## SPARC 2022 Abstract Submission: Academic Research

Your abstract submissions should be about Scotland, Scottish data or Scottish projects, and should be related to the [Eight In](https://www.ispah.org/resources/key-resources/8-investments/)vestments. Please complete this form and email it to [PAHRC@ed.ac.uk](mailto:PAHRC@ed.ac.uk) by the closing date, **Friday 14 October at 5pm**. You will be informed by Tuesday 25 October about whether or not your abstract has been accepted. At that point we will send you instructions about how to make a 2 minute video presentation of your work. All abstracts will be presented as posters this year.

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| Title | Ms. |
| First name | Jillian |
| Surname | Manner |

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| --- | --- |
| Job title | PhD Researcher |
| Institution | University of Edinburgh |
| Department | Scottish Collaboration for Public Health Research and Policy (SCPHRP), School of Health in Social Science |
| Location | Scottish Collaboration for Public Health Research and Policy (SCPHRP)  School of Health in Social Science  University of Edinburgh  Room 1B32  5 Forrest Hill  EH1 2QL |
| Email address | Jillian.Manner@ed.ac.uk |
| Phone number | +44 7454030077 |

|  |  |
| --- | --- |
| Student (yes/no) | yes |
| Institution | University of Edinburgh |
| Course | PhD Health in Social Science |

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| Abstract title | Enabling more effective implementation and adherence to workplace health programmes: case studies in UK contact centres |
| Presenting author | Jillian Manner |
| Other authors (as you wish them to appear on final abstract) | Belinda Steffan, Graham Baker, Ruth Jepson |

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| Which of the following eight investments does your abstract relate to (primary focus)? (Please select) | | | |
| Whole-of-school programmes |  | Active travel |  |
| Active urban design |  | Healthcare |  |
| Public education |  | Sport and recreation |  |
| Work places |  | Community- wide programmes |  |

Abstract text (350 words max). Please use the following sub-headings: Aim; methods; results; discussion; conclusion.

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| **Introduction:** Well-being programmes are often implemented in the workplace to improve employee health and, as a result, business outcomes (ex. reducing absence). However, they are seldom designed in a manner that is compatible with the organisational context, or with end-user involvement. This can lead to poor implementation, effectiveness and sustainability. Methods that facilitate the development or modification of health programmes while considering an organisation’s unique organisational cultural barriers are needed to address this gap.  **Aim:** To enable more effective implementation and adherence to workplace health programmes in contact centres.  **Methods:** This study involves UK contact centres from two organisations (essential services). Across three workshops, the first author worked with managers to accomplish the following in each organisation: 1) define the problem (with wellbeing programmes) and its causal factors (organisational cultural barriers), and 2) co-produce theories of change, theories of action and an action plan to solve the problem. Theories of action (action plans) were tested over three months. Survey and focus group data will be used to evaluate implementation and adapt action plans as necessary following a fourth (final) workshop.  **Results:** Organisation 1 (private sector, healthcare services) defined their problem as: *low focus on engagement and participation in wellbeing activities*. Organisation 2 (public sector, emergency services) defined their problem as: *wellbeing programmes lack proactivity, engagement and sustainability*. Each organisation developed a series of activities (action plan) to address the causal factors of their problem and initiate their theory of change pathways (desired short, medium and long-term outcomes). Examples of activities include: sanctioning time for well-being programme participation and improving programme promotion. Action plans are currently being tested, and an evaluation of their implementation will be conducted in early 2023.  **Conclusion:** This study provides learnings on how to facilitate more effective development (or modification) and implementation of workplace health programmes by including end-users in identifying and addressing organisational cultural barriers. Although the study was conducted in contact centres, results could be applied to other organisations with desk-based workers. The study also makes a theoretical contribution to the Six Steps in Quality Intervention Development framework (6SQuID), which underpins the workshops. |

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