The Processes of Involvement of Older Male Adults in Men's Sheds Community Programs

by

Kristin A. Reynolds

A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

in partial fulfillment of the requirements of the degree of

MASTER OF ARTS

Department of Psychology

University of Manitoba

Winnipeg

Acknowledgements

Abstract

An increasing number of older adults is experiencing mental health problems, which may result from loneliness and social isolation. Although research has noted the positive impact that community programs might have on the social connectedness of older adults, there is a scarcity of research exploring older male adults' experiences in these programs. *Men's Sheds*, developed in Australia in the 1990's, is one program that integrates older men into the community. Men's Sheds have recently begun in Manitoba, allowing me the opportunity to develop a theoretical model of the processes of involvement of older male adults in this program. I conducted in-depth interviews with Men's Sheds participants ($N = 12$), and analyzed data using constructivist grounded theory (Charmaz, 2006). Findings provide insight into participants' experiences throughout their initial, current, and continued involvement in Men's Sheds, which may serve as a model for community organizations attempting to increase participation among this demographic.

Keywords: older male adults, social isolation, loneliness, social connectedness, social engagement, involvement, community programs, Men's Sheds

Table of Contents

List of Tables

List of Figures

The Processes of Involvement of Older Male Adults in Men's Sheds Community

Programs

Throughout the lifespan, human beings encounter varying opportunities to make meaningful connections with others. These connections have been shown to be an important aspect of successful aging, advantageous in increasing one's safety and security, and helpful in promoting one's physical and mental health. Maintaining old and finding new social connections may become increasingly important as we age and experience significant transitions, such as retirement, illness, and death of friends, relatives, and spouses. Community programs have been shown to be one possible way to increase social support among older adults. However, there remains a gap in the literature with regard to older men's experiences participating in community programs, the meaning that they attribute to their involvement, and the processes by which they initiate and continue their involvement in such programs. This research sought to examine the processes of involvement of older male adults in Men's Sheds, a community program for older men.

Background

The number of adults 55 years and older is increasing dramatically, characterizing Canada as an aging society (Streiner, Cairney, & Veldhuizen, 2006). In Canada, the number of adults ages 55 and above is projected to increase from 4.2 million to 9.8 million between 2005 and 2036, an increase from 13.2% to 24.5% of the population (Statistics Canada, 2006).

Prevalence of Mental Health Problems in Older Adults

Unfortunately, a large and growing number of older adults is experiencing mental health problems, most commonly dementia, anxiety, and depression. Epidemiological data from the United States suggests that approximately 20% of older adults ages 65 years and

older have a diagnosable mental health problem during their lifetime (Jeste et al., 1999).

Recent epidemiological data from Canada indicates that the prevalence of past-year mental

health problems (i.e., major depressive episode, agoraphobia, social phobia, panic disorder,

and alcohol or drug dependence) ranges from 7.9% in individuals ages 50-64, to 3.6% in

individuals ages 65-79, to 2.5% in individuals ages 80 years and older (Mosier et al., 2010).

However, the true prevalence of anxiety and depression in late life is likely to be

underdiagnosed due to factors such as medical comorbidity, cognitive decline, misattribution

of symptoms to the normal aging process or physical health problems, and inadequate

diagnostic scales and criteria for older adults, that render it increasingly difficult to recognize,

detect, and diagnose mental health problems in this population (Streiner et al., 2006).

Although mental health problems are prevalent in older adults, they are expected to become

increasingly prevalent in the next two decades, leading researchers to warn of an "upcoming

crisis in geriatric mental health" (Jeste et al., 1999, p. 848). The rates of mental health

problems are expected to increase at a much higher rate for older adults ages 65 and over as

compared to younger and middle-aged adults (Bartels & Smyer, 2002). Moreover, mental

health problems in late life can be complex and severe. Living alone, having poor social

support, and experiencing interpersonal loss through death correlate highly with the increased

rate of suicide in older adults (Piechniczek-Buczek, 2006).

Loneliness and Social Isolation

Loneliness and social isolation contribute to the development and maintenance of

mental health problems in late life. Core elements of loneliness include negative feelings

regarding the possession of a smaller than desirable number of existing relationships as well

as less than desirable levels of intimacy or close emotional bonds in relationships (de Jong

Gierveld, 1998). Findings from Statistics Canada (2006) indicate that 14% of adults ages 55-74 and 18% of adults ages 75 and older reported having no close friends. Furthermore, research suggests that 20% to 40% of older adults report occasional or moderate loneliness (Newall, Chipperfield, Clifton, Perry, & Swift, 2009; Pinquart & Sörensen, 2001; Wenger & Burholt, 2004). Weiss (1993) describes two types of loneliness: loneliness resulting from emotional isolation and loneliness resulting from social isolation. The former may result from an absence or loss of a close and reliable attachment figure, and can be reduced through the addition of a meaningful friendship or intimate relationship; whereas the latter may result from a lack of social integration and connectedness, and can be resolved through the addition of new social contacts (van Baarsen, Snijders, Smit, & van Duijn, 2001).

In addition to loneliness, older adults may be particularly likely to experience social isolation, as aging is associated with decreases in the number of friendships and the frequency of opportunities for social contact, and increases in illness and physical limitations that can hinder social contact (Pinquart & Sörensen, 2001). Social isolation refers to a lack of social support, and emphasizes the quality and quantity of an individual's social network (Lubben & Gironda, 2003). Research from Australia and the United Kingdom indicates that approximately 12% of older adults report being socially isolated (Edelbrock, Buys, Creasy, & Broe, 2001; Gardner, Brooke, Ozanne, & Kendig, 1999; Owen, 2001). The perception of isolation appears to increase with age, with old-old adults (ages 75-85) experiencing significantly more perceived isolation than younger adults and middle-old adults (ages 57-74) (Cornwell & Waite, 2009). The risk of social isolation has been shown to increase from 12.5% of adults ages 65-74, to 15.2% of adults ages 75-79, to 20.2% of adults ages 80-84, and finally to 31.8% of adults ages 85 years and above. Being at risk for social isolation is

associated with depressed mood, impaired memory, living alone, perceived fair or poor health, perceived need for help with basic and instrumental activities of daily living, and diminished functional ability (Iliffe et al., 2007). Literature also denotes widowhood as a consistent predictor of loneliness and social isolation among older adults, transcending both gender and cultural contexts (Vicor, Scambler, Bond, & Bowling, 2000; Wenger, Davies, Shahtahmasebi, & Scott, 1996).

Ageism

In addition to the individual and social factors that place older adults at a heightened risk for social isolation, there are broader societal constructs involved in the marginalization and segregation of older adults in the community. Ageism, defined as "a set of social relations that discriminate against older people and set them apart as being different by defining and understanding them in an oversimplified, generalized way" (Minichiello, Browne, & Kendig, 2000, p. 253), is a prevalent view held in Western cultures. Qualitative research conducted by Minichiello and colleagues (2000) asked older adults what ageism meant to them. One participant explained:

> Well, I suppose it's people's opinion of those who are not of economic value, who no longer contribute, and therefore are of no value - that seems to be how people are being measured now. I'm just trying to think of the people I had in mind when I didn't want to be one of them, because that was really ageism. (p. 258)

Another participant described the notion of a separation from society as she aged:

> But I think society on the whole hasn't got time for people aging, they haven't. Maybe the family has, but the whole of society not particularly. It's not geared towards us. (p. 261)

Researchers (e.g., Best, 1980; Kohli, 1986; Riley & Riley, 1994) argue that the predominant

division of the lifespan into three main stages - preparation and education; family and career;

and retirement - promotes age-segregation, which is a threat to the connectivity of a society,

and increases the risk of social isolation among older adults.

Gender Differences in Loneliness and Social Isolation

There continues to be a debate in the literature with regard to whether loneliness and

social isolation are greater for older men or women. Proponents of the hypothesis that older

women experience increased levels of loneliness state that women live longer than men, and

are therefore more likely to experience the death of spouses, making them more vulnerable to

loneliness. The death of one's spouse may result in relocation due to financial stress, which

could lead to the disruption and loss of a woman's current social network (Holmen, Ericsson,

Andersson, & Winblad, 1992). Evidence supporting the association of loneliness and female

gender was illustrated in research with community-dwelling adults ages 65 and over, showing

that women (19%) more often than men (12%) expressed loneliness (Prince, Harwood,

Blizard, Thomas, & Mann, 1997). This hypothesis was also confirmed in research with older

adults ages 75 years and over, whereby 38% of women reported loneliness, compared to only

24% of men (Holmen et al., 1992).

One explanation for increased rates of loneliness among older women is that this

demographic may be more willing to admit to their experience of loneliness and describe

themselves in this manner. Older men might be less likely to reveal feelings of loneliness due

to the stigma of loneliness as an undesirable trait (Perlman & Peplau, 1982). A meta-analysis

exploring gender differences in loneliness demonstrated that if individuals were directly asked

if they were lonely, women reported more loneliness than men. However, when the

University of California, Los Angeles loneliness scale was used, which does not include the word lonely in any of its items, mixed results were evident (Borys & Perlman, 1985).

In contrast to evidence that loneliness is more common among older women, several studies have found evidence of significantly higher rates of loneliness and social isolation among older men (Zhang & Hayward, 2001). According to these studies, older men appear to be more likely than women to experience social disconnectedness and perceived isolation (Cornwell & Waite, 2009). Older women report having larger social networks than older men (Fischer & Phillips, 1982); however, both groups report higher life satisfaction if they have a large social network (Wenger & Burholt, 2004). Since men create fewer intimate relationships outside of their spousal partnerships, divorced and widowed men are more likely to be socially isolated (Vandervoort, 2000). Older male adults are also at an increased risk for lower levels of social support (Edelbrock et al., 2001). Additional factors that increase the risk of loneliness among older male adults include being less outgoing than females, having smaller social networks, relying primarily on spouses for support, and being less satisfied with their social networks (Pinquart & Sörensen, 2001). Older men are also less likely than women to participate in social activities and voluntary associations (Sherkat & Ellison, 1999; Wilson, 2000). Finally, research by Patulny (2009) investigating the impact of retirement on the social isolation of older men and women, found an interaction between gender and retirement. Although men and women spent comparable amounts of time engaged in social contact before retirement, men reported spending significantly less time with friends and family after retirement.

Physical and Mental Health Consequences of Loneliness and Social Isolation

Research has highlighted the physical and mental health consequences of loneliness and social isolation. Individuals who experience loneliness and social isolation are much more likely to experience morbidity and mortality due to cardiovascular disease (Berkman, 1995; House, Landis, & Umberson, 1988), stroke (House et al., 1988;), cancer (Berkman & Syme, 1979; Fox, Harper, Hyner, & Lyle, 1994; House et al., 1988; Rokach, 2000), diabetes (House et al., 1988), cognitive decline and dementia (Fratiglioni, 2000; Wilson et al., 2007), depression (Heikkinen & Kauppinen, 2004), and suicide (Centre for Disease Control and Prevention, 1996). For older male adults specifically, social isolation is associated with elevated fibrinogen concentrations, which can produce blood clots leading to myocardial infarction, stroke, and coronary heart disease (Loucks, Berkman, Gruenewald, & Seeman, 2005). House (2001) describes the severity of the effects of social isolation as being comparable to cigarette smoking and other major biomedical and psychosocial risk factors.

Physical and Mental Health Consequences of Social Connectedness and Engagement

At the other end of the social well-being spectrum, social connectedness, referring to social support and the size of one's social network, is a protective factor for older adults' physical and mental health. Being socially connected has been shown to reduce mortality rates (Giles, Glonek, Luszcz, & Andrews, 2005), enhance cognitive functioning (Ertel, Glymour, & Berkman, 2008; Ybarra et al., 2008), and decrease the risk of dementia (Wang, Karp, Winblad, & Fratiglioni, 2002) and depression (Hays, Steffens, Flint, Bosworth, & George, 2001).

A similar construct, social engagement, refers to participation in activities in one's social environment (Herzog, Ofstedal, & Wheeler, 2002). Social engagement can be

categorized into various forms, including: social activities (e.g., getting together with friends),
productive activities (e.g., producing a good or service), helping activities (e.g., caregiving),
educational/intellectual activities (e.g., learning a new skill), and leisure activities (e.g., any of
the aforementioned activities performed at the person's preference) (Herzog et al., 2002).
Research has consistently found associations between older adults' increased social
engagement and positive perceptions of their health (e.g., Croezen, Haveman-Nies, Alvarado,
Van't Veer, & De Groot, 2009; Thanakwang, 2009). Research by Croezen and colleagues
(2009) found that compared to older adults who participated in the lowest number of social
engagements, older adults who participated in the highest number of leisure and productive
activities had significantly better self-perceived health, mental health, physical health, and
lower rates of loneliness. Research investigating the impact of social engagement on mental
health specifically found a negative relationship between social engagement and incidence of
mental health problems; whereby higher rates of participation in social events were associated
with lower levels of depression, generalized anxiety disorder, and cognitive impairment
(Golden, Conroy, & Lawlor, 2009).

Successful Aging

Social engagement has also been described as an important component of successful
aging – a concept that has received much attention in the aging literature since the 1960's
(Depp, Vahia, & Jeste, 2010). Prior to seminal research by Rowe and Kahn (1987), successful
aging was viewed by biomedical researchers and gerontologists as a two-factor construct
differentiated by the presence or absence of disease. Rowe and Kahn's first description of
successful aging distinguished between usual (nonpathologic but high risk) and successful
(low risk and high function) aging. Ten years later, they adapted this model to include three

main components: low probability of disease and disability; high cognitive and physical functioning; and active engagement (Rowe & Kahn, 1997). Since the dissemination of these publications, there has been growing interest in this field, with findings suggesting the need for an increased number of factors in the successful aging model. More recently, a focus on qualitative research has been implicated in the investigation of the meaning of successful aging for older adults. Reichstadt, Depp, Palinkas, Folsom, and Jeste (2007) conducted focus groups with participants ages 60 years and older, inquiring about their definitions and the necessary components of successful aging. Emerging from this analysis were thirty-three concepts, which were combined into four major categories: attitude/adaptation; security/stability; health/wellness; and engagement/stimulation. With the aim of furthering their exploration of results obtained in focus groups, Reichstadt, Sengupta, Depp, Palinkas and Jeste (2010) conducted individual interviews with older adults ages 64-96 years. Interview questions centred upon structural attributes of successful aging, as well as suggestions for interventions to promote successful aging among older adults. Participants noted that the definition of successful aging should encompass self-acceptance and self-contentment, and emphasized the importance of engagement with life and self-growth, which included giving to others, participating in social interactions, and having a positive attitude. Regarding recommendations for interventions to promote successful aging, participants suggested the necessity of informational resources, participation in meaningful activities, and the development of social programs and support systems.

Community Programs and their Impact on Social Connectedness

Research by Cohen-Mansfield and Frank (2008) highlights the importance of developing community programs to serve the unmet medical, psychological, social, and

functional needs of community-dwelling older adults. Two literature reviews have examined

the effectiveness of interventions targeting social isolation among older adults (Cattan, White,

Bond, & Learmouth, 2005; Findlay, 2003).

The first literature review evaluated 17 studies that were conducted in the United

States, Australia, Canada, The Netherlands, Italy, and Sweden (Findlay, 2003). Interventions

that were examined in this review included telephone emotional support services, gatekeeper

programs (referral programs to identify at risk older adults), education (i.e., skills training,

friendship building), tele-conferencing (i.e., educational and awareness-raising programs),

support groups, service provision, and Internet usage (i.e., computer education, information,

communication and decision-support functions). These interventions targeted seniors at risk

of suicide, isolated older women, lonely older women, clients referred to services for older

adults, isolated seniors with disabilities, widowed seniors, senior women on housing waiting

lists, senior women, retirement village residents, caregivers of older adults with Alzheimer's

disease, and community-dwelling older adults. The authors of this review noted that most of

the studies they examined were flawed by weak methodological designs. Very few studies

explored participants' experiences in these interventions and the meaning they attributed to

their involvement, and none of the studies investigated the processes by which older adults

initiated and continued their involvement, or assessed interventions specifically designed for

older male adults.

The second review conducted by Cattan and colleagues (2005) evaluated the

effectiveness of 30 quantitative outcome studies conducted in the United States, Canada,

Europe, Sweden, and The Netherlands. Group interventions used in these studies included

physical activity, social activity, self-help (i.e., bereavement, caregiver, and career support),

counseling/therapy, skills training, educational and discussion groups, and telephone
communication. Individual interventions included home visiting directed at social network
building, problem solving, health care and assessment, and telephone services providing peer
support. The majority of these studies included both older men and women, four studies
included older women only, and four studies evaluated intervention programs for older
widows. Findings demonstrated that group support interventions with a focus on education,
social support, and activities were most effective, and led to a significant reduction in
loneliness and social isolation. Results also indicated that effective interventions targeted
specific groups such as women, caregivers, the widowed, physically inactive, or people with
serious physical health problems.

    None of the studies evaluated in either review examined the experiences or meaning
of these interventions with a sample of older men. Similarly, there was a gap in these reviews
with regard to the processes by which older men (and women) initiate and continue their
involvement in a community social program, suggesting a vital need for research in these
areas.

Men's Sheds Australia

    Men's Sheds, developed in South Australia in the 1990's, is one program that
integrates older men into the community and seeks to enhance their knowledge, skills, social
support, health, and well-being through activities such as woodworking, metalworking, crafts,
cooking, gardening, and socializing (Golding, Brown, Foley, Harvey, & Gleeson, 2007).
Increased involvement in productive social activities such as those mentioned above has been
shown to be protective against mortality (Glass, Mendes De Leon, Marottoli, & Berkman,

1999), dementia (Wang et al., 2002), and cognitive decline (Niti, Yap, Kua, Tan, & Ng, 2008).

