Health and Safety legislation to prevent injury and death. The workplaces themselves have changed, their practices, equipment used, there's heaps of signs around the place. Lots and lots of other strategies are used.*

In the second group the participants moved on to identify tensions between their role as an employee of the organisation and what they saw as their role as advocate for the men themselves.

> *It's an interesting old situation, isn't it, you talk about advocacy, because you're getting paid by the employer but you're advocating for the employee at times, so you've sort of got to…*

> *It's interesting, and it's really our position to kind of get back to the employer and say, 'this is where you've got to make changes or think about because you [the OHN] are the advocate for these people who feel not so empowered to tell the hierarchy.'*

> *You can write a report saying these are the recommendations [but] it takes time for the employer to trust you too.*

In summary, the culture of the workplace was considered to be paramount in regard to the level of health related intervention in the workplace. That is, the culture dictated whether a minimum level of compliance with the legislation was aimed for or whether the employer believed there were real benefits to the organisation and employees in supporting a stronger focus on health. Parallel to this discussion was the firmly held belief that as well as being an employee, the OHN had a strong professional obligation to act as an advocate for the male employees.

Conclusions

Consistent with our hopes, having the opportunity to reflect on their practice and to discuss these thoughts with their colleagues moved the participants to identify a number of perspectives on men's health that are not commonly heard. Further, and consistent with nursing ethics, the participants articulated these insights from a position of respect and empathy, a position that is again not commonly heard in relation to men's health.

The participants were clear in their view that, despite the commonly held negative stereotypes regarding men's attitudes towards their health, the men they worked with were generally aware of their health and health needs. In addition, the men were also aware of the health status of their colleagues, perhaps even before that of their own. The participants considered this awareness differed from common understandings of health, suggesting that the men they worked with experienced health more as a complex dynamic between health, continued employment, family support and ultimately their own self esteem and self worth. Further, that any threat to their health (either real or imagined) carried with it an implicit threat to their employment, their family and their view of themselves. Health assessment could be seen as one such threat. If this is so, there are important implications here for both health promotion activity and for the preparation and ongoing education of health professionals working in this area.

Further to the above, the participants identified stress as a major factor in men's lives and that this was evidenced both inside and outside work in poor health outcomes. There was a sense that health needed to be viewed more broadly than just as a focus on workplace health and safety. That is, by focussing on workplace health and safety practices alone a significant part of what contributed to poor health outcomes, both inside and outside the workplace, would be ignored.

The participants viewed the OHN as being in a unique position to engage with men about their health. With their presence in the workplace they are generally both available and accessible to men in a way that most (if not all) other primary health care services don't achieve. The participants felt that over time they had refined their skills to be more acceptable and appropriate for the men they worked with. These skills involved approaches that they would not use with other clients in other settings. These included the use of language which was more assertive and "no nonsense" in its delivery, language that was not part of their socialisation or professional education. What was most impressive was the manner in which the participants understood and respected the unique and complex manner in which the men they worked with attempted to manage their health and that of their colleagues.

Finally, the participants acknowledged the workplace culture as being pivotal in whether health promotion, awareness and screening are seen as a cost or an opportunity to employers. Generally speaking, the view was that 'health' is seen as a cost to the employer and a potential cost to the workers. It was felt that while this perception existed, little development of the OHNs role could occur. The participants viewed their role within organisations as further compromised with their feeling professionally responsible both to the employer as well as being an advocate for the men they worked with.

It should be noted that because of the limited number of participants and the research design, generalising the results of this project in any way to a larger population or a wider context should only be carried out with considerable

caution. Having said this, the researchers believe the participants provide an authentic and credible perspective which will provide a valuable base for future work in this area.

Recommendations

It is generally acknowledged that primary health care services struggle to engage with men. However Furber (cited in Harrison & Dignan, 1999), suggests the workplace is the ideal place in which to access and engage with men. The OHNs in this project believe they hold within their professional identity and preparation a range of attitudes and skills that provide an environment where men are able to engage openly and constructively in issues to do with their health.

Considering that this project was small in scope it is recommended that

- further work-based research should be undertaken to build on the findings of this project.
- exploring the efficacy of workplace health changing from a focus on injury prevention to a focus on health promotion.
- developing processes and tools for assessing, monitoring and promoting a positive work – life balance with employees.
- the results of the project be disseminated throughout professional groups working with men in occupational settings. This should be through a report, publications in industry relevant journals and presentations to interested groups.
- identifying the cost benefits to industry of supporting a comprehensive approach to health promotion for men in the workplace.

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