Title: Understanding the views of older adults on the intersection of ageing, health and gender: a qualitative study

**Background:** The experiences and perspectives of knowledge users (people who are 60+ in this study) are important to understand the ways in which ageing, health and gender intersect. A qualitative study can also provide insights about way in which indicators used in populations studies can be gendered. Building on FUTUREGEN's quantitative work, this study will examine resources needed for ageing well and analyse the ways in which some measures of health and care used in quantitative studies are gendered. Thus, it will use the perspective of knowledge users to better understand what factors impact/ ~~how social inequalities~~ shape experiences of ageing.

Our study **objective**is to: understand the views on the significance of gender for resources needed for ageing well and tools (indicators) used to gather knowledge about later life. The study’s findings will be important for future research on the intersectionality of ageing, sex/gender and health.

The study has been planned in collaboration with an interdisciplinary team with expertise in medicine, epidemiology, rehabilitation science, sociology, economics[ and SB?]. The work has been planned to align with the requirements of the Tri-Council Policy Statement-2 (Chapter 10) [8]. Additional ethical framework criteria may be identified in community consultations, and community agreements will be a part of the final research plan.

**Design/Methods:** A qualitative study that uses framework analysis methods will be conducted in collaboration with older adults. Participants will be recruited through contacts to communities (?) and organisations.

For this study, the events of interest are participant views on the impacts of gendered tools (indicators) used to gather knowledge about later life.

The study will be conducted to determine:

1. How do participants define “successful aging”?
2. What factors impact/shape experiences of successful ageing?
3. What are participant views on the ~~impacts of~~ gendered tools (indicators) used to gather knowledge about later life

The study will use a purposive sample of key informants with equal numbers of men and women who are older than 60 years and span caregiving/-receiving and diversity in terms of socioeconomic status. 90 in-depth semi-structured interviews will be conducted with 30 key informants from Canada, Sweden and Austria. The interviews will focus on resources from the perspective of the interviewees and compare women’s and men’s perspectives to better understand the links between gender and certain indicators in population studies (i.e. how certain indicators may have different meanings for women and men). Transcripts will be coded and analyzed using the seven-stage framework analysis method. The findings from the key informant study will complement the results from methods studies examining aspects of health, aging and gender.

The interview guide will be structured by the initial findings from the FUTUREGEN work packages 1-3 study

**Participants and procedures:** Participants will be older adults (age 60+years) and who are able to provide consent for participation in the study. They will be asked to participate in an interview conducted in English.

Older adults will be purposefully invited to participate in the study, and are anticipated to represent a variety of range of older ages, genders, socioeconomic status, family form, and with a range of healthcare and/or functional issues (longer-term chronic conditions and acute care).

While we anticipate reaching saturation of themes with 10-16 participants [16], given the range of participants we will recruit and the cross-cultural applications of the information (comparisons between international sites) we plan to recruit up to 30 people at each site (that is, 30 people for Canada).

Semi-structured interviews have been selected to engage participants in dialogue about their views on findings from the methodology study.

We will use remote (telephone or teleconference software) communication strategies to recruit, conduct, analyze and disseminate the study. Participants will be invited and informed about the study with recruitment posters and community presentations (in alignment with ethics protocols). Potential participants will be directed to contact the PI (JJ) to learn more about the study. Should they wish to participate in the study, then they will be invited to engage in a process of informed consent with the researcher (JJ). If the participant wishes, then they may review and then sign the consent form with the researcher OR the participant may review the consent form with the researcher and then indicate that they wish to imply informed consent as they are engaging from a distance and so their participation in the interview implies consent to participate in the study.

During the interview, participants will first be asked for non-identifying demographic information. Then, they will be interviewed for 30 to 45 minutes using semi-structured interviews. Any questions that the participant does not feel comfortable answering will be omitted. The interviews conducted with participants will be digitally-recorded, de-identified, and transcribed verbatim, and field notes from the researcher will be included as part of the gathered data.

**Analysis**: Demographic data will be entered in an Excel database and analyzed descriptively by the researcher. Transcribed interviews will be analyzed by two researchers (Jull and research assistant) using a six-phase process of thematic analysis [18]. The process of qualitative data analysis will use the steps of 1) familiarization with data; 2) generation of initial codes within each transcript; 3) search for themes; 4) review of themes; 5) define and name themes; and 6) reporting of themes [18]. Data findings will be organized and evaluated and with reflection upon the original findings from the methodology study to contextualize the data.

Sex/gender-based descriptive analysis will be conducted to understand differences and similarities in experiences, to determine factors related to views on findings from the methodology studies [19].

Results will be reflected to and findings developed and agreed upon with…? SB. The approach to data analysis will support and increase the likelihood that meaningful findings from the interviews are identified and useful for policy, decision makers and researchers. Findings will be used to support improvements in the collection, analysis and application of data about aging and gender….

Key informant interviews will be used to study the intersections of ageing, health and care through the lens of the lived experiences of knowledge users and to possibly identify new concepts that were not generated in the quantitative research in FUTUREGEN.

**Timeline**

**Date Development questionnaire**

**Date Submission to ethics board CAN**

**Date Submission to ethics board SE**

**Date development of information material, consent forms**

**Date pilot interviews**

**Date Changed questionnaire after pilot interviews**

**Date Contacting communities/organisations**

**Date Interviews (start in September?)**

**Date Transcriptions**

**Date Focus data analysis in CAN, SE, AT**

**Date Focus data analysis comparison**

**Date Focus linking data analysis back to FUTUREGEN study**

**Date Publication**

**Appendix A: Proposed Research Questions:**

*Hello, my name is Dr. Janet Jull and I am a researcher at Queen’s University doing a research project about…*

*We had arranged this time to talk– is that still okay with you?*

*[If yes, then we will progress]*

*Today I wanted to ask you about your views on… . I am interested to hear your views on ….; this will take about 30 to 45 minutes and will be audiotaped. I will take notes, just as we discussed when we reviewed the consent form. You can let me know if you do not agree with anything, at any time.*

*Before we start, do you have any questions to ask (us)? Please ask questions during our talk or let me (us) know if you need a break.*

*Do you have any questions – or are you ready to talk with me?*

Question: 1. What factors impact/ shape experiences of ageing well?