When conducting a review of Men's Sheds programs across Australia, Golding and colleagues (2007) found that these sheds shared several commonalities, such as being located in a shed or workshop within a community, providing opportunities for hands-on activities, and being mainly comprised of men. Australian Men's Sheds are organized both independently and through collaborations with government, health-care facilities, adult education centres, churches, and war veteran organizations (Golding et al., 2007). 28% of Men's Sheds considered themselves to be independent, 42% as part of a larger organization, and 30% as part of a larger organization but physically separate and distinct (Golding et al., 2007). Funding for each Men's Shed was dependent on the organization with which they were partnered. Fifty percent of participants indicated that they belonged to sheds that were mainly funded, 19% to sheds that were partly funded, and 31% to sheds that were unfunded (Golding et al., 2007). Benefits of participation in Men's Sheds identified in survey research by Golding and colleagues (2007) included making friends, having the opportunity to mentor other men, feeling better about themselves, having an increased sense of belonging, giving back to the community, and doing what they enjoyed.

Research has demonstrated that Men's Sheds Australia helped older male adults with a variety of issues such as: excessive use of alcohol, boredom, inactivity, unhealthy diet, diabetes, heart problems, loneliness, arthritis, bowel cancer, and problems caused by smoking (Misan, Haren, & Ledo, 2008). Several participants in this study discussed the positive mental health implications of the program. One participant noted:

I can't measure how much this place has benefited me. We get stress relief out of it . . .

coming here having a regular banter with the people you see here at the table at the

moment – it's good. (p. 44)

Another participant expressed the mental health benefits of participating in Men's Sheds,

noting that: ". . . [Men's Sheds is] Good for self-esteem, confidence, has helped blokes who

have been quite depressed and lonely . . ." (p. 44). Men's Sheds prevent and reduce both

loneliness through social isolation and loneliness through emotional isolation by integrating

groups of older male adults, and allowing them the opportunity to build and foster meaningful

relationships.

Research Objectives

A wide range of benefits to participating in Men's Sheds Australia has been

established; however, the processes of involvement of older male adults in this program, as

well as in other community social programs have yet to be addressed in the literature. The

concept of Men's Sheds has recently come to fruition in Manitoba, which has allowed me the

opportunity to conduct research in this area. The objective of the proposed study was to

develop a theoretical model of the processes of involvement of older male adults in Men's

Sheds. Specifically, I was interested in exploring their initial engagement, potential

disengagement, and continued participation in Men's Sheds, as well as benefits and

drawbacks to participating, the meaning that men attributed to their involvement, and the

barriers they faced throughout their involvement.

<div align="center">

Methods & Procedures

</div>

In order to examine older male adults' involvement in Men's Sheds Manitoba, in

August 2009 I began a partnership with Connie Newman, Executive Director of the Manitoba

Association of Multipurpose Senior Centres, and Doug Mackie, program facilitator at the St. James Assiniboia 55+ Centre. They developed and piloted Men's Sheds programs in Manitoba, based on the previously described Australian model, which were offered at two locations in Winnipeg. When the program officially began in May 2010, there were approximately 40 men ages 55+ involved. Activities at these Men's Sheds included gardening, renovation projects, model airplane building, carving, woodworking, cooking, game playing, walking, and coffee and conversation. Men's Sheds was funded by the St. James Assiniboia 55+ Centre, and by a federal grant from the New Horizons for Seniors Program. Over the course of this research, conflict between Men's Sheds members and the Senior Centre arose over program vision and leadership. This conflict led to a division of the original Men's Sheds program, with one Men's Sheds group continuing its affiliation with the Senior Centre, and the other group starting an independent Men's Shed. After this separation, approximately 18 men joined the independent Men's Shed, relying on fundraising to obtain program resources; and 12 men remained involved with the Senior Centre Men's Shed, continuing to receive funding from the Senior Centre. Several members terminated their involvement with Men's Sheds after the separation. Activities at both Men's Sheds remained the same as above, and both groups met approximately twice a week. In this research I documented fieldnotes, obtained written materials, and sampled participants from both Men's Sheds groups before, during, and after the separation.

Research Strategy

I employed qualitative methods informed by constructivist grounded theory (Charmaz, 2006) in researching participants' experiences of the processes of their involvement in Men's Sheds. Approaching this study with the flexible yet structured methodology of grounded

theory allowed participants the freedom to express their views without the confinement of a quantitative survey approach with pre-determined hypotheses.

Constructivist grounded theory follows from the interpretive tradition, and views emergent categories and theory as an active co-construction of the participant and the interviewer, both having influenced the telling of the story and its meaning. In contrast to objectivist grounded theorists, who are influenced by the positivist tradition and emphasize factual accounts about a known reality, constructivists view the resulting theoretical model as an interpretation of the phenomenon being studied. Constructivist grounded theorists delineate individual, social, and macro processes into analyses for a broader, more meaningful framework.

The focus of grounded theory is on the process of theory development through the emergence of themes and concepts that are systematically interrelated to form a theoretical framework (Patton, 2002). Grounded theory emphasizes the constant comparative method, whereby the researcher tests emergent concepts with additional fieldwork and subsequent interviews (Patton, 2002). As such, it involves multiple stages of simultaneous data collection and analysis of themes and refinement of interview questions. Grounded theory emphasizes the importance of comparing data with data – examining the similarities and differences between participants' interview statements in order to outline properties (characteristics) and dimensions (range of characteristics) of emerging categories (abstract type of concept) (Charmaz, 2006). In addition to data from individual interviews, grounded theorists collect and analyze data obtained through observation, fieldnotes, and written documents about the phenomenon being studied.

Grounded theory contains specific guidelines instructing researchers on how to proceed through various stages of theorizing. I followed three phases of grounded theory coding: *initial coding, focused coding, and theoretical coding* (Glaser, 1978). These coding phases were originally proposed by Glaser, a grounded theorist who subscribes to the positivist tradition. Therefore, slight modifications were necessary in order to follow a constructivist framework of analysis (Charmaz, 2006). In initial coding, the researcher names each line of written data, trying to keep codes active and close to the data. The focus in this beginning stage is on the discovery of preliminary concepts that one can compare across interviews and use in developing categories. Charmaz recommends coding for *gerunds* (usage of a verb in its –ing form as a noun; for example, the word "leading") to stay close to the data and gain insight into action and processes. Charmaz also discusses the importance of *in vivo codes*, which are direct quotations from a participant's interview statement. Paying particular attention to a participant's use of language allows the researcher to stay closer to the participant's intended meaning. In vivo codes may be useful to enlighten initial concepts or categories, or once compared with additional data, may remain as an integral piece of the theoretical framework. For example, in this research, the in vivo code "getting off the carousel", referring to a participant's experience of having difficulty refraining from leadership duties, was identified in initial line by line coding, and remained as an important category throughout model development.

In focused coding, codes become more directed and conceptual, and are used to describe and synthesize a larger amount of data (Charmaz, 2006). Comparing focused codes across data helps to refine the code, as well as its properties and dimensions.

Theoretical coding allows the researcher to further refine codes constructed in focused coding, and develop a relational explanation between categories and subcategories (Charmaz, 2006). Throughout the various stages of coding, the researcher begins by separating data into fragmented pieces (line by line coding), then analytically brings it back together into larger categories (focused coding), develops relationships amongst categories and subcategories, identifies the properties and dimensions of categories (focused and theoretical coding), and finally unites the phenomenon being studied into a conceptual, broad theoretical framework (theoretical coding). Analysis did not occur in a structured step-by-step fashion. I moved back and forth between the three types of coding (initial coding, focused coding, and theoretical coding) throughout model development.

Grounded theory researchers emphasize the importance of memo-writing and diagramming to integrate and record theoretical directions throughout all processes of analysis. Memo-writing is a useful method which prompts the researcher to analyze data and codes early in the research process, capture important comparisons, and document questions for further analysis (Charmaz, 2006). Diagramming can be used at all stages of analysis, and provides a visual representation of categories and subcategories, helping the researcher to identify relationships, processes, and direction in his/her emerging theory.

A common criticism in grounded theory research lies in the accuracy of researchers' interpretations of a completed grounded theory project. Becker (1993) noted that many researchers claim to have developed a theoretical model, however, have instead used grounded theory methods to describe individual or group processes. I followed the recommendations outlined in Becker (1993) to ensure an accurate depiction of a theoretical model. These pivotal steps include: a) focusing on discovery – including a broad explanation

of contextual factors and social processes, and the identification of categories and relationships between categories; b) theoretical sampling – data collection based on emergent concepts in analysis; c) identifying a theoretical or philosophical lens by which the researcher views the world (i.e., constructivism); d) strict adherence to research strategies (i.e., constant comparison method and use of coding phases); and e) relying on the sharpness of human research skill, creativity, and flexibility in analysis, as opposed to solely on computer programs.

Recruitment. I implemented a combination of purposive and theoretical sampling in my recruitment of participants. Purposive sampling allowed me to target older male adults participating in a variety of different programs, and at various stages in their involvement; and theoretical sampling allowed me to refine the interview protocol to investigate emerging concepts based on concurrent analysis. Although Men's Sheds began in the spring of 2010, the Men's Cooking Club (a similar program facilitated by the St. James Assiniboia 55+ Centre) has been operating for three years, which provided me with the opportunity to investigate participation in both newly established and longstanding programs. Recruitment began after I visited several Men's Sheds programs to observe and take fieldnotes. When recruiting participants, I gave a spoken overview of this study to older adults at the Men's Cooking Club, Men's Sheds recruitment breakfasts/open houses, both Men's Sheds carving groups, and both Men's Sheds business and planning groups. Interested participants completed a consent form, and were able to sign up in-person, by telephone, or by email. Men's Sheds program facilitator Doug Mackie played an integral role throughout the recruitment process. He spoke about this research at various programs, and had consent forms

on hand in case participants were interested in contacting me for further information about participation.

Recruitment and analysis took place simultaneously, in order to examine emerging codes and make changes to the interview protocol based on the identification of concepts and their properties and dimensions, and to help clarify interview questions. Recruitment continued until I achieved *theoretical sufficiency*. In contrast with the more commonly used data gathering criterion, *theoretical saturation* – which indicates that the explanation of the phenomenon, categories, and relationships amongst categories and subcategories is exhausted (Glaser & Strauss, 1967) – theoretical sufficiency claims that categories are *suggested* by data, which are *suggestive* of a resulting theory (Dey, 1990). Theoretical sufficiency follows the same basic processes as theoretical saturation, but is achieved when categories can subsume new data without continual modifications to established properties and dimensions (Dey, 1999). Given that grounded theory relies on the researcher's analytic insight into coding, which is accomplished through a partial coding of data and relies on the researcher's view that properties of a category are saturated, complete saturation of data is conceptually unobtainable (Dey, 1999).

Participants. Twelve older male adult Men's Sheds members participated in this research. At the time of their interview, seven participants indicated that they were involved in the business/planning group within Men's Sheds, seven in the carving group, two in the wood-working group, eight in the coffee and conversation group, four with renovations, two with model-airplane building, two in the cooking club, and one in the walking group. These groups were not mutually exclusive, and most participants were engaged in multiple programs throughout their involvement in Men's Sheds. Participants' length of involvement ranged from

three weeks to three years, with an average length of involvement of 16.4 months (SD =

10.5).

Data Collection Procedure & Instruments

I collected several types of data from May 2010 to June 2011: 1) observation and

fieldnotes; 2) analysis of written documents; 3) in-depth qualitative interviews; 4) background

questionnaires; 5) self-reported scores on a measure of social isolation; and 6) self-reported

scores on a measures of loneliness. The background questionnaire and measures of social

isolation and loneliness served a descriptive purpose only, to provide a detailed summary of

study participants, and were not included as part of data analysis.

1) Fieldnotes. Prior to recruitment and throughout data collection and analysis, I

documented fieldnotes at several Men's Sheds programs, including recruitment

breakfasts/open houses, business and planning meetings, carving groups, a model airplane

building group, a Men's Cooking Club, and coffee and conversation programs. I included

information on individual and group activities and on significant processes that occurred

throughout the programs. Conducting observational fieldwork helped me to be open to the

specific nature of the programs, rather than being reliant on previous conceptualizations of

these programs described in other written Men's Sheds Manitoba or Men's Sheds Australia

documents. Observational fieldwork also provided me with the opportunity to see participants

interact and engage in activities that were not discussed in individual interviews. I coded and

included fieldnotes in the development of the theoretical model.

2) Written documents. Charmaz (2006) notes the importance of collecting written

documents that were developed without the co-construction of the researcher. I located and

reviewed Men's Sheds Manitoba documents to supplement data from fieldnotes and

individual interviews, to make comparisons between these sources of data – examining their similarities and differences – and to better describe the Men's Sheds Manitoba program. Men's Sheds documents included in the analysis consisted of: a Men's Sheds information page (written by members for a presentation at the Winnipeg Regional Health Authority St. James Resource Network Meeting); advertisements for Men's Sheds programs; the monthly Men's Sheds newsletter; and meeting agendas and minutes from September 7th 2010 to November 9th 2010. Although I had access to Men's Sheds Australia newsletters, I excluded them from this analysis as I wanted to be consistent in my description and analysis of Men's Sheds Manitoba.

3) Individual interview. Participants completed an in-depth individual interview of approximately 60 minutes in a location of their choice. Four participants chose to complete the interview in their homes, two at the St. James Assiniboia 55+ Centre Men's Shed Clubhouse, three at the Woodhaven Community Centre Men's Shed Clubhouse, and three at a coffee shop in the St. James area. By providing participants with various interview location options, I ensured that they would not have difficulty finding or arranging transportation to the interview, and that they would be in a comfortable environment throughout the interview.

The initial interview protocol began with the central, open-ended question: tell me about your involvement in Men's Sheds. Depending on the responses that emerged from this question, more specific questions regarding their initial engagement in the program, possible disengagement from the program, barriers to participation, program benefits and drawbacks, involvement in other community social programs, and future participation were explored. When developing this initial, modifiable set of interview questions my main objective was to obtain an understanding of how men described their involvement in Men's Sheds over time,

while remaining open to concepts that participants discussed related to their involvement. I
also wanted to capture participants' experiences in Men's Sheds, including the benefits and
barriers to participation, without prompting for specific examples of these concepts (i.e.,
physical and mental health benefits and structural barriers). I was interested in investigating
men's participation in other social activities, and the similarities and differences between these
activities and Men's Sheds. By investigating men's participation in social programs outside of
Men's Sheds, I sought to discern how participants described their social connections, as well
as the reasons for involvement in this specific program as compared to others. Finally, I
wanted to explore the way in which participants described the meaning of their participation.
Please refer to Appendix A for the specific items in the initial interview protocol.

Based on emerging concepts in the first two interviews, and with the goal of
increasing the clarity of the interview protocol, the research group (comprised of myself, Dr.
Corey Mackenzie, and two volunteers from the Aging and Mental Health Laboratory), made
five key revisions to the initial interview protocol (See Appendices A and B). First, during the
two initial interviews, it became apparent that participants' careers were an integral part of
their self-concept, and that work-life was a recurrent theme. The connection between
participants' careers, retirement, and involvement in Men's Sheds became a distinct and
important aspect of their involvement in Men's Sheds. As such, we added an open-ended
question asking participants what they did for work, followed by several probes around work,
retirement, and the connection between Men's Sheds and work-life to the interview protocol.
Second, after analyzing the first two interviews, it also became clear that we were lacking a
broader understanding of participants' daily activities, social engagements, and the closeness
of relationships with other Men's Sheds participants outside of the program. We added an

open-ended question asking participants what a typical day was like for them, and followed

this with several probes to further explore this topic: what activities do you engage in; how

many people do you see; and do you see other Men's Sheds participants outside of the

program. Third, throughout the first few interviews, participants gave limited answers to the

question about barriers to their participation in Men's Sheds, noting that there was nothing

that got in the way of their involvement. Given the extensive literature on barriers to use of

health-care services for older adults, and the small number of older male adults who are

involved in Men's Sheds and other community programs, the research team was curious as to

why these men did not perceive any barriers to their involvement. As such, we added several

specific probes to this question: why do you think there aren't any barriers; do you come here

as much as you would like to; and does anything get in the way of coming. These probes

appeared to increase the clarity of this question, and provided us with enhanced insight into

barriers to participation, and reasons why some participants did not perceive any barriers.

Fourth, upon analyzing the first two interviews we also noticed a gap in information with

regard to how often participants got together with other men. Given that Men's Sheds is

predominantly for men, we were interested to see whether participants had other opportunities

to socialize with men, or if this was their sole opportunity. As such, we added a question

asking participants if there were other things that they did just with other men, within or

outside of community programming. Finally, we noticed that although loneliness and social

isolation became immediate and prevalent codes, participants did not speak explicitly about

mental health. We added a question at the end of the interview protocol asking participants if

they had experienced any mental health benefits as a result of their participation. The revised

interview protocol (Appendix B) was used predominantly for the remainder of the interviews.

The interview protocol was adapted slightly for an interview with a participant who had recently joined Men's Sheds, as questions regarding disengagement did not apply to him at this stage of his involvement. With the exception of this interview, we did not need to make any additional changes to the interview protocol, as questions were clearly understood by subsequent participants, and properties and dimensions of existing categories continued to emerge in analysis until theoretical sufficiency was achieved. Interviews were audio-recorded, and transcribed by volunteers in the Aging and Mental Health Laboratory ($N = 7$) and a professional transcriber ($N = 5$).

