

Engaging men with long-term conditions in self-management support

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Improving the treatment and management of long-term conditions (LTCs) is a significant health issue. Self-management support (SMS) is a whole system approach that helps patients manage the physical and emotional challenges of an LTC. However, evidence suggests men are harder to engage in SMS. In this article the authors suggest strategies to encourage more men to take an active part in managing their own health.



Emotional support can be fostered among men during physical activity such as this training session run by the Football Fans in Training (FFIT) project (www.ffit.org.uk)³⁰

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Care of people with LTCs accounts for 70% of the money spent on health and social care in England, including half of all GP consultations.¹ Empowering and supporting the increasing number of people living with LTCs to 'self-manage' their own health and wellbeing will, according to NHS England's forward planning review, be crucial to ensure health services remain sustainable and resource-efficient in the future.²

This issue is pertinent for men as they live longer and are increasingly affected by a range of LTCs such as cancer, obesity and its associated morbidities (particularly diabetes), and the mental health problems caused by relationship breakdowns, insecure employment and social isolation. In England, the GP Patient Survey 2014 indicated that 54% of men reported having at least one LTC.¹ Men (and women) in lower income groups are more likely to have one or more LTCs.

Self-management support (SMS) is a whole system approach that enables people to effectively manage the symptoms, treatment, physical, and psychosocial consequences and lifestyle changes inherent in living with an LTC.^{3,4} Individuals who have more knowledge, skills and confidence to manage their own health and healthcare are more likely to engage in positive health behaviours and to have better health outcomes.⁵ The push towards greater SMS reflects these positive patient outcomes as well as the pressure the NHS and other healthcare providers are facing from the rising number of people living with LTCs.⁶

A range of education, training and support interventions have been designed to help individuals develop the knowledge, skills, and psychological and social resources required to better self-manage their conditions, and evidence for the effectiveness of these has grown considerably in recent years. As with all healthcare services, the impact of SMS interventions remains limited by the numbers of patients willing or able to access and engage with them.

Emerging evidence is pointing towards engagement with SMS as being one of many areas where significant gender differences exist. Men have been found to be under-represented in many support programmes⁷⁻¹¹ despite having an increased incidence of many of the more serious LTCs and being thought to be poorer self-managers than women.¹²⁻¹⁷

A GENDER-SENSITIVE APPROACH

To date, health professionals involved in the design and delivery of SMS interventions have tended to take a gender-blind approach. This is surprising, given that person-centred care – which is responsive to people's needs, priorities, and the ways in which they can and wish to be supported to engage in self-management – lies at the heart of a whole system approach to LTC care.^{18,19}

Research conducted over the past decade has consistently shown that masculine ideals, embodied by characteristics such as self-reliance, physical strength and emotional stoicism, have an influence on men's health behaviours and their decision to seek and access healthcare for a range of mental and physical health problems.²⁰ Additionally, an emerging body of evidence is now pointing toward men's experiences of chronic conditions and engagement with SMS as gendered and influenced by masculinity.^{7-10,21,22} Many men living with an LTC will have experienced tensions between a desire to continue to 'live up' to socio-cultural expectations linked to their identity as a man, and acceptance of living with and needing support to manage a condition that has disrupted and potentially threatened their male identity.

Seeking and accepting support to help manage their condition can be uncomfortable for some men who pride themselves on being independent and self-reliant.^{22,23} Given the growing burden of LTCs among men and the increasing emphasis on SMS as a core platform

Box 1. Top ten tips for engaging men in self-management support

1. **What's in it for me?** Make the purpose and potential benefits of attending a support intervention clear
2. **Man-handle with care.** Support is more likely to be acceptable to men when it builds on rather than challenges their identities
3. **Family ties.** Men's family and friends can be pivotal in legitimising men's involvement
4. **Talk the talk.** Allow men opportunities to provide, share and discuss information in a group rather than focus on emotional issues
5. **Walk the walk.** Men prefer programmes that are structured and involve active participation
6. **Log on.** Online communities can be attractive to men
7. **Don't push too hard.** Allow men the choice to opt in or opt out of an activity
8. **I know how you feel, mate.** Sharing with peers can create a sense of camaraderie and mutual support
9. **Knowledge is power.** Make practical information and useable evidence a core element of an intervention
10. **Just like home.** Offer services in safe, private and trusted spaces (not just healthcare environments)

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for delivering LTC care, it is of critical importance that support services are made accessible and appealing to men living with LTCs.

