Title: Understanding the views of older adults on 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 population studies embed gender bias into outcomes. 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 (that includes patients and members of the public) to better understand what factors impact/ ~~how social inequalities~~ shape experiences of ageing.

* The FUTUREGEN project and the place of the qualitative study in the project
* What are the findings which we take as a starting point

Framework for the qualitative study (progress plus from health equity research, determinants of health, intersectionality, resources for ageing well)

Our study **objective**is to understand whether views on ageing well vary by sex and social location. 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 (+ SB?). The work is 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 in communities (?) and organisations.

For this study, the events of interest are older adult experiences with aging and their views on aging, health and gender.

The study will be conducted to determine:

1. How do participants define “aging well”?
2. What factors impact/shape experiences of ageing well?
3. What are participant experiences with living arrangements and social relationships social arrangements and their impacts on aging, health and gender?

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. 60 in-depth semi-structured interviews will be conducted with 20 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 FUTUREGEN work packages 1-3 study

**Participants and procedures:** Participants will be older adults (age 60+years) who are able to provide informed consent for participation in the study. They will be asked to participate in an interview conducted in English, German or Swedish (depending on the location of the interview).

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

While we anticipate reaching saturation of themes with 10-16 participants, given that we hope to have a balanced sample by sex (men/women) we will recruit and the cross-cultural applications of the information (comparisons between international sites) we plan to recruit up to 20 people at each site (i.e. 20 people in each of Canada Austria, Sweden).

Assuming that the current restrictions on direct participant interviewing persist, 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 online recruitment posters (in alignment with ethics protocols). Potential participants will be directed to contact the local site coordinator to learn more about the study. Should they wish to participate in the study, they will be invited to engage in a process of informed consent with the researcher, and that will be conducted remotely. The participant will be asked to 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 be asked for non-identifying demographic information. Then, they will engage in semi-structured interviews for 30 to 45 minutes. At the start, interviewees will be told that they can decline to answer any specific question. 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 researchers. Transcribed interviews will be analyzed by two researchers (Jull and research assistant in Canada) 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 (as previously explained in the background) 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 the team (+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.

**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 ageing, health and gender …*

*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 ageing and health. I am interested to hear your views; 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. Are you ready to talk with me?*

**Proposed interview guide**

**Question set #1** (Susan’s team)

Q1. How would you rate your health?

Q1b. Can you tell me what you took into account?

Q2. Could you tell me, do you think that your income is sufficient to meet your needs?

Q2. Can you tell me why you describe it in the way that you do?

Q3. : If I were to ask you about how you rate your function, how would you do this?

Prompt: Would you compare yourself to someone else? Someone younger? Older? An “ideal” you

Q4. When I say “aging well”, what comes to mind?

Q4b. Can you tell me about circumstances and experiences that have shaped your views? Prompt: For example, could you age well if you had a number of illnesses and/or how has having illnesses impacted your opportunities to “age well”.

Q4c. Do you think that your answers might have been different if you were a (man or woman)?

Q4d. Do you think that your answers might have been different when you were younger? Prompt: For example, would you answer differently when you were 30-35, 40?

**Questions set #2** (Stefan’s team)

Q5: What does the term disability meant to you?

 Q5b. How do you decide whether a change in function is a disability?

Q6. Do you think that it is possible to age well with a disability?

Q6b. If so, why.

Q7. Do you have experiences of disability, for yourself or with people you are close to?

 Q7b. Can you describe one of these experiences?

Q8. Why do you think that some people experience disabilities later in life, while others do not?

Q8b. Do you think it makes a difference if you are a woman or a man? Why/why not?

Q8c.  Do you think it makes a difference what income or sort of education people have? Why/why not?

**Question set#3** (Ricardo’s team) Note to our team - To be determined – Ricardo’s team sorting out details on the focus of their WP and what they want reflected in the qualitative study.

Q9. Could you tell me what kinds of support people need when they are getting older?

Q9b. You mentioned [name support]. Could you see there being a challenge for people to get this sort of support? Why?

Q9c: Thinking about living arrangements, how might certain living arrangements be a support/or not? Why? [Prompt: Do you think that living with someone impacts support? Why?]

Q 10: Do your partnerships and/or social relationships support aging well? Why?

Q10b. If you are giving or receiving care….?

Q11. How are partnerships and/or social relationships important for providing care?

Q12: What effects has your social status had on your access to general support and access to care?

Q13. Have there been life events that have led to your living arrangements, and that had an impact on your general support and access to care?

Q13b. Do you think that being a man or woman makes a difference for the experience?

\*consider income or education too?

Note to our team: A question that relates to world events

Qx. As people have been more isolated, there has been a greater focus on caregiving and receiving. Do you think your answers would have been different before the pandemic?

*That is all that I was going to ask*….Q14. Is there anything else you want to tell me about?

**References**

8. Panel on Research Ethics. TCPS 2 – Chapter 10. Qualitative Research. 2018. <https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter10-chapitre10.html>

10. Creswell JW. 2007 Chapter 4: Five Qualitative Approaches to Inquiry. In Qualitative Inquiry and Research Design: Choosing among five approaches. Second edition. Sage Publications: Thousand Oaks, London, New Delhi.

16. Francis JF, Johnston M, Robertson C, Glidewell L, Entwistle V, Eccles PM, Grimshaw JM: What is an adequate sample size? Operationalising data saturation for theory-based interview studies. Psychol Health. 2012, 25 (10): 1229-1245.

17. Hagaman AK, Wutich A (2016) How Many Interviews Are Enough to Identify Metathemes in Multisited and Cross-cultural Research? Another Perspective on Guest, Bunce, and Johnson’s (2006) Landmark Study. Field Methods. Volume: 29 issue: 1, page(s): 23-41.

18. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77–101.

19. Tannenbaum C, Greaves L, Graham I. (2016). Why sex and gender matter in implementation research. BMC Medical Research Methodology. 16:145.

1. Absence of ADL disability [Aging well]
2. Absence of mobility
3. Absence of pain
4. Good health
5. High cognitive function
6. Good mood [Aging well]
7. Engagement in productive activities
8. Good social relations
9. High life satisfaction
10. High self-mastery

**Timeline – to be developed**

**Date Development questionnaire - current**

**Date Submission to ethics board CAN - June**

**Date Submission to ethics board SE – after Canada?**

**Date development of information material, consent forms – this will happen before submission to ethics (in progress now)**

**Date pilot interviews – to happen before ethics submission**

**Date Changed questionnaire after pilot interviews – see above**

**Date Contacting communities/organisations – will have to wait until after ethics**

**Date Interviews (start in September – through to December**

**Date Transcriptions – start in September and done as interviews are done**

**Date Focus data analysis in CAN, SE, AT – Nov/Dec – iterative – complete in Jan 2021?**

**Date Focus data analysis comparison – Jan/Feb 2021**

**Date Focus linking data analysis back to FUTUREGEN study – Jan/Feb 2021**

**Date Publication(s) – April 2021**