4) Background questionnaire. Participants completed a background questionnaire following their individual interview. This questionnaire measured sociodemographic information, health information, and current volunteer and social activities. In the first section, participants provided the following sociodemographic information: age, years of education, occupation (previous or current), marital status, and race/ethnicity. The health information section contained two questions. In the first question, participants described their health as excellent, very good, good, fair, or poor; in the second question, participants rated their health on a scale from 1 *(poor)* to 10 *(excellent)*. These questions were used in previous research with older adults by Dr. Mackenzie and his students in the Aging and Mental Health Laboratory, as well as in the 2002 Health and Retirement Study. Topics concerning volunteering and social activity participation were addressed in the activities section. For the purpose of this questionnaire, I defined social activity as any activity (formal or informal) that one participates in outside of Men's Sheds which is completed with another person. Please refer to Appendix C for the specific questions and response options.

5) Lubben social network scale–6-item version (LSNS-6). Following the interview, participants also completed the abbreviated six-item version of the Lubben Social Network Scale (LSNS-6) as a measure of social isolation and social connectedness. This scale is a refinement of the Lubben Social Network Scale 10-item version, which was a modified version of the Berkman-Syme Social Network Index, and was developed for use with an older adult population (Lubben et al., 2006). As shown in Appendix D, this scale is comprised of three items that examine familial relationships and three items that examine non-familial relationships. Items measure the frequency of contact with relatives and friends, the closeness of these relationships, and the ease of communication within them. The total score is a sum of the six items, with scores ranging from 0 to 30. The total score can be further assessed in terms of the Family subscale, consisting of the sum of scores on items 1-3, and the Friends subscale, consisting of the sum of scores on items 4-6. For each subscale, total scores range from 0 to 15. Lubben and colleagues (2006) defined the clinical cut-off point identifying social isolation at a total score of 12 or lower on the LSNS-6. They note that this score suggests that on average there are fewer than two individuals for the six aspects of social networks assessed by the LSNS-6. Scores of 6 or lower on the three-item LSNS-6 Family subscale, and scores of 6 or lower on the three-item LSNS-6 Friends subscale, identify marginal ties with family and/or friends respectively. The psychometric properties of the LSNS-6, outlined in research by Lubben and colleagues (2006), demonstrate high internal consistency for the total score ($\alpha = 0.83$ consistent across the three sites of the study), Family subscale (ranging from $\alpha = 0.84$ to $\alpha = 0.89$ across sites), and Friends subscale (ranging from $\alpha = 0.80$ to $\alpha = 0.82$ across sites). The LSNS-6 demonstrates a consistent factor structure, with a three-item family factor, a three-item friend factor, and no discernible cross-loadings

(Lubben et al., 2006). Item-total scale correlations range from .68 to .78, and correlation coefficients of a specific subscale item to its subscale total range from .82 to .91 for the Family subscale items, and .80 to .90 for the Friends subscale items (Lubben et al., 2006). Analyses of discriminant validity indicated that older adults living with a partner and those participating in group activities consistently reported higher LSNS-6 scores, while older adults who reported lower emotional support reported lower LSNS-6 scores (Lubben et al., 2006). Finally, results of sensitivity analyses demonstrated that using a score of 12 or lower as a clinical cut-off point for identifying social isolation illustrates concordant validity and accurate prevalence rates (Lubben et al., 2006). Although the LSNS-6 is relatively new, research by Iliffe and colleagues (2007) using the LSNS-6, found similar prevalence rates of social isolation as compared to studies using the 10-item version of the LSNS.

     6) Three-item loneliness scale. Participants completed a three-item measure of loneliness, developed by Hughes, Waite, Hawkley and Cacioppo (2004), after completing the individual interview (See Appendix E). These items were taken from the Revised-University of California, Los Angeles Loneliness scale (R-UCLA; Russell, Peplau, & Cutrona, 1980), and address how often individuals feel a lack of companionship, feel left out, or feel isolated from others. Individual responses to the items are summed, with higher scores indicating greater loneliness. Results of previous research indicates a good level of internal consistency, Cronbach's α (.72) (Hughes et al., 2004). The correlation between the R-UCLA and the three-item loneliness scale is high ($r = .82$, $p < .001$), indicating good agreement between the long and short versions (Hughes et al., 2004). Convergent and divergent validity were illustrated through significant positive correlations with depression and stress, and significant negative correlations with enjoying life and energy levels respectively (Hughes et al., 2004).

Rigor

      I employed several techniques outlined by Lincoln and Guba (1985) to address the rigor of the study's findings. These include aspects of *credibility* and *dependability*. Credibility is analogous to the internal validity of a study, and reflects the quality and rigor of an investigation. In this study, I sought to achieve credibility through a clear documentation of the following: interview fieldnotes, step-by-step data analysis procedures, diagrams, and decisions regarding emerging codes and categories, and the theoretical framework. Dependability refers to the reliability or consistency of findings. In the present study I attained this criterion by consistently administering each interview protocol, and through the independent coding of transcripts by multiple coders. Members of the research team independently coded four interview transcripts at the initial line by line coding phase, and met to discuss emergent codes and concepts. When comparing codes from the four independent researchers, it was clear that initial codes were similar and consistent. When members of the research team had a unique code to add to the analysis, or when there was a discrepancy in codes, the team came to a consensus on the code for a particular line. In addition to ensuring the consistency of findings, the inter-rater process was also helpful in staying grounded in the data during initial coding of transcripts, and not taking conceptual leaps too early on in data analysis.

      Finally, to verify that interviews were representative of participants' views, I contacted participants by email or phone, depending on the preference identified on their consent form, and asked if they would like to review their interview transcript. Five participants reviewed their interview transcript, one participant was not interested, and six participants did not respond. I asked participants who responded positively to reviewing their interview transcript

to describe whether or not they thought the interview transcript was an accurate reflection of their views of their involvement in Men's Sheds, and to make any additions or comments that they deemed important. All five participants noted that the interview transcript was an accurate reflection of their involvement, and two participants made minimal additions. These additions were coded and integrated into subsequent analyses.

Ethical Considerations

I obtained ethical approval through the University of Manitoba Fort Garry Campus Psychology/Sociology Research Ethics Board. Participants gave written consent prior to their participation, and were given the option to withdraw their participation at any time during the research process (Appendix F). In order to protect participants' confidentiality, I have changed their names and identifying information throughout the following section.

<div align="center">

Findings

</div>

Sample Characteristics

Information on the sample's sociodemographic characteristics, self-reported health status, volunteer and social activities, and social isolation and loneliness scores are presented in Table 1. Participants were, on average, 72.1 years of age and all 12 identified as White. Most participants (91.7%) were retired for an average of 9.9 years ($SD = 7.5$). The majority of the sample (75%) was married, and 25% were widowed. With respect to participants' self-reported health status, 75% of participants rated their health as good, very good, or excellent. Participants had been involved in Men's Sheds for an average of 16.4 months ($SD = 10.5$). However, there was great variability in the length of their involvement, which ranged from three weeks to 36 months. On average, participants did not approach the clinical cut-off point for social isolation on either the total or subscale scores of the LSNS-6. However, when

looking at the range in total and subscale scores, it is evident that several men reported feeling

isolated from family and friends. The largest proportion of men (25%) reported isolation from

friends, as compared to family (8.4%). The mean score on the three-item loneliness scale was

4.4 (*SD* = 1.6), indicating minimal levels of loneliness. However, 34% of participants scored

between 6 and 7, indicating that they lacked companionship, felt left out, and felt isolated

from others some of the time. 16.7% of participants reported that they lacked companionship

often.

Table 1

Sample Characteristics (*N* = 12)

Sociodemographic characteristics	
Mean (*SD*; range) age	72.1 (8.3; 61-87)
Mean (*SD*; range) years of education	13.0 (2.8; 8-17)
Work status (%)	
Part-time	1 (8.3)
Retired	11 (91.7)
Mean (*SD*; range) years retired	9.9 (7.5; 0-27)
White race (*%*)	12 (100)
Marital Status (*%*)	
Married	9 (75.0)
Widowed	3 (25.0)
Health information (%)	
Excellent	2 (16.7)
Very Good	3 (25.0)
Good	4 (33.3)
Fair	3 (25.0)
Poor	0 (0.0)
Volunteering and social activities	
Mean (*SD*; range) weekly volunteer hours	7.5 (4.5; 2-15)
Mean (*SD*; range) weekly social activities	3.8 (1.4; 2-7)
Mean (*SD*; range) months of involvement in Men's Sheds	16.4 (10.5; 0-36)

Social isolation and loneliness

Mean (*SD*; range) LSNS-6 Total*	19.8 (5.3; 10-28)
Mean (*SD*; range) LSNS-6 Family Subscale**	10.1 (3.0; 4-14)
Mean (*SD*; range) LSNS-6 Friends Subscale**	9.7 (3.7; 2-14)
Mean (*SD*; range) Three-item Loneliness Scale Total***	4.4 (1.6; 3-7)

Note:

*Lubben Social Network Scale–6-item version (LSNS-6) Total score ranges from 0-30, with lower scores indicating higher levels of social isolation. Clinical cut-off point identifying social isolation = ≤ 12.

**LSNS-6 Family and Friends Subscale scores range from 0-15, with lower scores indicating higher levels of social isolation. Clinical cut-off point identifying marginal ties with family and/or friends = ≤ 6.

***Three-item loneliness scale score ranges from 3-9, with higher scores indicating greater loneliness.

The Theoretical Model of the Processes of Involvement of Older Male Adults in Men's Sheds: An Overview

Men described the processes of their involvement in Men's Sheds by the experiences they had leading to their initial involvement in the program, the characteristics of their current involvement, and aspects of the program and their participation that promoted their continued involvement. The consequences of involvement (i.e., benefits and drawbacks), as well as the meaning participants attributed to their involvement, and the barriers they experienced, influenced their participation or disengagement at the two final stages of the model (i.e., characteristics of current involvement and aspects that promote continued involvement).

Preceding Characteristics and Experiences to Involvement. The characteristics and experiences which led to participants' initial involvement in Men's Sheds included: a) individual characteristics; b) loneliness and social isolation; and c) social influence (See Figure 1).

```
                    ┌─────────────────┐
                    │    Initial      │
                    │  Involvement    │
                    └─────────────────┘
          ┌──────────────────┼──────────────────┐
┌─────────────────┐ ┌─────────────────┐ ┌─────────────────┐
│   Individual    │ │ Loneliness and  │ │ Social Influence│
│ Characteristics │ │ Social Isolation│ │                 │
└─────────────────┘ └─────────────────┘ └─────────────────┘
  │   ┌──────────────┐   │  ┌──────────────┐  │  ┌──────────────┐
  ├───│ Need to Keep │   ├──│  Retirement  │  ├──│   Friends    │
  │   │     Busy     │   │  └──────────────┘  │  └──────────────┘
  │   └──────────────┘   │  ┌──────────────┐  │  ┌──────────────┐
  │   ┌──────────────┐   ├──│   Housing    │  └──│    Family    │
  ├───│Desire to Strive│  │  │  Relocation  │     └──────────────┘
  │   │  For Mastery │   │  └──────────────┘
  │   └──────────────┘   │  ┌──────────────┐
  │   ┌──────────────┐   ├──│Illness/Mobility│
  ├───│    Values    │   │  │    Issues    │
  │   └──────────────┘   │  └──────────────┘
  │   ┌──────────────┐   │  ┌──────────────┐
  └───│  Pro-Social  │   └──│  Widowhood   │
      │   Attitudes  │      └──────────────┘
      └──────────────┘
```
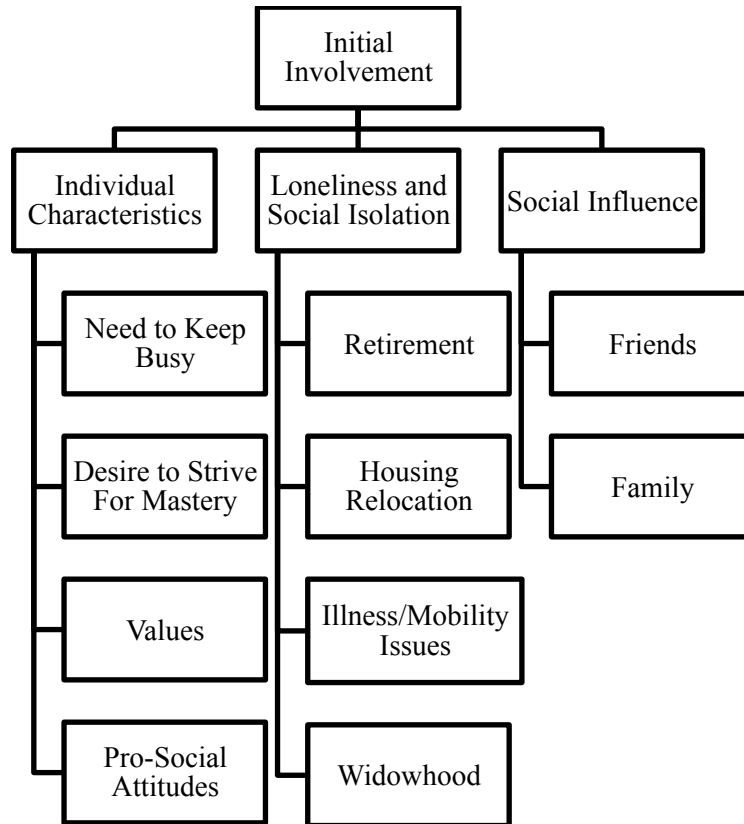
Figure 1. Preceding Characteristics and Experiences to Men's Involvement in Men's Sheds.

Individual characteristics. Individual characteristics that participants held prior to their involvement in Men's Sheds led them to initiate involvement in this program, and were satisfied through their participation. These attributes encompassed the need to keep busy; the desire to strive for mastery; the emphasis on values of social connection and knowledge exchange; and the possession of pro-social attitudes that emphasize giving back to the community through volunteering, helping, and caregiving.

The need to keep busy. When asked about what a typical day was like, participants responded with a long list of activities beginning early in the morning, and ending late in the evening. For example, one participant noted: "I get up about, usually around 8:00-8:30 and start doin stuff, either workin at home or come to the shed and work on projects". Prior to, and throughout their involvement in Men's Sheds, participants' time was filled with hobbies, projects, events with family and friends, and volunteer work. What became increasingly clear throughout interviews was that keeping busy was more than a desire, it was a necessity. One participant discussed this need:

> I don't like sitting around, I always like to get going or do something, or always be involved in something. It seems to me I can't sit still. So, whenever there's a chance – if there's ever a chance to do something or join something, well, I go.

For some men, Men's Sheds satisfied the need to round out a week of social engagements. For others, Men's Sheds played an integral role in maintaining a busy lifestyle. Regardless of the importance of this commitment to their daily lives, all men shared the need to remain busy and active.

Striving for mastery. Another individual characteristic that was influential in participants' initial involvement in Men's Sheds was their pursuit of mastery. When discussing

their prior engagements in work-life, hobbies, and side-projects, participants described themselves as being in positions of leadership, having the drive to succeed, and being goal-oriented. Men's Sheds provided participants with an outlet to re-create experiences of mastery earned throughout their lives. Whether participants were learning a new skill, or practicing an established skill, it was evident that they wanted to complete a project that would lead to feelings of pride, accomplishment, and mastery. Many of the men with skills in carving and woodworking developed pieces to sell at a craft sale to raise funds for Men's Sheds programs: "We have about nine different items that the guys have built or made or whatever, to be in the program. Here's my contribution [shows built object] . . . I'm very pleased". One man spoke about applying his skills as a Chemist to cooking, and the sense of mastery he gained from this:

> A lot of my career was putting the methods that we used in the labs I was involved
> with, documenting all of that for the whole lab. And it's very similar to making
> recipes. So now when I look at recipes it's easy for me to go through it very quickly
> and figure out whether it's something I want to do or not.

> *Values.* Participants also shared their value of social connection and knowledge exchange (teaching and learning), which preceded and was central throughout their involvement in Men's Sheds. Most participants described numerous social activities that they valued and participated in weekly. For example, one man noted:

> I've been a Rotarian for about 35 years, and through that it's the fellowship that we
> have, and there's a lot of extra things that we do besides the regular weekly meetings
> that we have. We play bridge all winter, bridge club every Wednesday, and we have
> 12 to 16 people out every Wednesday all winter long. Yeah, we go to different homes.

And then we have social bridge on Saturdays or Fridays once a month . . . Then there's

the regular activities like the fundraising and meetings with the Rotary Club so that's

year long.

When discussing commonalities amongst activities they participated in throughout their lives,

men spoke about the fellowship or close bonds obtained through their involvement, reflecting

the great importance of social connection in their lives. One man explained: "Participation in

these types of programs has expanded my friendships. I'm out in the community somewhere

with my kids, they say oh yea, no matter where dad goes he knows somebody".

Participants also spoke about highly valuing opportunities to teach and learn ("share

knowledge") prior to and throughout their involvement in Men's Sheds. As most participants

were involved in teaching and leading throughout their careers (e.g., as directors in their field,

school teachers, and business leaders), stepping into a teaching role within Men's Sheds was a

natural progression. One participant expressed the importance of knowledge sharing for older

men:

It's fabulous the amount of knowledge and experience that a group of men have and

are quite willing to share. Men, older men, I think tend to become storytellers, whether

it's a story about their life or story about what their skills are. And once they have left

the working area, then men need to turn to their hobbies, whether it's sports, whatever.

And to be able to share those things, it's fabulous.

