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Investigating the merit of discreetness in health care services targeting young men

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This report consists of three parts. In Section 1, we discuss which qualities of Jeffries and Grogan's text *'Oh, I'm just, you know, a little bit weak because I'm going to the doctor's': young men's talk of self-referral to primary healthcare services'* that set it apart as a *qualitative* study. In Section 2, we suggest one approach for investigating young men's reluctance to seek health care using *quantitative* methodology. Finally, in Section 3, we discuss strengths and weakness of respectively qualitative and quantitative research methods in studies of young men and health care.

Introduction

Nestor and Schutt give a list of features that distinguish qualitative methods from traditional quantitative alternatives (Nestor & Schutt, 2012, Chapter 11). Looking to this list, we can point out several features of Jeffries and Grogan's text that contrasts it from typical quantitative research.[1]

Collection primarily of qualitative rather than quantitative data

Jeffries and Grogan use in-depth, semi-structured interviews to gather data. In such interviews, the researcher asks open-ended question, encouraging the interviewee to freely express thoughts, opinions, and ideas that should come up as they consider each question. In quantitative approaches, however, researchers typically ask subjects to answer within limited sets of options suitable for mathematical analysis.

Exploratory research questions with a commitment to inductive

reasoning Jeffries and Grogan aim to '*explore* the ways young men used their talk to make sense of their own masculinity in the context of their healthcare visits' (my emphasis) (Jeffries & Grogan, 2012, Section 1.1). The key term here is *explore* – whereas quantitative research aims to test specific hypothesis, qualitative research rather aims to explore and unwrap the subjectively experienced meaning of a phenomenon or a situation, with less focus on a priori hypotheses. Also, qualitative researchers typically focus on inductive, rather than deductive, inquiry. In this instance, Jeffries and Grogan use discourse analysis (specifically, Foucauldian discourse analysis) to reason inductively from their interview transcripts.

A focus on human subjectivity, on the meanings that participants attach to events and that people give to their lives Quantitative methodology primarily studies that which can be measured objectively. Qualitative methodology, however, is more interested in subjectivity experience. We can see in Jeffries and Grogan's text the participants are encouraged to describe their opinions and interpretations using their own perspective and language, from their subjective viewpoint.

Sensitivity to the researcher's subjectivity While this feature is not overly prominent in this text, the researchers take care to disclose their gender and age, and briefly mention their previous experience with interviewing males.

Method

In this section we discuss how young men's reluctance to visit the doctor may be investigated using quantitative methods. We stress that this is only *one* idea for quantitative study of this question, among many.

Introduction

We hypothesize that men who construct health care settings as feminine and conflicting with hegemonic masculinity are especially likely to prefer more 'discreet' health care options. In other words, our theory is that those men who feel especially alienated from seeking health care because of perceived conflict with their masculinity, will be more inclined to visit if the health care services were more discreet, allowing visits and interactions to happen with more 'covertness'. I first got the idea of testing this hypothesis after reading a review of men's health and masculinity, where the authors give explicit recommendations for 'creating male-friendly practices' (Garfield, Isacco, & Rogers, 2008).

What comprises *more discreet alternatives* is a daunting question, and we do not claim to fully cover this concept. Still, some immediate ideas are: Health care clinics open outside normal office hours, and options for discreetly disclosing sensitive information not requiring face-to-face interaction, such as internet forms and email.

Research hypothesis

We state the following hypothesis:

Young men who construct traditional health care settings as feminine and conflicting with traditional masculine ideals are especially likely to prefer more discreet alternatives to traditional health care services.

Participants

Our statistical population is the group of young adult men in the western world (!). As surveying this group is clearly impossible, we will analyse a carefully chosen sample. We aim to survey 200 male Norwegian students aged 18-35, residing and studying in Trondheim. The sample will be stratified to align with the age distribution in the full Norwegian population, as a fully random sample would likely be biased towards males in early adulthood.

Procedures

To find participants for our survey, we plan to sample randomly from the student registers at NTNU and HiST.[2] We will administer the survey over the Internet, using for example NTNU's in-house system[3]. Participants will be sent an email giving some information about the research – without, of course, disclosing the hypothesis – and a link to the survey site. Reminders will be sent out after 1, 2, and four weeks from the start of surveying. Participants will be sent an invitation email one week before the survey begins.

Measures

From the hypothesis, we see that two variables are needed: V1: 'construction of traditional healthcare services as feminine' and V2: 'relative preference for more

discrete health care services'. V1 will be the independent variable, and V2 the dependant. In statistical terms, the hypothesis states that there will be significant positive correlation between V1 and V2.

For all questions we will let participants answer using a five-level Likert scale with levels *strongly disagree*, *disagree*, *neither agree nor disagree*, *agree*, and *strongly agree*.

To operationalize V1 we will use *at least* the following seven questions:

- Going to the doctor's is a sign of weakness.
- Men do not complain about pain.
- Visiting the doctor's is more suitable for women than men.
- Strong men actively seek health care for their problems.
- Men should not speak openly about their health.
- Going to the doctor's is a sign of strongness.
- It is a sign of strongness to speak openly of health problems.

To operationalize V2 we will use *at least* the following three questions:

- I would rather describe my health problems using an electronic form, than face-to-face at the doctor's.
- I would prefer to get my medicines sent to my mailbox, rather than having to pick them up at the pharmacy.
- I would prefer if doctor offices were open outside normal working hours.

Discussion

Explaining why men are reluctant to seek health care is a many-faceted problem requiring both qualitative and quantitative research. We will speak about both approaches in turn, highlighting benefits and weaknesses, and discuss how to ensure quality. Our discussion will be general, but we will use examples from our proposed study and Jeffries and Grogan's text.

Qualitative methods

Qualitative methods are a prime choice for *exploring* intricate or unknown problem areas, where there is little established theory. Also, they are well-suited for exploring subjectively perceived *meaning* of phenomena. In studies of young men's reluctance to seek health care, qualitative methods are the best choice for investigating the *whys* and *hows* of men's hesitation.

Positivists often criticise qualitative methods for (perceived) lack of rigour, but there are many techniques researchers can use to ensure high quality: Shenton discusses four criteria for qualitative research, originally given by Guba: credibility, transferability, dependability, and confirmability (Shenton, 2004). Among many things, Shenton advises researchers to use *triangulation* to cross-check results, for instance by re-checking of data by different researchers (Jeffries and Groganuse a variant of triangulation when the second author evaluates the first author's analysis). Elliot, Fischer, and Rennie also present seven 'evolving guidelines for reviewing qualitative research', and give examples of good practice (Elliott, Fischer, & Rennie, 2000).

Quantitative methods

Quantitative methods have more power to *empirically evaluate* validity of specific theories. When assessing the quality of quantitative studies we are primarily interested in the *internal* and *external* validity of our research. Internal validity denotes 'the extent to which the systematic manipulation of one or more independent variables produces the predicted or hypothesized effect the dependent variable' (Nestor & Schutt, 2012, Chapter 6), whereas *external validity* concerns to which degree findings from a study can be generalised.

For our proposed study, internal validity concerns to which degree we are actually investigating a causal connection between 'construction of traditional healthcare services as feminine' and 'relative preference for more discrete health care services'. (Or, if possibly there are confounding variables, or methodological errors, that could influence the results.). External validity concern to which degree may we generalise the results of our study outside our sample of students from Trondheim.

References

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Footnotes

[1]The paragraph titles are quoted verbatim from the course textbook.

[2]This, of course, presupposes cooperation from NTNU and HiST. I am not certain that this is realistic.

[3]`https://survey.svt.ntnu.no/`