Prompt: What do you consider to be “aging well”? [provide some case studies depicting people who are aging and their issues – are they aging well? Why or why not?]

Question: 2 Now, I will review some factors that have been identified as important for aging well. I will give you and example, and ask you what you think of each one. There is no right answer – we are very interested in your views.

Prompts: Review the list of factors that are identified from different groups (each WP findings) and with an example to help participant to reflect and respond.

Example: Sex differences in disability (and mobility impairments) and how these can be attributed to gendered differences in socioeconomic conditions.

Who/which groups in society are most affected by disability in later life? Why?

-ask what are the interviewee’s views on each factor? Why?

-is there anything missing? (maybe, if we are open to new ideas)

Example: A finding of the work is that a life transition (social status - marriage) + activity limitation enhances the probability that the individual will receive care (long term care?) and is more likely (or, only evident?) for women (v men). + Regional difference, heterogeneity

Is it that with the same limitations, women are more likely to get access to long term care?

-ask what are the interviewee’s views on each factor? Why?

-is there anything missing? (maybe, if we are open to new ideas)

Example: about family form

What effects does widowhood have on access to care? Which effects does divorce have on access to care? Do you think that there are differences between women and men

We have been studying healthy aging by looking at information collected in surveys of many Canadians (etc). Just as valuable, though, is to hear from people like you, to hear what you think successful aging is, whether it is different than being healthy, and what might help you age successfully. . . .

When I say healthy aging what do you think of?

When I say successful aging what do you think of?

How do you think being a (woman)(man) influences your answers?

Does your living arrangement (alone, etc – clarify) influence those answers?

What about your access to informal or formal care as needed?

Will changes in your physical ability (give examples) change those answers?

Finally – in the research we have already done we wonder if men and women define things differently. If I ask you to rate your health (as excellent, very good, etc) what do you consider in making that rating? If I ask you about whether you have the financial resources you need to live how do you answer this (prompt – would it be different if I asked about your income, your household income, etc). There's also some information saying that women are less able (needs explanation) than men of the same age. But it may be that these self-perceptions are not always accurate. - - not sure how to word this but . .I think that we can take different approaches here and it is not that one is the right one and the other is not. A combination is of course possible too. But here are some thoughts I had when reading the current draft:

If we ask people about ageing well/successful ageing/healthy ageing, we will be talking with them about ideals. If we ask about these ideals, it is important that we distinguish between the process and the outcome. (Some researchers also distinguish the notion of e.g. successful aging from this). If we want people to elaborate on resources for ageing well and they define the state of ageing well as in the outcome, it could be difficult to answer our research questions. We should ask questions that make it clear to them whether we are interested in an outcome or in the process (and the process would include resources in my view).

We cannot get a whole list of the factors which are important for ageing well from the other WPs, as they’ve studied selected aspects in detail. If we want to do that, we’ll have to go to the literature for a list. Which can be done. I would worry a bit that if we are naming factors and then ask people to elaborate on them, many people might basically agree that the factors are important, maybe add an anecdote to it, but they might not disagree with factors which we present as having been tested scientifically. But we can of course do this. My guess is just that this would be easier if we would have time to build stronger relationships with people so they’d feel confident to speak against the scientific evidence. And we won’t have much time for relationship-building with individual interviews only. But maybe I am wrong. It also depends a bit on other characteristics of our interviewees, (personality, SES, education). Alternatively, we could ask them to tell us which factors they think are important for ageing well without prompting them beforehand. A different approach is to model this along the ‘lay epidemiological approach’ as Stefan suggested. Then we would not ask people about ideals or ways to get to ideals, but we would be talking with them about disadvantage in society, who is affected by it and why. In this case, we can also stay quite close to the questions which are studied in most WPs, as we are eliciting another view on the same questions.

In the ‘mixed approach’ column I’ve had a try at bringing these together.

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| --- | --- | --- |
| Questions about ideals/ways to get to ideals/definitions | Lay epidemiological view | Mixed approach |
| How would you define ageing well? Alternatively: healthy or successful ageing; not sure we want to delve into the differences, maybe we should pick one; Indicate if we want to know about the outcome or the process.  How would you rate your health? How did you come up with your answer – what areas of life did you think of? Which types of health did you think about? | Which groups in society are affected by disability? Alternatively: Who  Why?  Which groups in society have difficulty with access to care? Alternatively: Who?  Why?  Do you think women and men define health differently? | Maybe: What’s your definition of ageing well – when can one say that one is ageing well?  Which resources do you think are needed for ageing well?  Can one age well with a disability? Why? (we cannot assume that people will see ageing well and disability as distinct-we should ask about this)  Can one age well with limited access to care? Why? (same here-we should ask about the link people see between ageing well and access to care)  Does one’s partnership status affect whether one is able to age well?  Are there differences in terms of chances for ageing well among women and men? What are these?/Why not?  Which groups in society are more often affected by disability? Alternatively: Who  Why?  Which groups in society have more difficulty with access to care? Alternatively: Who?  Why?  How would you describe (or: rate) your own health?  When you came up with your answers, which areas of life did you think about?  When you came up with your answers, which types of health did you think about? |

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