Pro-social attitude. A final individual characteristic that was common to participants

prior to their involvement in Men's Sheds was the presence of a pro-social attitude. This was

portrayed in their desire to volunteer and "give back to the community", help others, and in

some instances act as informal caregivers to friends and family.

Most participants spoke about a longstanding commitment to volunteerism. One participant expressed: "I've been volunteering for 32 years in some way or another so, so it's just kinda natural". Similarly, another participant noted: "I've always volunteered. I've been a volunteer in many, many different organizations". Volunteering in the community which they lived and worked was paramount to participants: "The interest is to build community... and if you're not interested in someone else's life how do you expect them to be interested in yours"? One participant described his search to find a way to give back to the community, and the way in which Men's Sheds satisfied this search: "This [Men's Sheds] showed me an opportunity where I could get involved with guys that are probably closer to the community, and somethin I could give back".

Some participants described their role throughout the lifespan as a "helper", and discussed how they fulfilled this role in Men's Sheds. For example, one participant explained: "My role is as a supporter and encourager, it's always been my passion in life to encourage people to do things".

Similarly, participants discussed being caregivers to family members, spouses, and friends prior to and during their involvement in Men's Sheds, illustrating their pro-social attitudes. One participant discussed his role as a caregiver to his mother: "I have a 97 year old mother. There's another thing. I keep in contact with her every day, cause she's 97 years old, and lives in her own house. So I have to help her". Another participant described taking on a caregiving role with a friend:

> I take a spin over to the Sturgeon Creek Residence across from Grace Hospital and I
> meet a fellow there. I have coffee with him . . . I've known him for like heck sixty
> years and he lives in there and so we uh shoot the breeze. His memory is really, really

bad so it's kinda a guessing game to visit him. So that's a Thursday thing I do. It's

kinda pastoral care in a way.

 Given the members' extensive caregiving experiences throughout their lives, it was not

surprising to see aspects of caregiving occurring throughout Men's Sheds programs. While

observing several coffee and conversation programs, I noticed a few men sitting and playing

cards and cribbage with a participant who had suffered several strokes. This participant's

speech and mobility were impaired, and he had paralysis on one side of his face. This did not

stop the men from joking around about the participant hiding cards and cheating, treating him

just like anyone else, like "one of the guys". Consistent with this aspect of caregiving, one

participant discussed how Men's Sheds satisfied his desire to act as a helper – transporting a

participant to and from programs.

You know the gentleman that I bring, almost blind, I'm now building his model

[airplane] for him. He flew it back in 1940 . . . Just in seeing him happy once every

two weeks is enough. You know, he wants to pay me for gas. No no, don't worry, it's

just enough to bring you here.

Loneliness and social isolation. In addition to the individual characteristics outlined

above, loneliness and social isolation resulting from retirement, relocating homes, illness or

mobility problems, and widowhood emerged as experiences leading to men's involvement in

Men's Sheds.

Retirement. Participants spoke about becoming socially isolated after retirement,

having lost the social networks that they developed over the course of their careers, and being

unsure of how to form new networks. For example, one participant expressed: "When you're

talking about mentally what happens [after retirement] – we've always known, human beings

are social animals. And I believe retirement isolates too much, cause you're no longer with

your comrades at work". Another participant spoke about the difficulty of creating new

friendships with age:

> It's hard to make good friends later in life, you make a lot of friends when you're
>
> younger and you've got your work friends and people you know but uh once you leave
>
> work you don't really see them anymore.

Although most participants had been retired for several years at the time their involvement in

Men's Sheds began, one participant discussed finding and getting involved in Men's Sheds

directly after retirement. His involvement appeared to be motivated by fear of becoming

socially isolated and suffering from the negative health consequences associated with this.

When speaking about his initial involvement he noted:

> I quit work, and two weeks later, I seen an ad in the paper about it. I know that a lot of
>
> guys, they retire from their work and then they sit at home and they don't do anything,
>
> they don't see anybody, they don't want to see anybody, and that's not my style . . . I've
>
> seen too many guys over the years that have quit work and gone home and had
>
> nothing to do and died of a heart attack a year later. And that wasn't for me.

Finally, one participant spoke about the challenges he experienced living and retiring in a

rural community. He noted that there were no programs for men that he could get involved

with, and wanting to evade loneliness and isolation, he travelled to Winnipeg to participate in

Men's Sheds. When asked what he would miss about Men's Sheds if it were gone, he replied:

"I live in a farm community. Farmers don't retire, so that means I'd be on my own once

again".

Relocating homes. Moving from a house to a smaller apartment or condominium also emerged as a related issue to loneliness and social isolation, preceding men's involvement in Men's Sheds. Several men spoke about having woodworking shops and garages with large power tools when living in homes – which could not be moved into smaller spaces. Many of these men had to forgo their hobbies as well as their social networks due to their change in location. One participant noted the ways in which Men's Sheds helped men who had become isolated and were no longer able to participate in activities they valued:

> That's why this program is so critical, because the number of guys that are in
> condominiums that have given up most of their hobbies because you had to have a
> garage or a basement to do them. Two or three guys here said 'I can't even start up a
> little hand sander because somebody will be complaining next door that you know
> you're not allowed to run this stuff you have to be quiet'.

Another participant, fortunate to have a woodworking shop in the basement of his condominium, explained his frustration with working in isolation:

> And I'm doing my carpentry in the basement of a small shop in this building . . . And
> I'm sitting all by myself. And I'm thinking this is no damn good. I – I – I – I gotta, you
> know, be with people.

Other participants expressed the ease with which one could become socially isolated and lonely when living in a condominium. One participant discussed how Men's Sheds helped to relieve this isolation:

> Well, it got me out of the house and I think that's good. I'm getting acquainted with
> more people. I think that's wonderful. Cause, you know, you're living here. And
> you've got your isolated little place here. And if you don't wish to get out, you could

stagnate here for sure . . . And you don't have to go out. You don't have to. You could

live here and not open the door. Except to get the paper.

Illness and mobility issues. Men spoke about illness and mobility issues as barriers to

participating in activities that had been an important part of their lives, leaving them without

options for social engagement, and leading to loneliness and/or social isolation. Several men

discussed how knee problems interfered with their mobility, and subsequently, their ability to

participate in valued activities with friends. For example, one man explained: "I used to golf

and we'd have a Rotary golf group that we would do with the men. And then I used to curl. I

left those behind about five years ago [due to knee surgery]". Other participants noted that

prior to their involvement in Men's Sheds, they were becoming particularly lonely and

socially isolated in the winter months. One participant spoke about how he used to keep

himself occupied during this time by cross-country skiing with friends. However, due to

mobility problems, he is no longer able to do this: "I have a bit of trouble warming my knees;

sometimes I don't feel as well, I can't really do as much as I should". Another participant

spoke about how several surgeries interfered with his ability to get out and engage in social

activities: "I had a heart bypass a year ago November, and then in May I had hip surgery. So

that kept me home bound for a while". When discussing Henry, who suffered from several

strokes, one participant noted that without this program he would not have social contact with

other men: "This [Men's Sheds] is unbelievable for him. You talk to Henry, his health is such

that he can't do anything other than cribbage, so he waits all week to come here for this group

of guys".

Widowhood. Widowhood also emerged as an important antecedent of loneliness and social isolation, which preceded men's involvement in Men's Sheds. One participant spoke about the difficulty for widowed men in particular to find social activities to participate in:

My wife passed away in 2008, so I tend to be alone quite a bit, so I do a lot of things by myself . . . It's hard for a man to find activities to get together and do. And I'm not a big curler or sports fan, cause ah, a lot of fellas will do that, go curling or stuff like that.

Another participant who was widowed discussed that his children were at an age where they would be moving out of the house, leaving him in an isolating situation. With mixed feelings of fear and excitement he described his process of discovering what adventure he would embark upon next:

Mark and Kyle, who were 18 and 20 at the time, were going to leave home. What am I going to do? I hope they [my two teenage sons] are gonna leave home, and I don't mean that in a bad way, but I hope they're going to leave home, and then what am I going to do? I don't have a partner. So I had better try and find a project which could potentially extend on far or at least where I could participate in it for many, many years.

Participants depicted Men's Sheds as alleviating loneliness and social isolation and filling a void in their lives. Whether men experienced loneliness or social isolation due to retirement, relocating homes, illness or mobility problems, or widowhood, Men's Sheds appeared to present them with opportunities to build large social networks and close friendships.

Social influence. A final experience leading to men's initial involvement in Men's Sheds was the influence of a friend or family member, who encouraged their participation.

Several participants met before Men's Sheds had begun, through their involvement with a local church. These participants noted that they felt more comfortable joining a program when they had already developed a connection with some of the organizers and potential members. One participant detailed an account of how he first heard about Men's Sheds:

> Bob was talking about it at the men's breakfast at the church, and that would be like a couple, three years ago . . . I went down there the day they had the organization meeting and had a coffee and a lunch over there and got interested in it, and saw some of the fellows I know.

Another participant who had also initiated his involvement due to the influence of friends at his local church noted: "I was quite surprised the first day I went and saw how many people I knew in there".

> Some participants described being encouraged to get involved in Men's Sheds by their spouse or family members. One participant reported:

> My daughter and my wife said, 'maybe you should get involved in something'. You know, I used to have a close friend who died, what was that, three years ago, so right now I don't have any close friends my age, so just have my wife around and my family, kids. So they suggested 'why don't you go there and get something different'.

Participants discussed that many of their wives were involved with Senior Centres and volunteer activities, and disliked seeing their husbands becoming socially isolated after retirement. For example, one participant noted:

> The wives have seen their husbands so active throughout their lives, and think 'he's wasting away' . . . and they want to see him being vibrant and caring and coming home to tell a story as opposed to sitting on the couch watching TV.

One participant expressed that although he and his wife participated in social programs together (i.e., bridge groups and Rotary events), they encouraged and supported each other to participate in their own separate hobbies and interests as well:

> She's involved with a women's group that supports young ladies in need, and she's involved in about eight bridge clubs, bridge groups, and her teaching, and then the things we do together . . . so she's got her own calendar and I support her in that. We've always done things to keep our own space.

Characteristics of Current Involvement. Whereas individual characteristics, loneliness and social isolation, and the influence of a friend, spouse or family member emerged as preceding characteristics or experiences to men's involvement; participants characterized their current involvement in Men's Sheds by the following subcategories: a) program aspects that attracted them to their current stage of involvement; b) the length of their involvement; and c) the capacity and progression of their involvement (See Figure 2). For the purpose of this research, current involvement refers to the ways in which participants described their involvement at the time of their interview.

```
                        ┌──────────────┐
                        │   Current    │
                        │ Involvement  │
                        └──────┬───────┘
          ┌────────────────────┼────────────────────┐
    ┌───────────┐      ┌──────────────┐      ┌──────────────┐
    │  Program  │      │  Length of   │      │ Capacity and │
    │  Aspects  │      │ Involvement  │      │ Progression of│
    └─────┬─────┘      └──────┬───────┘      │ Involvement  │
          │                   │              └──────────────┘
    ┌───────────┐      ┌──────────────┐
    │Opportunities│    │Recently Involved│
    └───────────┘      └──────────────┘
    ┌───────────┐      ┌──────────────┐
    │  Novelty  │      │Involved Since the│
    └───────────┘      │ Beginning of │
                       │ Men's Sheds  │
                       └──────────────┘
                       ┌──────────────┐
                       │Involved Since the│
                       │Beginning of Men's│
                       │ Cooking Club │
                       └──────────────┘
```
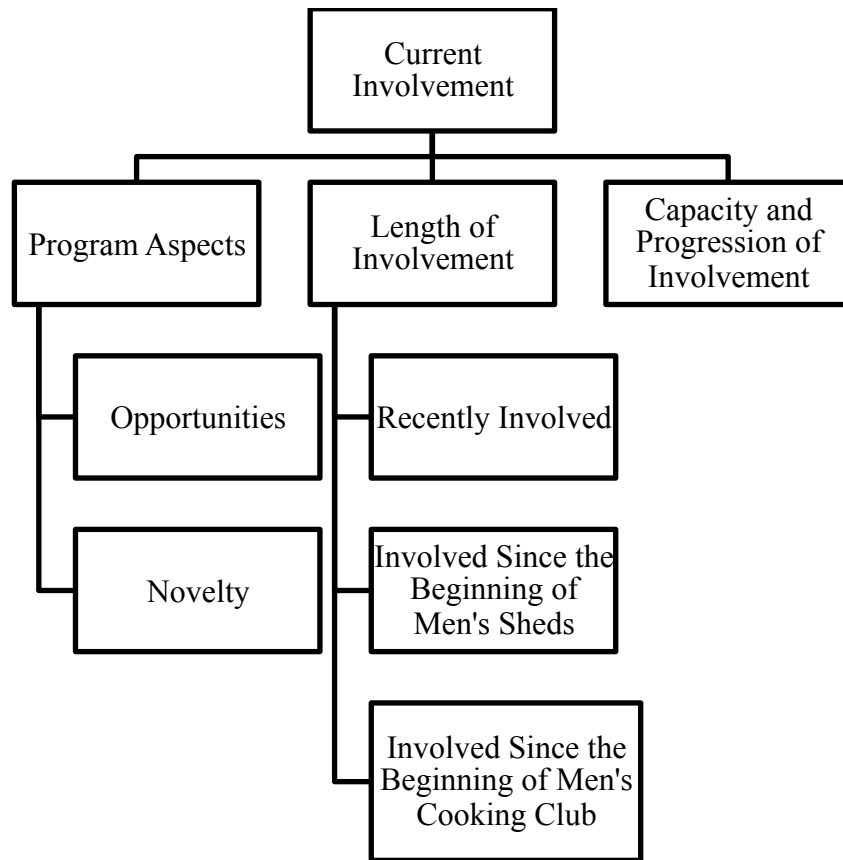
Figure 2. Characteristics of Current Involvement in Men's Sheds.

Program aspects. When describing attributes of Men's Sheds that attracted them to their current stage of involvement, participants spoke about the opportunities inherent in program participation, as well as the novelty of the program.

Program opportunities. Participants discussed opportunities to socialize, work on a hobby, volunteer, and engage in a combination of these elements as important characteristics of their involvement. For most participants, the opportunity to socialize and create close bonds and larger networks of friends was integral to their participation. One participant discussed his involvement as revolving entirely around developing social connections: "I joined Men's Sheds for the social part . . . We meet for breakfast because it's a social get-together, and that's really what I need more than anything else is to meet with people and just spend time with people". Another participant spoke about gaining a larger network of friends: "I joined Men's Sheds to spend time with other people and get to know new people . . . I probably know about 60 or 70 people more than I knew before".

Many participants saw their involvement in Men's Sheds as volunteer work, describing their participation as "making a contribution" and "giving back to the community". Participants spoke about "volunteering" through several capacities such as renovating the Men's Sheds Clubhouse, teaching participants new skills (e.g., carving, woodworking, model airplane building) and cleaning up the creek in their community.

Some men did not describe their involvement as consisting primarily of an opportunity to socialize, work on a hobby, or volunteer. Rather, for these men, their involvement was based on a combination of these activities. For example, one participant noted: "I'm enjoying the fellowship, and the activities, and getting out of the house".

Program novelty. In addition to the various opportunities that characterized men's current involvement in Men's Sheds, the novelty of the program emerged as a distinct and central aspect. Participants noted that there was "nothing else like it [Men's Sheds]", and described themselves as "pioneers" in creating something meaningful and innovative in Manitoba, and as contributing to a good "cause" in reducing the loneliness and isolation of older men, that had yet to be addressed through Senior Centre programming. While observing and taking fieldnotes at Men's Sheds business and planning meetings, I noticed an energy and excitement amongst participants. During these meetings, men spoke about their big ideas for program development and expansion. During an in-depth interview, one participant reported:

> One of the things, for me, is the excitement. To think that we maybe are starting something here that will provide a so well-needed and necessary service for activities for senior men and realizing that there's virtually no one else in Winnipeg that I know of that is driving that kind of organization. What a fabulous thing.

All participants saw Men's Sheds as contributing to a gap in programming for older men. When discussing the problems of loneliness and social isolation amongst men, one participant noted:

> It just floored me, I went to grab a coffee to take with me in the car instead of waiting in a line-up of cars, and I'm looking around thinking, look at all these guys sitting here hardly even talking to each other. A cup of coffee and a donut and that's it, they're going home again. You know it's really socially a very sad thing.

Although most participants depicted the novelty of the program as motivating and inspiring, some participants described the novelty of the program as a potential barrier to continued participation and expanding membership. Participants noted the difficulty Men's Sheds was

experiencing "getting known in the community", and recruiting members. Men also described

the struggle to obtain interest from government, political organizations, and community clubs,

for promotion and resources. Finally, some participants expressed their concern about the

future of this new and growing program, and wondered what lay ahead for Men's Sheds.

Length of involvement. Participants also characterized their current involvement by

the length of time they had been involved, falling into three segments: a) recently involved; b)

involved since the beginning of Men's Sheds; and c) involved since the beginning of Men's

Cooking Club. Only one participant characterized himself as being a recent member of Men's

Sheds, having joined the program three weeks prior to his interview. The majority of

participants fit into the second segment, chronicling their involvement since the beginning of

Men's Sheds. Several participants discussed being involved in the development of Men's

Sheds, from idea generation to current participation and/or leadership. Participants also

discussed being involved in the renovation of the Men's Sheds Clubhouse before the program

officially began. One participant described this process:

> Charles called me in December of 2009 and said we've got 3172 Portage now. We've
>
> got to redecorate it and paint it and that. So I said, do you want a volunteer? So of
>
> course, early December, there was Joe, Bob, Fred and a couple of others, and then we
>
> painted it up. Some of them took the baseboards off, fixed them all up and that type of
>
> thing.

