

# Using 6SQulD to improve workplace health programmes

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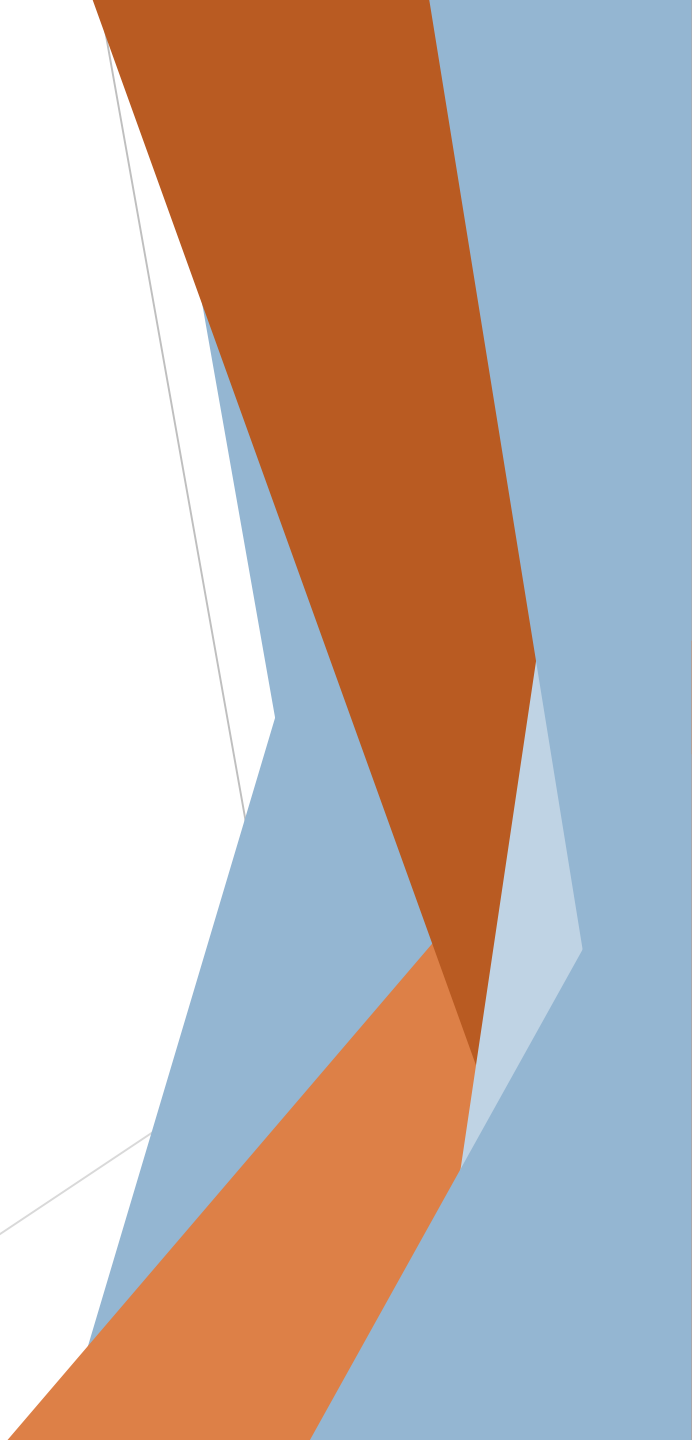
# Presentation overview



Part 1: Introduction 6SQuID



Part 2: Using 6SQuID to improve  
workplace health programmes



Part 1:  
Introduction to  
6SQuID

# Six Steps in Quality Intervention Development

## What and who is it for?

- ▶ Developing *complex* health interventions
- ▶ For academics, practitioners, policymakers and anyone looking to develop effective strategies to create changes to health outcomes

# Six Steps in Quality Intervention Development

## Why *quality* intervention development?

- ▶ Facilitates the development of effective, acceptable and sustainable interventions through collaboration and innovation
- ▶ Provides clear practical steps for the framework's implementation
- ▶ Emphasizes pre-intervention development work
- ▶ Emphasizes systems-based, co-production approaches