ENGAGING MEN IN SELF-MANAGEMENT SUPPORT

Existing research does not point towards one particular approach or type of SMS intervention that is the most effective in, or appealing to, men with LTCs. However, recent studies have shed some light on the key themes that appear to be important to men when engaging in SMS (Box 1). A recently published review of the qualitative evidence of men's experiences and perceptions of SMS by Galdas and colleagues²² found that, in order to make SMS person-centred for men with LTCs, interventions need to be delivered in alignment with (or not overtly challenging to) valued aspects of their male identities.

The review highlights the need for clinicians to be aware that, depending on the

self-management behaviour in question, masculinities can act as either a facilitator or barrier to engagement. For example, approaches to promoting self-management that focus on improving strength, skill or knowledge were seen as more acceptable to many men, compared to activities that focus on addressing vulnerabilities.

Other studies have shown that men's functional view of their bodies can lead to exasperation over a reduced ability to lead an autonomous life and feelings of inferiority when facing physical limitations, such as pain, fatigue, sexual dysfunction, reduced mobility and loss of memory.²⁴ Expressing pain or despair when experiencing physical symptoms and social losses can transgress masculine norms of emotional reserve and toughness.^{24,25}

Support that aims to address these issues through constructive and purposeful activity (eg providing and sharing

information and being problem-focused), particularly in the context of other group-based events, may therefore be a more appealing form of support for many men, compared to 'passive' approaches that emphasise talking and sharing emotions.²²

Other studies have corroborated the finding from the review by Galdas *et al*²² that taking an 'active problem-solving' approach to self-management that has a clear focus on concrete results is something particularly important for men living with chronic disease.²¹ For instance, a systematic review of men's experiences of supportive care for prostate cancer found that men can reclaim a sense of empowerment by taking control of their condition through making lifestyle changes, joining a support group, returning to work or seeking out social and emotional support from family, friends and faith networks.²⁶

Overall, the current evidence base suggests that men with LTCs may particularly struggle to seek help for emotional support; this problem can be compounded by health professionals' own lack of understanding of the emotional impact of LTCs.^{21,23,26} Recognising losses and rebuilding a future is a process that can conflict with masculine ideals of self-reliance and emotional restraint; a pattern that has been noted in studies of men's help-seeking for mental health challenges.²⁷ Living with an LTC can make men feel that they 'stand out from the herd',²⁵ and the context, content and delivery of SMS interventions should take account of this. This may mean not having emotional support as an explicit, advertised component of an intervention, and instead letting emotional support occur as a 'by-product' of other activities, eg through the humour, camaraderie and mutual support that can be fostered among men during physical activity.²²

The online environment appears to be particularly appealing for men with LTCs

to share information and engage in emotional support. This is a theme that has continued relevance in the field of men's health, where research has frequently shown that the anonymity afforded by online communities can allow men to engage in emotional support that does not compromise masculine norms, such as stoicism, and complements their needs for privacy and convenience.^{28,29}

Finally, acceptable and accessible SMS for men may also require the provision of practical, 'useable' health information and strategies that can be integrated into daily life, as opposed to the provision of 'general' health messages that do not take account of individual circumstances.²² Information can help empower men to feel more in control of their disease through increased understanding,²⁶ while interacting with peers can offer men a valuable resource for sharing information as well as a sense of belonging and community, which can help them adjust and come to terms with their health problems.

The evidence for taking account of men's specific attitudes and behaviours concerning LTC self-management is both growing and compelling. It is to be hoped that this is now recognised in policy and practice in order to improve men's health and wellbeing and reduce health costs.

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