Other participants began their involvement once the Clubhouse re-opened and Men's Sheds

began recruiting members through open houses and breakfasts, advertisements in newspapers,

and at local grocery stores. Finally, two participants reported that they had been members of

the Men's Cooking Club since its beginning, which occurred approximately three years ago.

Capacity and progression of involvement. A final and important way that men described their current involvement in Men's Sheds was by the capacity in which they participated (i.e., as a leader or participant), and the progression of their involvement since they initiated their membership (i.e., continued, fluctuating, disengaged followed by renewed involvement, or transitioning to leadership).

Men who spoke about having a leadership role within Men's Sheds noted that they were primarily involved with the organization and development of programs, the facilitation of meetings and events, the administration duties, and the teaching of skills (e.g., carving) to participants. Although these men all noted the extensive time demand of their leadership roles, they described being extremely dedicated and fully committed to carrying out these responsibilities as the program continued. One participant discussed his leadership role and how he hoped it would continue on in the future:

> I do like having the vision, being able to lead some of those men . . . I think that's part of my role in the group . . . One of the roles I hope will emerge is that I will be allowed to go out and help start other Men's Sheds. That's one of the things I would like to do, whether it's here within Winnipeg or a bigger area.

Some participants who were initially involved in leadership roles within Men's Sheds appeared frustrated by the large amounts of time they had to dedicate to the program, and the difficulties they experienced maintaining relationships with other men in leadership positions within Men's Sheds. These men described a process of fluctuating commitment to their leadership roles – beginning with initial commitment, followed by disengagement, and ending with a renewal of their leadership role in a smaller capacity. One participant illustrated this when saying:

Well it started not quite two years ago, when they formed the development committee,

to, to get it set up. I was on that for about the first six months and then went off it for,

for about a year. And then I tend to stay off committees, or away from committees . . .

I'll stay here and help you run an activity. I wanna stay out of the other [program

development and leadership].

One participant expressed that he began his involvement when Men's Sheds officially opened.

Following a brief period of participation, he disengaged from the program due to the division

of Men's Sheds groups. Several months later he reported being contacted by a program

organizer of one of the Men's Sheds, who invited him to attend programs at a new location.

He then resumed his involvement with Men's Sheds and described that his involvement would

likely continue on into the foreseeable future.

Some participants described a keen desire to participate in Men's Sheds, without the

added responsibilities of leadership. These men indicated that although they were committed

to the program and its development, they wanted to take a break from the management roles

they held in previous organizations and throughout their careers, and spend more time

relaxing. One participant explained: "I don't want that tie down where you have to do this and

you have to do that and be responsible . . . This is a recreation thing, which is re-creation".

Finally, several men characterized themselves as participants who had transitioned to

leadership roles within Men's Sheds. These men discussed that although they were initially

attracted to the program as participants, they began attending business and planning meetings

and enjoyed the added responsibilities of organizing events and taking on new projects.

Aspects that Promote Continued Involvement. The final category in the model

illustrating the processes of involvement of older male adults in Men's Sheds encompasses

aspects of Men's Sheds and men's participation in Men's Sheds that promote participants'

continued or future involvement in the program. Men described their continued involvement

as dependent on four key sub-categories: a) program structure; b) opportunities for role

coherence or renewal; c) program investment; and d) opportunities to build larger social

networks and closer bonds with other men (See Figure 3).

```
                    ┌─────────────────┐
                    │ Continued/Future│
                    │   Involvement   │
                    └─────────────────┘
```

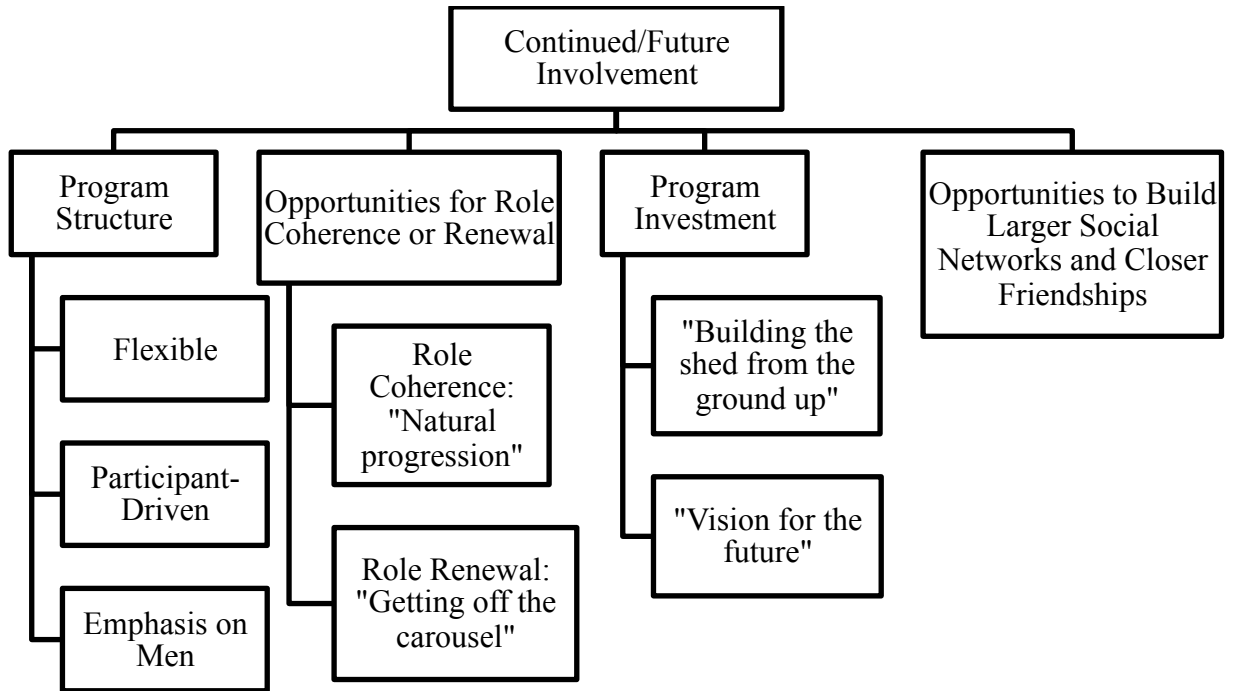| Program Structure	Opportunities for Role Coherence or Renewal	Program Investment	Opportunities to Build Larger Social Networks and Closer Friendships
Flexible	Role Coherence: "Natural progression"	"Building the shed from the ground up"	
Participant-Driven	Role Renewal: "Getting off the carousel"	"Vision for the future"	
Emphasis on Men			

Figure 3. Aspects that Promote Continued Involvement in Men's Sheds.

Program structure*.* Regarding program structure, participants spoke about the flexibility, the participant-driven format, and the emphasis on the participation of men, as largely affecting their continued involvement in Men's Sheds.

Flexibility. Participants described flexibility as integral to the success of the program. When observing and taking fieldnotes at Men's Sheds programs, it was clear that there weren't any specific start or end times, and that members appeared to feel comfortable coming and going as they pleased. Participants described this as a much needed change from the high degree of structure in their work and family lives. For example, one participant noted:

> I can come here with this group in the afternoon and I have no pressure. I'm not in charge. I don't have to worry about anything. I can just concentrate on having fun with the other guys, which is hugely different than my previous life.

Participants expressed the desire for freedom in their retirement, wanting to lead a balanced and relatively stress-free lifestyle without over-committing to individual activities. Several participants reported: "You've got the flexibility to come and go. Do as you want. Do what you want". Participants also expressed: "I don't want to um tie myself down entirely, I want to have a little bit of freedom".

Participant-driven format. Following the mandate of Men's Sheds Australia (http://www.mensheds.com.au), Men's Sheds Manitoba sought to maintain a participant-driven format of involvement. Along with the flexible nature of the program, this was a highly desirable aspect amongst participants, and they appreciated the opportunity to have a voice in the development of the program, and in the capacity of their involvement. One participant expressed why he thought older male adults appreciated this format:

> Older fellas have been workin all their life. They know what they want, they know
> what they like to do, they know what they wanna do, they have their sort of way of
> doing things, they don't like to be told what to do. That's not a way of approaching it.
> So a project where they themselves figure out what they wanna do, how they wanna
> do it, and where they wanna do it. They're in charge and in control of the program, it's
> really a better approach.

Participants in the Men's Cooking Club noted that although there were many similarities between this program and Men's Sheds, Men's Cooking Club was characterized by top-down, rather than bottom-up leadership. Many participants expressed having difficulty with this, and reported the desire for a participant-driven approach. One participant described this struggle when noting:

> I think the club is probably ready to sit down and ask what the members are interested
> in and get some feedback. If some of the members are more interested in cooking
> meat or fish or healthy foods or something like that then you can tailor the week's
> program to those sorts of things. I know it's been sort of a surprise, you come there
> and the recipes are already there for you. But a lot of people and myself included,
> we've got friends that have certain health issues and they can't eat certain foods or they
> wanna eat healthy. So I think it would be useful to have some feedback from the
> members to see what they would like to have.

Some participants noted that the division in Men's Sheds may have occurred due to a disagreement in program vision – with the Senior Centre emphasizing top-down leadership, and many of the Men's Sheds participants wanting to maintain coherence with the Australian program, depicting bottom-up leadership. As one participant noted:

The problem with 55+ [The St. James Assiniboia 55+ Centre] was the top-down and in the case of Men's Sheds, it's bottom up. I think that's essentially what happened with the program and it ended up being kyboshed. The group was gonna go and trying to do things and they didn't like that.

Emphasis on men. A final structural advantage that men discussed as promoting their continued involvement in the program was the predominant involvement of men in Men's Sheds. Men expressed several advantages to this, including: being able to participate in chosen activities that they described as more typical of men; a lack of programming for men and abundance of programming for women; opportunities for contact with other men, which they might not otherwise experience in their lives; and feeling more "open" talking with other men when women aren't present. When describing the lack of programming for older men, one man described that: "Right now the Senior Centre is really a women shed because it's 80% women. So really it's a women's shed". Another participant described the need for programming for men when stating:

With all of us living longer and the influx, starting especially from now on of the baby boomers, there's going to be a huge need for programming. Many men's social aspects of their lives are run from their spouses . . . I believe, men with men contact, it's a different kind of contact, and I think that's very important.

When discussing the specific advantage of contact with other men in the absence of women, one participant reported:

At this time we only have men [in the program]. We are open to having women in programs too but yes being mainly men is very important because men will not talk about some things when there is women around that they will talk to each other when

there is not. I think men will be more open with each other when there's not women.

The other thing is that women tend to take over, because men let them.

Similarly, another participant noted: "Guys do it different ways. Guys bond different ways. And guys will not talk when women are present".

Opportunities for role coherence and role renewal. In addition to the structural aspects of Men's Sheds, men expressed that their continued involvement was influenced by opportunities to act in accordance with previous roles established throughout their lives (role coherence); or opportunities to act in opposition to these roles (role renewal). All participants described working in a leadership position throughout their careers; and two segments of men emerged in this analysis: a) men who described a "natural progression" to leadership in Men's Sheds; and b) men who expressed a desire to "get off of the carousel" and participate in Men's Sheds without the added stress of leadership.

With regard to the first segment of men, many participants expressed being happy to take on leadership roles within Men's Sheds based on skills they had acquired throughout their careers. These participants appeared to experience a sense of pride and mastery when in these roles. One participant expressed the following:

Oh yes, I have been involved in a lot of our administrative needs and planning needs. It's a much smaller scale, but it's an activity that is relatively, ya know, easy for me to think about or do because it's the kind of process that I would follow in the business world.

Another participant, who had retired from a career in education, appeared to carry forth his passion for teaching to help Men's Sheds participants learn to carve:

> I have my own way of teaching carving, and if people want to carve, I can teach them
> over three days. Like I only teach part of the carving each time, so then they can
> absorb it and work on it, and then try the next thing . . . If a guy comes back for a
> second day and then a third day, and that's the way I work. As a teacher, you're
> automatically a caregiver.

The second segment of men expressed a desire to escape their work role and create a new role within Men's Sheds. These men described being tired from long careers of organizing, managing, and "fixing", and wanted less stress in their retirement. One participant noted:

> I've spent forty years both in the [Canadian Armed] Forces and in emergency
> management being the fixer, and it wears you out you know . . . You're in charge,
> whether you had the authority or didn't have the authority you just ended up –
> everybody's looking at you because you were emergency management or whatever. So
> no matter what you did or where you went or who you even associated with there was
> always that. So all of that is gone which is a huge burden taken off. And that's part of
> why I don't wanna get in the midst of this [leadership and conflict] stuff like I've had
> enough of that.

Several participants who fell into this segment of men described wanting a retirement without leadership responsibilities; however, they appeared to experience difficulty relinquishing their previously established leadership role. For example, some participants first expressed not wanting to get involved in a leadership role, then later noted that they would be open to organizing, teaching or leading if they were asked.

Program investment. Having an investment in Men's Sheds was another experience that participants described as leading to their continued involvement in the program. Men

discussed having a passion for the program and an investment in its future, which was illustrated in two main concepts: a) their involvement in "building the shed from the ground up", and b) sharing a "vision for the future" of Men's Sheds.

"Building the shed from the ground up". When asked about what kept him coming back to the program, one participant replied:

> Just the challenge of building the group. In fact, at our [business and planning] meeting yesterday morning I says look at this – I think there was about 13 guys around the table and I says, six months ago we didn't know each other and we're now able to have a good conversation, good planning here today, I says what does that tell you about what the program is doing.

Related to the participant-driven structure of Men's Sheds discussed earlier, men described feeling more connected to, and being more invested in the program due to the fact that they had a hand in developing and "building" the program.

"Vision for the future". Regardless of the length of time participants had been involved in Men's Sheds, most of the men spoke about having a "vision for the future" of the program, which also contributed to their plan for longstanding dedication and commitment. One participant who had joined the program a mere three weeks prior to his interview spoke about having dreams at night about writing a grant to the city asking them for space to run Men's Sheds programs: "As a matter of fact, last night I had a dream that I was going try to propose that, you know the warehouse district? I was going to propose that we take over a heritage building for Men's Sheds".

Participants shared big ideas for program expansion, and spent many business and planning meetings "dreaming" about the future of Men's Sheds, not only in the St. James area, but across the province:

It's gonna take another year and a half in my mind, but I'm thinking that if it takes hold, then my goal is to see Men's Sheds all over Winnipeg and Manitoba, not just where we are here. I think it's too important not to.

Opportunities to build larger social networks and closer friendships. A final aspect of Men's Sheds that influenced participants' plan to continue their involvement centred upon the opportunities inherent in the program to build larger social networks and form closer bonds with other men. One participant said: "I now have a new, within the last 18 months, a new group of really good friends. I'm not alone, that I'm with other people". Men characterized the quality of these relationships by the mutual respect, acceptance, and appreciation they had for one another. One participant discussed the concept of mutual respect when noting: "I guess if I was vain I could say I get respect, and I think we show that to each other in every way". Another participant discussed a process in Men's Cooking Club, whereby one of the men calls the others to confirm their attendance at the next program meeting:

I like the idea of calling them up and asking are you coming for this week? I mean, there's a reason for doing that so you get a head count but it also shows the individual that somebody else is interested in having you come.

Throughout the interviews, men's respect, acceptance, and appreciation for one another was also exemplified in the ways they would talk about the other members – as "amazing carvers", "helpers", committed leaders, and "friends". One participant noted: "I can go over there

[Men's Sheds] and sit with a group of men who I appreciate, admire, would like to hear what their stories are, and have some fun". When observing programs and taking fieldnotes, I documented the way in which participants would watch each other carve – appearing as though they were learning from the different skills and styles each man brought to their project. I also noticed the kind words of support and encouragement that men offered to one another, as a sign of respect, appreciation, and acceptance.

Consequences of Involvement

Thus far I have outlined the three main categories of the theoretical model of the processes of involvement of older male adults in Men's Sheds: preceding characteristics and experiences to involvement; characteristics of current involvement; and aspects that promote continued involvement. Although discussed in isolation, and as part of a linear progression over time, these categories are interrelated with regard to the overlapping characteristics amongst subcategories, and the development of consequences or outcomes of involvement that occur at the two final stages of the model and shape participation. Consequences of involvement in Men's Sheds included benefits and drawbacks that men experienced as a result of their participation, which influenced their current involvement, disengagement, and plans for future involvement.

Benefits of involvement. Benefits of involvement included: expanding friendships, improving mental health, and "broadening horizons". Most participants noted that they had experienced great benefit from the friendships they had gained as a result of their involvement. For example, one participant expressed: "Maybe one of the biggest benefits is just getting out and meeting people who generally live in the area that are all interested in each other to some degree and I guess these friendships that you make". With regard to

mental health, some participants spoke about how the program has affected their own mental health; whereas others were reluctant to do so, and spoke about general mental health benefits, or how Men's Sheds might affect the mental health of other participants. Men who spoke about personal mental health benefits noted decreases in time spent socially isolated, advantages of being able to talk with other men about issues they were having, and lower levels of depression. One man spoke about his experience with depression when he was carving alone in his basement, and how his participation in Men's Sheds has helped to alleviate this:

> I think that when I was downstairs, I was probably slowly slipping into a depression without realizing it. I wasn't as happy go lucky as I could be. I'm very quiet, normally speaking, until I get to know people, but I think depression was starting to hit because I was becoming more blue and some of my carvings showed anger. And since I've been coming to Men's Sheds, I'm healthy and more of my people show more caricatures or happy faces . . . Men's Sheds has lifted that whole aspect of loneliness off my shoulder and helped me tremendously in that one sense, and I think I'm happier.

Another participant discussed his struggle with symptoms of depression, and how Men's Sheds has increased his well-being:

> I would be worried about my mental health if I did not go out and do some of these things . . . I've dealt with depression in my past and I've watched my own ups and downs . . . It [Men's Sheds] adds excitement to my life. It's added a whole bunch of friends to my life. It's expanded my life.

When discussing the positive mental health benefits for another participant, one man noted:

I mean, Henry is having an afternoon of 'I'm playing cards with guys', you know. 'No

matter how bad the rest of the world is I have four hours of being happy'. You know

it's gotta count for something . . . So if nothing else this is an excellent men's respite

program.

Another participant discussed that although he could not see any personal mental health

benefits, he thought that participating in Men's Sheds could improve the mental health of men

who were isolated or widowed:

I could, not for me, but I could see it [mental health benefits] for others . . . people that

go there and sit by themselves and have coffee and stay for an hour just staring out the

window. I could see it [Men's Sheds] would certainly be a benefit to them if there

could be some interest on their part. I'm not talking just here, over the wide spread of

things if somebody you know a widower or single could become involved in

something like that [Men's Sheds] it might be helpful.

Finally, participants discussed the benefit of sharing information with other participants,

learning from each other and "broadening their horizons". One participant expressed:

If you spend time by yourself or with the same people, you may talk about the same

things and that. This way here you meet with a group of people that have some fresh

ideas, and you learn some things and it makes things more interesting.

Drawbacks of involvement. Most participants denied experiencing any drawbacks as a

result of their involvement in Men's Sheds. Some participants noted that they committed too

much time to the program, which took away from other aspects of their lives. Other

participants noted their frustration with the division of Men's Sheds, and the extent to which

this affected them personally. When discussing this process, one participant noted:

I was miserable. You know, I spent all this time and work getting set up and I'm talkin

a lot of time, to have someone do something like that is very upsetting. There was a

big psychological effect I think . . . I tried my best. I put so much into this and now it's

failed. Is it because of me, something I didn't do enough, or didn't do the right thing?

So ya know you have that kind of questioning too that's not good for people.

Meaning of Involvement

In addition to the consequences of involvement indicated above (benefits and

drawbacks), the meaning that participants attributed to their involvement in Men's Sheds

influenced their current involvement and plans for continued involvement. Although there

were many similarities between the categories of benefits and meaning of involvement, I see

meaning as a unique construct, and therefore, included it as a separate aspect of the model.

When asked what participation in Men's Sheds meant to them, participants responded in a

variety of ways. For some participants, their involvement affected them on a deep, personal

level. One participant noted that to him, Men's Sheds meant "being accepted". Another

participant expressed that Men's Sheds was an integral part of his life: "This has been a

godsend for me". Similarly, another participant said that Men's Sheds kept him "with a

purpose". Other participants appeared to experience the impact of Men's Sheds to a lesser

extent, noting that their involvement meant "meeting new people" and "having the time go by

quicker". One participant who was interviewed at the time of the division of Men's Sheds

programs said that the meaning of Men's Sheds to him was "somewhere between some

satisfaction and a lot of heartburn and frustration", illustrating the stress which resulted for

participants who were closely involved with this separation.

Barriers to Involvement

The final aspect of the theoretical model of the processes of involvement of older male adults in Men's Sheds addresses the barriers that men faced throughout the stages of their involvement. A tripartite typology of barriers to men's involvement emerged from interviews, encompassing individual, social, and macro-level barriers that existed both in isolation and in combination to affect men's current and future involvement in the program.

At the individual level, participants expressed that personal illness and physical health problems got in the way of their involvement. Social barriers included family responsibilities (i.e. health problems and family needs or events) and maintaining friendships outside of Men's Sheds. Finally, gender, class, ageism, and access to resources emerged as macro-level barriers.

With regard to individual-level barriers, participants noted that problems with their knees, joints, heart, and eyesight interfered with their mobility, which affected their ability to participate in Men's Sheds on a regular basis. One participant reported: "Transportation's my biggest problem cause I cannot drive a vehicle anymore, cause I have no sight in the one eye".

When discussing the social experiences interfering with participation, men noted a primary commitment to their spouse and/or family, which would without question take priority over their involvement if necessary. One participant explained: "I have, sometimes, other priorities. And ah my wife hasn't been really well, I don't want to leave her too long. Um, she's um got a lot of problems, health-wise".

Regarding macro-level barriers to participation, gender was a predominant theme throughout interviews. Participants spoke about the lack of programs for men as being a barrier to finding out about and participating in Men's Sheds. One man stated: "There are

virtually no just men groups. There are virtually none". Another man noted that most men assume that community programs are for women, preventing them from wanting to get involved: "I understand that there is mostly women in the Senior Centre, and that may be sort of a stumbling block to the whole thing". Participants also discussed the difficulty that men experience coming together socially, contrasting this with the relative ease with which women tend to form social networks and initiate involvement in community programming. One participant illustrated this when saying:

> Women go and do things together. You certainly see, whether it's your mother or grandmother, they maybe still do quilting together. They still do, they go and have coffee together. They operate on a social basis quite differently than men do.

Similarly, another participant explained:

> We need places for guys to come together to overcome the boredom of sitting in a condominium with nothing to do and no other guys to talk to. Women will go to each other and they'll suddenly form a kitchen committee in the condominium and guys won't do that.

Finally, participants discussed the declining membership in the Men's Cooking Club as a barrier for men who want to remain involved or begin involvement in that program. Similarly, participants discussed the difficulty recruiting men to participate in community programs:

> It's very hard to get men to commit. I don't care, commit to what. I mean we had guys at the cooking club, they would come in, one guy came in and stood there. I think he came in two or three times, left his hat on, left his jacket on, and wouldn't get involved and disappeared, but other people come in. It's the same thing here. We're finding that men are interested. Men want to know what we're doing but they don't commit.

Class also emerged as a potential barrier to involvement in Men's Sheds. Several men discussed a desire to participate in programs and committees with men who they described as "successful" rather than "average":

> There is a lot of good people in committees, but there is a tendency for people who aren't successful in their real life to get heavily involved in the volunteer world cause nobody will fire them . . . What happens is that they tend to drive out the good people who say 'enough of this I'm leaving' . . . So the average mediocre tends to become the committee and it starts becoming a problem.

Several other participants mentioned that most of the men in Men's Sheds had backgrounds in leadership, which they thought might be a disincentive for joining the program for men who did not share the same career background:

> The guys that are involved in the program, most of them have been in a leadership position in their work or in a position of responsibility in their work which kind of tells me a little bit about the caliber of the guys. And it s not to say that we wouldn't want guys that have been menial labor or ditch diggers or anything like that but they seem, they don't seem to be the kinds of people that are attracted to the program.

Participants also described ageism as a barrier to men's involvement in Men's Sheds and community programs more broadly. They explained that society neglects the importance of older men after they retire, which is illustrated by the lack of support and programming for older men. Several participants expressed their frustration with this when saying: "We're seniors so therefore we're back-burners. I think society has a drawback, in that once you retire, you're retired"; and "in some ways, society does not care about retired men". Men

spoke about how society at large devalues older men, and emphasized the necessity of a societal shift in how older men are perceived:

> There needs to be a societal change here to recognize the needs and possibilities of senior men; Ageism comes to mind, I find that younger people, but quite often women think that I'm incapable of looking after myself or doing a number of different kinds of things and it annoys me. I can do them.

A final macro-level barrier to men's involvement in Men's Sheds was the difficulty participants experienced accessing resources to carry out program activities. Men discussed that when there was a division in Men's Sheds, a conflict arose over access to resources. One man described this when saying:

> It was a very unfortunate thing, it was I think a mistake that they did that, and now it's kind of caused a bit of a division or rift and uh you know the resources that are out there and not being channeled to a common cause now and I think everything loses as a result of that you know and that's a bit problematic.

Participants discussed that partnering with larger institutions such as the Senior Centre – which receives funding from the provincial government – and the church – which provides the Men's Cooking Club with a facility in which to run their program – is the only way to conduct a viable program. Given that one of the Men's Sheds groups operates independently, this presents an especially important barrier to current participation and future growth of programs.

Discussion

Findings of this study illustrate participants' experiences over the course of their initial involvement, current involvement, and continued involvement in Men's Sheds. The

consequences of their involvement, such as the benefits and drawbacks of participation, the meaning participants attributed to their involvement, and the barriers that they faced throughout the stages of their involvement, appeared to influence current involvement, disengagement, and continued involvement in Men's Sheds.

The first stage of the model – preceding characteristics and experiences to involvement – depicted involvement as resulting from individual characteristics, loneliness and social isolation, and social influence. Individual characteristics that led to men's involvement included: the need to stay occupied; the desire to obtain feelings of mastery; values of social connection and knowledge exchange; and pro-social attitudes emphasizing the importance of contributing to the well-being of friends, family, and the community. With regard to the first individual characteristic, the need to stay occupied, although it was evident that men valued staying active as an important component in their lives, the underlying reasons for this were unclear. The need to keep busy bears resemblance to concepts in Activity Theory, a successful aging theory developed by Havinghurst (1961), and further refined by Lemon, Bengston, & Peterson (1972) and Longino & Kart (1982). This theory proposes that in order to preserve well-being, older adults should maintain activities from middle-age as long as possible before finding replacement activities. According to this theory, keeping busy is an effective way to cope with changes associated with aging (e.g., transitions including retirement) and to increase life satisfaction (Lemon et al., 1972). As highlighted in Activity Theory, the need for men in Men's Sheds to keep busy may be an attempt to maintain activities and a fast-paced lifestyle from middle-age, in hopes of preserving or increasing their well-being and life satisfaction.

Loneliness and social isolation resulting from retirement, housing relocation, illness/physical mobility issues, and/or widowhood also emerged as preceding experiences to men's involvement in Men's Sheds. There is consistent agreement in the aging literature that these experiences are associated with an elevated likelihood of becoming lonely and/or socially isolated. Although many participants described being lonely and/or socially isolated prior to their involvement in Men's Sheds, they explained that their participation in Men's Sheds helped to alleviate their loneliness and social isolation, and promote social engagement and connectedness.

The final subcategory in the first stage of the theoretical model, social influence, describes the powerful influence that friends and family had on the lives of participants by encouraging their involvement in Men's Sheds. It also depicts the importance of word of mouth in recruitment initiatives, as most participants first heard about the program through friends at their local church. Other research has discussed word of mouth recruitment as evidence of a lack of knowledge translation between higher-order organizational systems and older adults. The distance and poor communication between bureaucracies and community dwelling-older adults act as a barrier, preventing the individuals who are most isolated from participating (Cattan, Newell, Bond, & White, 2003).

Whereas the first stage of the model included aspects that attracted men to initiate their involvement, the second stage of the model illustrated the ways in which men characterized their current involvement in Men's Sheds. Men's current involvement in Men's Sheds was dependent on: program aspects; length of their involvement; and the capacity and progression of their involvement. Program attributes that attracted men to their current stage of involvement included opportunities (i.e., to socialize, work on a hobby, and volunteer), as

well as the novelty and innovation of the program. When speaking about the opportunities to socialize, men expressed both the desire to form close relationships and to expand their social networks. This finding runs contrary to Carstensen's Socioemotional Selectivity Theory, which posits that aging is associated with a diminished desire for social stimulation and novelty, and that as individuals age, they tend to select close, reliable relationships to meet their emotional needs (Carstensen, 1992). Furthermore, the men's desire for social stimulation and novelty, evident in their enthusiasm to learn new skills, engage in a wide variety of activities, and broaden their horizons, also opposes Carstensen's theory.

Three different segments of men emerged with regard to their length of involvement: those who were recently involved; those who had been involved since the beginning of Men's Sheds; and those who had been involved since the beginning of Men's Cooking Club. Interviewing men at various stages of participation allowed me to develop a model that captured the unique characteristics of these participants and the varying aspects of their involvement.

A final subcategory that participants discussed with regard to their current involvement in Men's Sheds was the capacity (leader or participant) and progression of their involvement (continued, fluctuating, disengaged followed by renewed involvement, or transitioning to leadership). The majority of the men interviewed considered themselves to be leaders in the program. This could be explained by the fact that most of the men were in positions of leadership throughout their careers, so this was perhaps a natural role progression for them. This could also be attributed to the bottom-up style of leadership in Men's Sheds – encouraging all participants to take an active role in developing, facilitating, and promoting the program. In contrast to men who demonstrated a continued progression in their leadership

roles, several men exemplified a fluctuation in their leadership role within the program, appearing to have difficulty navigating a desired change in role after retirement. Finally, some men expressed being content to participate in the program, with no desire to get involved in leadership activities.

The third category in the model illustrated aspects that promote continued involvement in Men's Sheds. This category centred on questions that asked participants what kept them coming back to Men's Sheds and how they saw their participation continuing in the future. Continued involvement was influenced by four essential subcategories: program structure; opportunities for role coherence or role renewal; program investment; and opportunities to build larger social networks and closer bonds with other men.

The flexibility of the programs, participant-driven format, and predominant focus on men in Men's Sheds emerged as program aspects which were integral to participants' future involvement. This finding parallels an important finding in previous qualitative research conducted by Cattan and colleagues (2003). This study investigated older adults' perceptions of and experiences with services aimed to decrease social isolation and loneliness. A significant finding in this research was that older adults saw a disparity between the type of programs that were offered at a bureaucratic level, and those desired by participants. According to older adults in this study, social isolation could be greatly reduced if programs and services were flexible in meeting individuals' varied needs, and if older adults were involved in the development and facilitation of the program. Men's Sheds embodies these suggestions, which have influenced the continued participation of its members. In addition to the flexibility and participant-driven structure, participants also valued the emphasis on men in Men's Sheds. Although it was not an official rule that women were excluded from

participating, and several men discussed being open to involving women in the program, men described feeling more "open" and comfortable talking and joking around with other men when women were not present. They also noted that involving women might result in a potential return to the much criticized top-down leadership style, as men noted that women "tend to take over, because men let them". Finally, men who were widowed found unique appreciation in the opportunity to bond with men who were married, in the absence of their spouses – an opportunity not present for them in the majority of their activities.

Men's continued participation in Men's Sheds was also influenced by the ability of the program to satisfy their desire for role coherence or role renewal. All of the men interviewed discussed being in a position of leadership throughout their careers (e.g., teachers, business leaders, directors in their field, managers). Participants who desired role coherence described a "natural progression" from leadership in their career to leadership within Men's Sheds. Men who desired a renewal in roles spoke about wanting to participate without the added pressures and responsibilities inherent in a leadership role. The desire for role coherence, expressed by most participants, appears to exemplify aspects of Atchley's Continuity Theory of Normal Aging, a successful aging theory with similar tenets to Activity Theory, which was discussed above (Atchley, 1989). Atchley defines continuity as a dynamic construct which integrates both change and adaptation in connection to an individual's past, present, and future. According to Atchley (1989):

> A central premise of Continuity Theory is that, in making adaptive choices, middle-aged and older adults attempt to preserve and maintain existing internal and external structures and that they prefer to accomplish this objective by using continuity (i.e., applying familiar strategies in familiar arenas of life) . . . (p. 183)

Internal continuity refers to individual aspects of the self, and is advantageous in decision-making, and important to mastery, competence, self-esteem, and to the possession of integrity of the self and one's life. External consistency refers to social aspects of the self, and may be desirable to older adults in order to: maintain consistency to one's past role performance in line with the expectations of others; obtain social support from others; anticipate accurate personal feedback from others; help to cope with changes in mental and physical health; and maintain consistency with previously developed goals as one ages. When participants applied skills developed and mastered throughout their careers to their involvement in Men's Sheds, they illustrated the concept of preserving internal structures, using familiar skills in familiar areas of life. Consistent with Atchley's theory, this appeared to lead to feelings of mastery, self-esteem, competence, and to continuity of integrity of the self and integrity in their lives. Men also spoke about developing social roles throughout their work-lives, for example, one man noted his role as a "helper". This illustrates the preservation of an external structure using continuity – applying familiar helping strategies to a familiar situation. Although this theory sheds light on role coherence, it fails to capture the emphasis men placed on learning new skills, developing diverse aspects of themselves, and engaging in different roles. This research builds on Continuity Theory by highlighting both the continuity and expansion in men's internal and external structures throughout their involvement in Men's Sheds.

Another important subcategory affecting men's continued participation in Men's Sheds was the investment participants shared in the program – discussing this as "building the shed from the ground up", and having a "vision for the future" of Men's Sheds. These concepts are related to the participant-driven leadership structure of Men's Sheds, which has allowed for and encouraged men to get involved in the aspects of the program that interested them (e.g.,

teaching a skill, planning a new program, promoting Men's Sheds, and fundraising activities). Being able to visualize what Men's Sheds would look like in the future – where it would be located, what activities men would be participating in, and the impact that this program would have in reducing participants' loneliness and social isolation, prompted their adherence to continued participation.

An opportunity to build larger social networks and closer friendships was the final subcategory associated with men's continued involvement in Men's Sheds. These experiences were mentioned ubiquitously throughout interviews as affecting both current participation as well as plans for continued participation in Men's Sheds.

The final aspects of the model – including the consequences of involvement (benefits and drawbacks), the meaning participants attributed to their involvement, as well as barriers to their participation, – influenced participation or disengagement at current and continued stages of involvement. Expanding friendships, improving mental health, and "broadening horizons" were mentioned as key benefits of involvement in Men's Sheds. Participants described feeling more connected to individuals in their community, and consequently feeling more connected to their community at large. With regard to mental health benefits, participants spoke about personal changes they had noticed as a result of their participation, such as decreases in social isolation, loneliness, and depression. Some participants appeared reluctant to discuss personal mental health concerns or benefits; however, they expressed that Men's Sheds serves an important function in decreasing social isolation and loneliness for men who are isolated, single, widowed, or for those with physical health problems.

Although most participants abstained from identifying drawbacks to their involvement in Men's Sheds, some participants noted that the time commitment of leadership activities and

the division of Men's Sheds programs were challenges, affecting their participation. These experiences interfered with their involvement in several ways. First, men who mentioned that they were spending too much time fulfilling their leadership commitments to Men's Sheds were contemplating decreasing their involvement in the program. Second, men who discussed the separation of Men's Sheds programs as a drawback to their participation either terminated and renewed their involvement in Men's Sheds months later (missing valuable time for social engagement), or continued their participation with feelings of frustration, anger, or resentment toward others in the program, the Senior Centre, or community programs in general.

When asked what participating in Men's Sheds meant to them, several participants spoke about Men's Sheds having a significant impact on their lives. These participants noted that their involvement was a "godsend" to them, and meant "being accepted" and keeping them "with a purpose". Several participants discussed that their involvement meant "meeting new people" and "having the time go by quicker", and one participant, frustrated with his current participation in Men's Sheds noted that his involvement meant ". . . some satisfaction and a lot of heartburn and frustration". The meaning men assigned to their involvement in Men's Sheds influenced their current and future participation, and was connected to the benefits they experienced throughout their participation.

The final characteristic of the model, barriers to involvement, also influenced men's current and planned continued involvement in Men's Sheds. Participants spoke about barriers at the individual (i.e., personal illness and physical health) social (i.e., health problems, family needs or events), and macro (i.e., gender, class, ageism, and access to resources) levels affecting their participation.

Implications

This research makes an innovative and meaningful contribution to the aging literature. It expands on a scarcity of research that has identified the benefits and barriers to participation in community social programs, targets older men (an understudied group in the community programming literature), and describes the processes that influence men to initiate and continue their involvement in community programs.

Men's Sheds appears to have made a profound impact on its members. It promotes healthy living by increasing opportunities for successful aging through social engagement and the alleviation of loneliness and social isolation. Similar to the third component of the successful aging model outlined by Rowe and Kahn (1997), focus group research by Reichstadt and colleagues (2007) identified engagement and stimulation as an important dimension of successful aging. Examples of concepts discussed within this theme included social involvement, learning, remaining occupied, participating in activities that were intellectually challenging, feeling a sense of purpose through engagement, and contributing to others (Reichstadt et al., 2007). Men's Sheds participants spoke about their involvement in Men's Sheds as fulfilling each of these aspects of engagement, providing evidence for the important implications of this program in promoting successful aging among older male adults. Another way in which Men's Sheds contributed to the successful aging of participants was by reducing their loneliness, social isolation, and depression. As the Canadian population continues to age, and an increasing number of older adults is experiencing mental health problems, Men's Sheds may be of value in preventing or decreasing the prevalence of mental health problems, as well as in promoting positive mental health.

Understanding the processes by which older male adults initiate involvement, characterize current involvement, and plan future involvement in Men's Sheds may serve as a useful resource for community organizations aiming to increase participation in their programs. Aspects of Men's Sheds including: the opportunities to socialize, work on a hobby, and volunteer; the flexible participant-driven structure; the opportunities for role coherence or renewal; and the opportunities to build the program from the ground up, were highly valued by participants. It would be useful for community organizations to consider including or addressing these valued experiences when developing and implementing future programs for older male adults. Finally, insight into the barriers that men faced throughout their participation in Men's Sheds might serve as a catalyst to initiate conversations at community and governmental levels about the ways in which these barriers could be removed to increase participation.

Challenges

Challenges in this research included: the separation of Men's Sheds programs during the time in which this research was being conducted; the novelty of the program; the homogeneity of the sample; and the effects of the interviewer. I began conducting qualitative interviews in October, 2010, and the separation of Men's Sheds occurred in December 2010. This prompted several difficulties in conducting this research. First, the separation prevented Men's Sheds programs from occurring for approximately two weeks, which restricted my ability to conduct interviews and engage in observational fieldwork, therefore causing delays in the research process. Similarly, after the separation had occurred and programs had resumed at both Men's Sheds clubhouses, it became difficult to balance attendance at and sample from both programs equally. The separation influenced the findings of this research,

adding barriers and drawbacks to participation which may not have been identified if the separation had not occurred. Conversely, the separation did allow for the disengagement and renewed participation of participants to be explored more closely. It also allowed for concepts such as the disadvantage of top-down leadership style to be described in great detail – an important finding useful in future program implementation.

The novelty of the program also served as a challenge in conducting this research. As Men's Sheds had only been around for a limited number of months, it was difficult to examine a true disengagement from and re-engagement in the program, as well as experiences that affected continued participation. Similarly, it was not feasible to interview participants who had disengaged from the program completely, which may have provided important insight into experiences that lead older male adults to terminate their participation in community programs. Interviewing participants from a branch of Men's Sheds, the Men's Cooking Club, which had been in operation for approximately three years, provided me with the opportunity to examine these concepts with men who had been involved over a longer period of time.

Although qualitative research is not typically concerned with the generalizability of findings, and my aim was to develop a theoretical model of the processes of involvement of older male adults in a specific program in Manitoba, it is important to note the homogeneity of the sample as a challenge to providing a model which cuts across a wide range of sociodemographic characteristics. All of the participants described themselves as White, most participants lived in the same community (and as such were of similar socioeconomic status), and all participants discussed being in a position of leadership throughout their careers. Interviewing participants of differing sociodemographic characteristics may have added unique categories, subcategories, properties, or dimensions to this model, due to the distinct

life experiences they might bring to their participation. Also noteworthy, is that although participants discussed prior experiences of loneliness and social isolation during their in-depth interviews, when completing the standardized questionnaires, on average, participants did not exemplify loneliness or social isolation. It is possible that participants' levels of loneliness and social isolation had decreased as a result of their involvement in Men's Sheds. Another explanation for the low levels of loneliness and social isolation could be the stigma men might have felt in identifying themselves as lonely or socially isolated. Additionally, perhaps men who experience elevated levels of loneliness and social isolation do not find out about or attend community programs. This indicates a need for future research to investigate the barriers faced by these older male adults in participating in community programs in order to provide a model of involvement that addresses participation amongst isolated older male adults.

Although I approached this research from a constructivist perspective, viewing the resulting theoretical framework as a co-construction between myself as the interviewer and analyst, and the participants, it is important to note the impact that I may have had on the research process and the findings. First, participants appeared to struggle in identifying barriers and drawbacks to their participation in Men's Sheds. This could indicate that due to the flexibility of the program and the benefits they were experiencing as a result of their participation, they did not see any barriers or negative consequences to their involvement. Conversely, due to the fact that I was affiliated with the University of Manitoba, and had connections to one of the program facilitators and to the Executive Director of the Manitoba Association of Multipurpose Senior Centres, participants may have seen this study as an opportunity to increase funding and program resources for Men's Sheds, or perhaps did not

want their responses to affect their participation in Men's Sheds – and as such were reluctant to answer these questions.

Men were also reluctant to discuss personal mental health concerns and mental health benefits from their involvement in Men's Sheds. I documented this reluctance in my fieldnotes, describing the awkwardness displayed by some participants when answering this question –looking down or away, using humour to deflect, or avoiding the personal nature of this question altogether and discussing mental health in general, or how these benefits might apply to others in the program. Men's reluctance to answer this question could have resulted from the stigmatization of mental health issues, strongly held traditional beliefs about masculinity (promoting the suppression of emotion, and dealing with problems on one's own), or being uncomfortable discussing these concepts with myself, a young woman whom they knew little about. Despite men's reluctance to answer questions related to mental health, they discussed gender preferences relating to the exclusion of women in Men's Sheds, and the distinctions between men and women with ease, as though my gender was invisible or non-important during this part of the interview.

Conclusion

In this research I developed a theoretical model of the processes of involvement of older male adults in Men's Sheds. Future research is needed to test and refine this theoretical model by comparing it's suitability to older male adults with a wider range of sociodemographic characteristics, older male adults who participate in mixed-gender community social programs (as opposed to male-only programs), and older male adults who report being lonely or socially isolated.

Findings, which include program and participant characteristics and experiences that affect men's initial, current, and continued participation in Men's Sheds, as well as the benefits, drawbacks, meaning, and barriers to their involvement, have the potential to impact the development and implementation of effective community programs for older men. Programs that embody the same elements as Men's Sheds have significant implications in helping men to maintain meaningful connections throughout the lifespan – promoting social engagement and healthy, successful aging of this growing population.

Appendix A

Interview Protocol #1 (Interviews 1-2)

1. **Tell me about your involvement in Men's Sheds.**

2. **Program Engagement:**

    a. Why were you initially attracted to the program?

    b. How did you first become engaged?

    c. Were there things that helped you to get involved?

    d. Were there things that got in the way of your involvement?

    e. How long have you been attending this program?

    f. Why are you still involved (what keeps you coming back)?

3. **Program Disengagement:**

    a. Have you ever stopped coming to this program for a period of time?

        i.   If so, why did you stop coming?

        ii. Why did you come back?

    b. Have you encountered any barriers that got in the way of participating in this

        program?

        i.   If yes, what were they and how were these barriers removed?

4. **How has participating in this program affected your life?**

    a. What are the benefits that you have experienced as a result of participating in

        this program?

    b. What does your participation in men's Sheds mean to you?

    c. What would you miss about this program if it was no longer here?

5. **Involvement in Other Community Social Programs:**

    a. Are you a part of any other organizations or participating in other community

social programs?

    i. If yes, what other organizations/programs are you a part of?

    ii. How is this program (Men's Sheds) similar to these other organizations/programs?

    iii. How is it different?

6. **Conclusion:**

    a. How do you see your participation in Men's Sheds continuing on in the future?

    b. What would you tell other older male adults about Men's Sheds?

    c. Is there anything about your involvement in Men's Sheds that we haven't covered that you wish to speak about?

Appendix B

Interview Protocol #2 (Interviews 3-12)

1. **What did you do for work?**

    a. What types of activities did you do?

    b. When did you retire?

    c. How is what you do at Men's Sheds similar to or different from what you did

    at work?

2. **What is a typical day like for you?**

    a. What activities do you engage in?

    b. How many people do you see?

    c. Do you see other Men's Sheds participants outside of the program?

3. **Tell me about your involvement in Men's Sheds.**

4. **Program Engagement:**

    a. Why were you initially attracted to the program?

    b. How did you first become engaged?

    c. Were there things that helped you to get involved?

    d. Were there things that got in the way of your involvement?

    e. How long have you been attending this program?

    f. Why are you still involved (what keeps you coming back)?

5. **Program Disengagement:**

    a. Have you ever stopped coming to this program for a period of time?

        i. If so, why did you stop coming back?

        ii. Why did you come back?

    b. Have you encountered any barriers that got in the way of participating in this

program?

     i. If no, why don't you think there aren't any barriers

    ii. Do you come here as much as you would like to? Does anything get in the way of you coming?

        1. If yes, what were thy and how were these barriers removed?

6. **How has participating in this program affected your life?**

    a. What are the benefits that you have experienced as a result of participating in this program?

    b. What drawbacks have you experienced as a result of participating in this program?

    c. What does your involvement in Men's Sheds mean to you?

    d. What would you miss about this program if it was no longer here?

7. **Involvement in Other Community Social Programs:**

    a. Are you a part of any other organizations or participating in other community social programs?

     i. If yes, what other organizations/programs are you a part of?

    ii. How is this program (Men's Sheds) similar to these other organizations/programs?

    iii. How is it different?

    iv. Are there other things you do just with other men?

8. **Conclusion:**

    a. How do you see your participation in Men's Sheds continuing on in the future?

    b. What would you tell other older male adults about Men's Sheds?

    c. Is there anything about your involvement in Men's Shed that we haven't covered that you wish to speak about?

9. **Mental Health:**

    a. In summary, although we've talked a lot about the benefits of Men's Sheds, we haven't explicitly talked about mental health benefits, but are there any for you?

Appendix C

Background Information

Today's Date: _____

Full Name:

_____

First name   Middle initial(s)   Last name

Age: _____

Highest level of education: _____

Current occupational status:

( ) Full-time ( ) Part-time ( ) Retired, from what:

_____

( ) Other:

_____

If you are currently retired, how long have you been retired? _____

Marital status: ( ) Single   ( ) Common law   ( ) Married   ( ) Widowed

( ) Divorced ( ) Separated

Race/Ethnicity:

_____ White   _____ Aboriginal/First Nations

_____ African Canadian   _____ Middle Eastern

_____ Indian/Pakistani/Sri Lankan   _____ Hispanic/Latino

_____ Japanese/Korean/Chinese   _____ Filipino/Malaysian/Indonesian

Other:

_____

Health Information

In general, how would you describe your overall health:

( ) Excellent   ( ) Very Good   ( ) Good   ( ) Fair   ( ) Poor

Rate your overall health on a scale from 1 (poor) to 10 (excellent): _____

Activities

Do you volunteer?   ( ) Yes   ( ) No

(If Yes, where do you volunteer?):

_____

(If Yes, how many hours a week do you volunteer?):

_____

Approximately how many social activities do you participate in weekly? (Please list the names of the activities as well).

_____

Approximately how many hours a week do you spend participating in social activities?

_____

Appendix D

LUBBEN SOCIAL NETWORK SCALE—6-Item Version (LSNS-6)

LSNS-6

FAMILY: *Considering the people to whom you are related either by birth or marriage,*

1. How many relatives do you see or hear from at least once a month?

0 = *none* 1 = *one* 2 = *two* 3 = *three or four* 4 = *five thru eight* 5 = *nine or more*

2. How many relatives do you feel close to such that you could call on them for help?

0 = *none* 1 = *one* 2 = *two* 3 = *three or four* 4 = *five thru eight* 5 = *nine or more*

3. How many relatives do you feel at ease with that you can talk about private matters?

0 = *none* 1 = *one* 2 = *two* 3 = *three or four* 4 = *five thru eight* 5 = *nine or more*

FRIENDSHIPS: *Considering all of your friends including those who live in your neighborhood,*

4. How many of your friends do you see or hear from at least once a month?

0 = *none* 1 = *one* 2 = *two* 3 = *three or four* 4 = *five thru eight* 5 = *nine or more*

5. How many friends do you feel close to such that you could call on them for help?

0 = *none* 1 = *one* 2 = *two* 3 = *three or four* 4 = *five thru eight* 5 = *nine or more*

6. How many friends do you feel at ease with that you can talk about private matters?

0 = *none* 1 = *one* 2 = *two* 3 = *three or four* 4 = *five thru eight* 5 = *nine or more*

Appendix E

Three-Item Loneliness Scale

1. How often do you feel that you lack companionship?

1=*hardly ever*; 2=*some of the time*; 3=*often*

2. How often do you feel left out?

1=*hardly ever*; 2=*some of the time*; 3=*often*

3. How often do you feel isolated from others?

1=*hardly ever*; 2=*some of the time*; 3=*often*

Appendix F

Informed Consent

Title of Research:

The Processes of Involvement of Older Male Adults in Men's Sheds Community Programs

Student Researcher:

Kristin Reynolds, B.A.(Hons.)

Department of Psychology, University of Manitoba

Telephone: (204) 474-9196; Email: umreyn06@cc.umanitoba.ca

Research Supervisor:

Corey Mackenzie, Ph.D., C. Psych

Department of Psychology, University of Manitoba

Telephone: (204) 474-8260; Email: corey_mackenzie@umanitoba.ca

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask.

<u>Purpose of the Study:</u>

The purpose of this study, which is being conducted under the supervision of Dr. Corey Mackenzie, is to understand the processes of involvement of older male adults in men's sheds community programs. Specifically, I am interested in understanding the reasons why men become involved, stay involved, or terminate involvement in community programs. By improving our understanding of men's involvement in this program, this study has the potential to enhance the development of Men's Sheds programs, and to increase access to Men's Sheds and other community programs for older male adults.

<u>Study Procedures:</u>

As a participant in this study you will complete a semi-structured individual interview of approximately 60 minutes at the men's shed location of your choice and at a time that is convenient for you. Questions covered in the interview will address activities that you participate in during and outside of Men's Sheds, how you got involved in Men's Sheds, why

you continue to stay involved in Men's Sheds, if you have ever stopped coming to men's sheds for a period of time, your future involvement in Men's Sheds, and what participating in Men's Sheds means to you. Interviews will be audio-recorded and transcribed by Kristin Reynolds, a member of the Aging and Mental Health Laboratory, or by a professional transcriber. Both the member of the Aging and Mental Health Laboratory and the professional transcriber will only have access to the digital audio-file, which will not contain your name or other identifying information. You will also complete a background questionnaire concerning personal characteristics (i.e. age, education, occupation, ethnicity and general health) and two questionnaires that describe experiences with social networks: one asking about the closeness of your relationships with relatives and friends, and a second asking about how often you feel connected to versus isolated from others.

Completing the demographic questionnaire and two social network questionnaires will take approximately 15 minutes. In addition, I will contact you following the interview to provide you with a transcript so that you have an opportunity to ensure that the interview accurately captured how you feel about your participation in Men's Sheds.

Potential Benefits and Costs of the Research:

Benefits of this study include enhancing our understanding of men's involvement in this program, and enhancing the development of Men's Sheds programs. Results of this study may contribute to increasing access to this program by older male adults, and increasing connectedness and decreasing loneliness and social isolation in this population. There are very few potential costs of involvement, although you may experience some discomfort when completing the questionnaires focusing on social network closeness. If you feel that you could benefit from greater social connectedness I have a brief list of resources in Winnipeg that may be of some assistance to you.

Voluntary Participation:

Participation in this research is voluntary and your decision to participate or not participate will not influence your future participation in Men's Sheds programs.

Freedom to Withdraw:

It is your choice whether or not to participate in the study. Participation is voluntary and you may withdraw at any time with no penalty. If you decide to withdraw from participation in the research, all of the information in your research file will be destroyed immediately.

Confidentiality:

Information gathered in this research study may be published or presented in public forums; however your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be

guaranteed. A master list containing your name, phone number and email address will be created, as well as an ID number that will replace your name on the background information questionnaire, self-report measures, and interview transcript. This master list will be stored on a password-protected computer in Dr. Mackenzie's locked Aging and Mental Health Laboratory. The transcribed Word documents will also be stored on this computer. The hard-copy questionnaire data, audio recordings of interviews, and our copy of the informed consent sheet will kept in a locked cabinet in Dr. Mackenzie's locked laboratory. All of this material will be kept until the results of the study are published (approximately 1 year). Only members of the research team will have access to the master list of participants, the data, and the informed consent sheets. The research team will include Dr. Mackenzie (research supervisor) and honours and graduate students in Dr. Mackenzie's Aging and Mental Health Lab. Dr. Mackenzie and Ms. Kristin Reynolds will have complete access to all of the study information, however honours and graduate students will only have access to interview transcripts that have been cleared of participant names and identifying information. The research team will meet to review interview transcripts to discuss if changes should be made to the interview protocol to focus or clarify aspects of the interview. Members of the research team will also independently code interview transcripts, in order to address the reliability of themes.

Questions or Concerns:

If you have any questions about this study, please do not hesitate to contact Ms. Kristin Reynolds at (204) 474-9196 or umreyn06@cc.umanitoba.ca, or her research supervisor, Dr. Corey Mackenzie at (204) 474-8260 or corey_mackenzie@umanitoba.ca. For questions about your rights as a research participant, you may contact The University of Manitoba, Fort Garry Campus Research Ethics Board Office at (204) 474-7122.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

I, _____, have read the above information and hereby consent to participate in this study.   (print name)

_____   _____

Participant's Signature   Date (day/month/year)

Permission for future contact: In order to verify the accuracy of the transcript and summary of your interview, do you agree to be contacted by Ms. Kristin Reynolds by telephone, mail, or email following the interview?

Yes ___   No ___

If yes, please indicate how you would like to be contacted:
Telephone:_____   or   Email:_____ ___

Summary of results: Please indicate if you wish to receive a summary of the results at the conclusion of the study. You should expect to see a summary of the results approximately one year following the end of the study, by September 2011.

Email: Yes ___   No ___   If yes provide your email address:
_____

Mail: Yes ___   No ___   If yes provide your mailing address:

                                            _____
                                            _____
                                            _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: _____

Date _____

Signature: _____

Role in the study: _____

List of Community Resources in Manitoba

-Seniors Resource Network: http://seniors.cimnet.ca/cim/19C44_50T2811.dhtm

(Online resources only)

-Winnipeg In Motion Older Adults: http://www.winnipeginmotion.ca/older/

Ph: (204) 940-3648

-Creative Retirement Manitoba: http://www.crm.mb.ca/

Ph: (204) 949-2565

References

Atchley, R. C. (1989). A Continuity Theory of Normal Aging. *The Gerontologist, 29*(2), 183-190.

Bartels, S. J., & Smyer, M. A. (2002). Mental disorders of aging: An emerging public health crisis. *Generations, 26*(1), 14-20.

Becker, P. H. (1993). Common pitfalls in published grounded theory research. *Qualitative Health Research, 3*(2), 254-260.

Berkman, L. F. (1995). The role of social relations in health promotion. *Psychosomatic Medicine, 57*, 245-254.

Berkman, L. F., & Syme, S. L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda County residents. *American Journal of Epidemiology, 109*, 186-204.

Best, F. (1980). *Flexible life scheduling.* New York: Praeger

Borys, S., & Perlman, D. (1985). Gender differences in loneliness. *Personality and Social Psychology Bulletin, 11*, 63–76.

Carstensen, L. L. (1992). Social and emotional patterns in adulthood. *Psychology and Aging, 7*, 331-388.

Cattan, M., Newell, C., Bond, J., & White, M. (2003). Alleviating social isolation and loneliness among older people. *International Journal of Mental Health Promotion, 5*(3), 20-30.

Cattan, M., White, M., Bond, J., & Learmouth, A. (2005). Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions. *Aging & Society, 25*, 41-67.

Centre for Disease Control and Prevention. (1996). Suicide amongst older persons: United
States1980-1992. *Journal of the American Medical Association, 275*(7), 509.

Charmaz, K. (2006). *Constructing Grounded Theory*. California: Sage.

Cohen-Mansfield, J., & Frank, J. (2008). Relationship between perceived needs and assessed
needs for services in community-dwelling older persons. *The Gerontologist, 48*(4),
505-516.

Cornwell, E. Y., & Waite, L. J. (2009). Measuring social isolation among older adults using
multiple indicators from the NSHAP study. *Journal of Gerontology: Social Sciences,
64B*(S1), i38-i46.

Croezen, S., Haveman-Nies, A., Alvarado, V. J., Van't Veer, P., & De Groot, C. P. G. M.
(2009). Characterization of different groups of elderly according to social engagement
activity patterns. *The Journal of Nutrition, Health & Aging, 13*(9), 776-781.

Dey, I. (1999). *Grounding Grounded Theory: Guidelines for Qualitative Inquiry*. London:
Academic Press.

Depp, C., Vahia, I. V., & Jeste, D. (2010). Successful aging: Focus on cognitive and
emotional health. *The Annual Review of Clinical Psychology, 6*, 527-550.

de Jong Gierveld, J. (1998). A review of loneliness: Concept and definitions, determinants
and consequences. *Reviews in Clinical Gerontology, 8*, 73-80.

Edelbrock, D., Buys, L. R., Waite, L. M., Grayson, D. A., Broe, G. A., & Creasey, H. (2001).
Characteristics of social support in a community-living sample of older people: The
Sydney Older Persons Study. *Australian Journal on Ageing, 20*(4), 173-178.

Ertel, K. A., Glymour, M. M., & Berkman, L. F. (2008). Effects of social integration on

    preserving memory function in a nationally representative US elderly population.

    American Journal of Public Health, 98(7), 1215-1220.

Findlay, R. A. (2003). Interventions to reduce social isolation amongst older people: Where is

    the evidence? *Ageing & Society, 23*(5), 647-658.

Fischer, C. S., & Phillips, S. L. (1982). Who is alone? Social characteristics of people with

    small networks. In Loneliness: A source book of current theory, research and therapy,

    ed. L.A. Peplau and D. Perlman. New York: Wiley.

Fox, C. M., Harper, A. P., Hyner, G. C., & Lyle, R. M. (1994). Loneliness, emotional

    repression, marital quality, and major life events in women who develop breast cancer.

    Journal of Community Health, 19, 467-482.

Fratiglioni, L. (2000). Influence of social network on occurrence of dementia: A community-

    based longitudinal study. *The Lancet, 355*(9212), 1315-1320.

Gardner, I., Brooke, E., Ozanne, E., & Kendig, H. (1999). *Improving social networks, a

    Research Report: Improving health and social isolation in the Australian veteran

    community*. Lincoln Gerontology Centre, La Trobe University, Melbourne.

Giles, L. C., Glonek, G. F. V., Luszcz, M. A., & Andrews, G. R. (2005). Effect of social

    networks on 10 year survival in very old Australians: the Australian longitudinal study

    of aging. *Journal of Epidemiology and Community Health, 59*, 574-579.

Glass, T. A., Mendes De Leon, C., Marottoli, R. A., & Berkman, L. F. (1999). Population

    based study of social and productive activities as predictors of survival among elderly

    Americans. *British Medical Journal, 319*(7208), 478-483.

Glaser, B. G. (1978). *Theoretical Sensitivity*. California: The Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). *The Discovery of Grounded Theory.* Chicago: Aldine.

Golden, J., Conroy, R. M., & Lawlor, B. A. (2009). Social support network structure in older

people: Underlying dimensions and association with psychological and physical

health. *Psychology, Health & Medicine, 14*(3), 280-209.

Hays, J. C., Steffens, D. C., Flint, E. P., Bosworth, H. B., & George, L. K. (2001). Does social

support buffer functional decline in elderly patients with unipolar depression?

American Journal of Psychiatry, 158(11), 1850-1855.

Havighurst, R. J. (1961). Successful aging. *The Gerontologist, 1*, 8-13.

Herzog, A. R., Ofstedal, M. B., & Wheeler, L. M. (2002). Social engagement and its

relationship to health. *Clinics in Geriatric Medicine, 18,* 593-609.

Holmen, K., Ericsson, K., Andersson, L., & Winblad, B. (1992). Loneliness among elderly

people living in Stockholm: A population study. *Journal of Advanced Nursing, 17*, 43-

51. *Journal of Psychiatry, 158*(11), 1850-1855.

House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science,

241*, 540-545.

House, J. S. (2001). Social isolation kills, but how and why? *Psychosomatic Medicine, 63*,

273-274.

Hughs, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A short scale for

measuring loneliness in large surveys. *Research on Aging, 26*(6), 655-672.

Iliffe, S., Kharicha, K., Harari, D., Swift, C., Gillmann, G., & Stuck, A. E. (2007). Health risk

appraisal in older people 2: The implications for clinicians and commissioners of

social isolation risk in older people. *British Journal of General Practice, 57*, 277-282.

Jeste, D. V., Alexopoulos, G. S., Bartels, S. J., Cummings, J. L., Gallo, J. J., Gottlieb, G. L., . . . Lebowitz, B. D. (1999). Consensus statement on the upcoming crisis in geriatric mental health. *Archives of General Psychiatry, 56*, 848-853.

Kohli, M. (1986). *The World We Forgot: An Historical Review of the Life Course.* In V. W. Marshall (Ed.), Later life (pp. 271–303). Beverly Hills, CA: Sage Publications.

Lemon, B. W., Bengston, V. L., & Peterson, J. A. (1972). An exploration of the activity theory of aging: Activity types and life satisfaction among in-movers to a retirement community. *Journal of Gerontology, 27,* 511-523.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.

Longino, C. F., & Kart, C. S. (1982). Explicating activity theory: A formal replication. *Journal of Gerontology, 37*, 713-722.

Loucks, E. B., Berkman, L. F., Gruenewald, T. L., & Seeman, T. E. (2005). Social integration is associated with fibrinogen concentration in elderly men. *Psychosomatic Medicine, 67*, 353-358.

Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *The Gerontologist, 46*(4), 503-513.

Lubben, J., & Gironda, M. (2003). Centrality of social ties to the health and well-being of older adults. In Social Work and Health Care in an Aging Society. Eds. Berkman, B., Harootyan, L. Springer Publishing Company.

Minichiello, V., Browne, J., & Kendig, H. (2000). Perceptions and consequences of ageism: Views of older people. *Ageing and Society, 20*, 253-278.

Mosier, K. E., Vasiliadis, H-M., Lepnurm, M., Puchala, C., Pekruk, C., & Tempier, R. (2010). Prevalence of mental disorders in seniors: Results from the Canadian community health survey cycle 1.2. *International Journal of Geriatric* Psychiatry, 25(10), 960-967.

Mensheds Australia. Retrieved from http://www.mensheds.com.au

National Vocational Education and Training Research and Evaluation. (2007). *Men's Sheds in Australia: Learning through community contexts.* Australia: Golding, B., Brown, M., Foley, A., Harvey, J., & Gleeson, L.

Newall, N. E., Chipperfield, J. G., Clifton, R. A., Perry, R. A., & Swift, A. U. (2009). Causal beliefs, social participation, and loneliness among older adults: A longitudinal study. *Journal of Social and Personal Relationships, 26*(2-3), 273-290.

Niti, M., Yap, K-B., Kua, E-H., Tan, C-H., & Ng, T-P. (2008). Physical, social and productive leisure activities, cognitive decline and interaction with APOE-e4 genotype in Chinese older adults. *International Psychogeriatrics, 20*, 237–51.

Owen, T. (2001). The high cost of isolation. *Working with older people, 5*(1), 21-23.

Patton, M. Q. (2002). *Qualitative research & evaluation methods*. United States: Sage.

Perlman, D., & Peplau, L. A. (1982). Theoretical approaches to loneliness. In L. A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research and therapy (pp. 123-134). New York: John Wiley & Sons.

Piechniczek-Buczek, J. (2006). Psychiatric emergencies in the elderly population. *Emergency Medicine Clinics of North America, 24*, 467-490.

Pinquart, M., & & Sörensen, S. (2001). Influences on loneliness in older adults: A meta-
analysis. *Basic Applied Social Psychology, 23*, 245-266.

Prince, M. J., Harwood, R. H., Blizard, R. A., Thomas, A., & Mann, H. (1997). Social support
deficits, loneliness and life events as risk factors for depression in old age. The Gospel
Oak Project VI. *Psychological Medicine, 27*, 323-332.

Riley, M. W., & Riley, J. W. (1994). Age integration and the lives of older people. *The
Gerontologist*, *34,* 110–115.

Rokach, A. (2000). Correlates of loneliness as perceived by the terminally ill. *Current
Psychology, 19*, 237-248.

Rowe, J. W., & Kahn, R. L. (1987). Human aging: Usual and successful. *Science, 237*, 143-
149.

Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *The Gerontologist, 37*(4), 433-440.

Reichstadt, J., Depp, C. A., Palinkas, L. A., Folsom, D. P., & Jeste, D. V. (2007). Building
blocks of successful aging: A focus group study of older adults' perceived contributors
to successful aging. *American Journal of Geriatric Psychiatry, 15*(3), 194-201.

Reichstadt, J., Sengupta, G., Depp, C. A., Palinkas, L. A., & Jeste, D. V. (2010). Older adults'
perspectives on successful aging: Qualitative interviews. *American Journal of
Geriatric Psychiatry, 18*(7), 567-575).

Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA loneliness scale:
Concurrent and discriminant validity evidence. *Journal of Personality and Social
Psychology, 39*(3), 472-480.

Sherkat, D. E., & Ellison, C. G. (1999). Recent developments and current controversies in the
sociology of religion. *Annual Review of Sociology, 25*, 363-394.

Spencer Gulf Rural Health School. (2008). *Men's Sheds: A strategy to improve men's health*. Parramatta, DC: Misan, G., Haren, M., & Ledo, V.

Streiner, D. L., Cairney, J., Veldhuizen, S. (2006). The epidemiology of psychological problems in the elderly. *Canadian Journal of Psychiatry, 52*, 185-191.

Thanakwang, K. (2009). Social relationships influencing positive perceived health among Thai older persons: A secondary data analysis using the National Elderly Study. *Nursing and Health Sciences, 11*(2), 144-149.

Turcotte, M., & Schellenberg, G. (2006). A Portrait of Seniors in Canada. Ottawa, ON, Statistics Canada.

van Baarsen, B., Snijders, T. A. B., Smit, J. H., & van Duijn, M. A. J. (2001). Lonely but not alone: Emotional isolation and social isolation as two distinct dimensions of loneliness in older people. *Educational and Psychological Measurement, 61*, 119-135.

Vandervoort, D. (2000). Social isolation and gender. *Current Psychology, 19*(3), 229-37.

Victor, C., Scambler, S., Bond, J., & Bowling, A. (2000). Being alone in later life: Loneliness, social isolation and living alone. *Reviews in Clinical Gerontology, 10*(4), 407-417.

Wang, H-X., Karp, A., Winblad, B., & Fratiglioni, L. (2002). Late-life engagement in social and leisure activities is associated with a decreased risk of dementia: A longitudinal study from the Kungsholmen Project. *American Journal of Epidemiology, 155*(12), 1081-1087.

Weiss, R. S. (1993). Loss and recovery. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.), *Handbook of bereavement: Theory, research and intervention* (pp. 271-284). Cambridge, UK: Cambridge University Press.

Wenger, G. C., & Burholt, V. (2004). Changes in levels of social isolation and loneliness among older people in a rural area: A twenty-year longitudinal study. *Canadian Journal on Aging, 23*(2), 115-27.

Wenger, G. C., Davies, R., Shahtahmasebi, S., & Scott, A. (1996). Social isolation and loneliness in old age: Review and model refinement. *Aging and Society, 16*, 333-358.

Wilson, J. (2000). Volunteering. *Annual Review of Sociology, 26*, 215-240.

Wilson, R. S., Krueger, K. R., Arnold, S. E., Schneider, J. A., Kelly, J. F., Barnes, L. L., . . . Bennett, D. A. (2007). Loneliness and risk of Alzheimer disease. *Archives of General Psychiatry, 64*, 234-240.

Ybarra, O., Burnstein, E., Winkielman, P., Keller, M. C., Manis, M., Chan, E., & Rodriguez, J. (2008). Mental exercising through simple socializing: Social interaction promotes general cognitive functioning. *Personality and Social Psychology Bulletin, 34*(2), 248-259.

Zhang, Z., & Hayward, M. D. (2001). Childlessness and the psychological well-being of older parents. *Journal of Gerontology, Social Sciences, 56B*, S311–320.