2016

Theory and methods

## Six steps in quality intervention development (6SQuID)

Daniel Wight<sup>1</sup>, Erica Wimbush<sup>2</sup>, Ruth Jepson<sup>3</sup>, Lawrence Doi<sup>3</sup>

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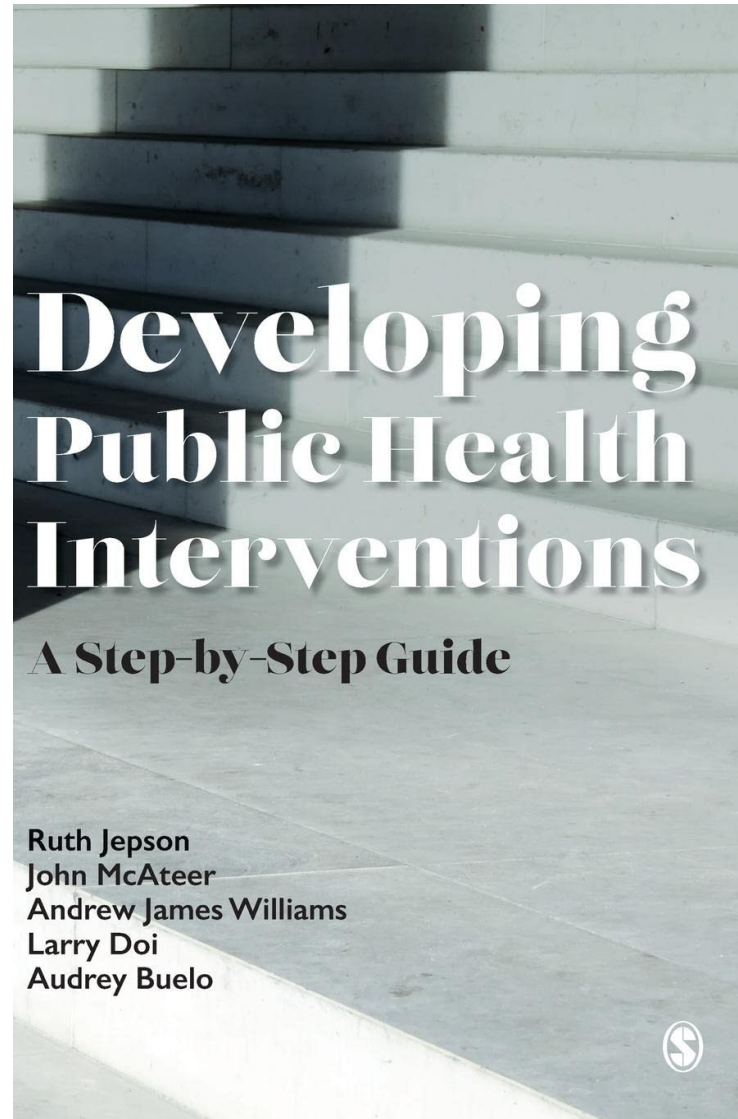


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### Abstract

Improving the effectiveness of public health interventions relies as much on the attention paid to their design and feasibility as to their evaluation. Yet, compared to the vast literature on how to evaluate interventions, there is little to guide researchers or practitioners on how best to develop such interventions in practical, logical, evidence based ways to maximise likely effectiveness. Existing models for the development of public health interventions tend to have a strong social-psychological, individual behaviour change orientation and some take years to implement. This paper presents a pragmatic guide to six essential Steps for Quality Intervention Development (6SQuID). The focus is on public health interventions but the model should have wider applicability. Once a problem has been identified as needing intervention, the process of designing an intervention can be broken down into six crucial steps: (1) defining and understanding the problem and its causes; (2) identifying which causal or contextual factors are modifiable: which have the greatest scope for change and who would benefit most; (3) deciding on the mechanisms of change; (4) clarifying how these will be delivered; (5) testing and adapting the intervention; and (6) collecting sufficient evidence of effectiveness to proceed to a rigorous evaluation. If each of these steps is carefully addressed, better use will be made of scarce public resources by avoiding the costly evaluation, or implementation, of unpromising interventions.

2021



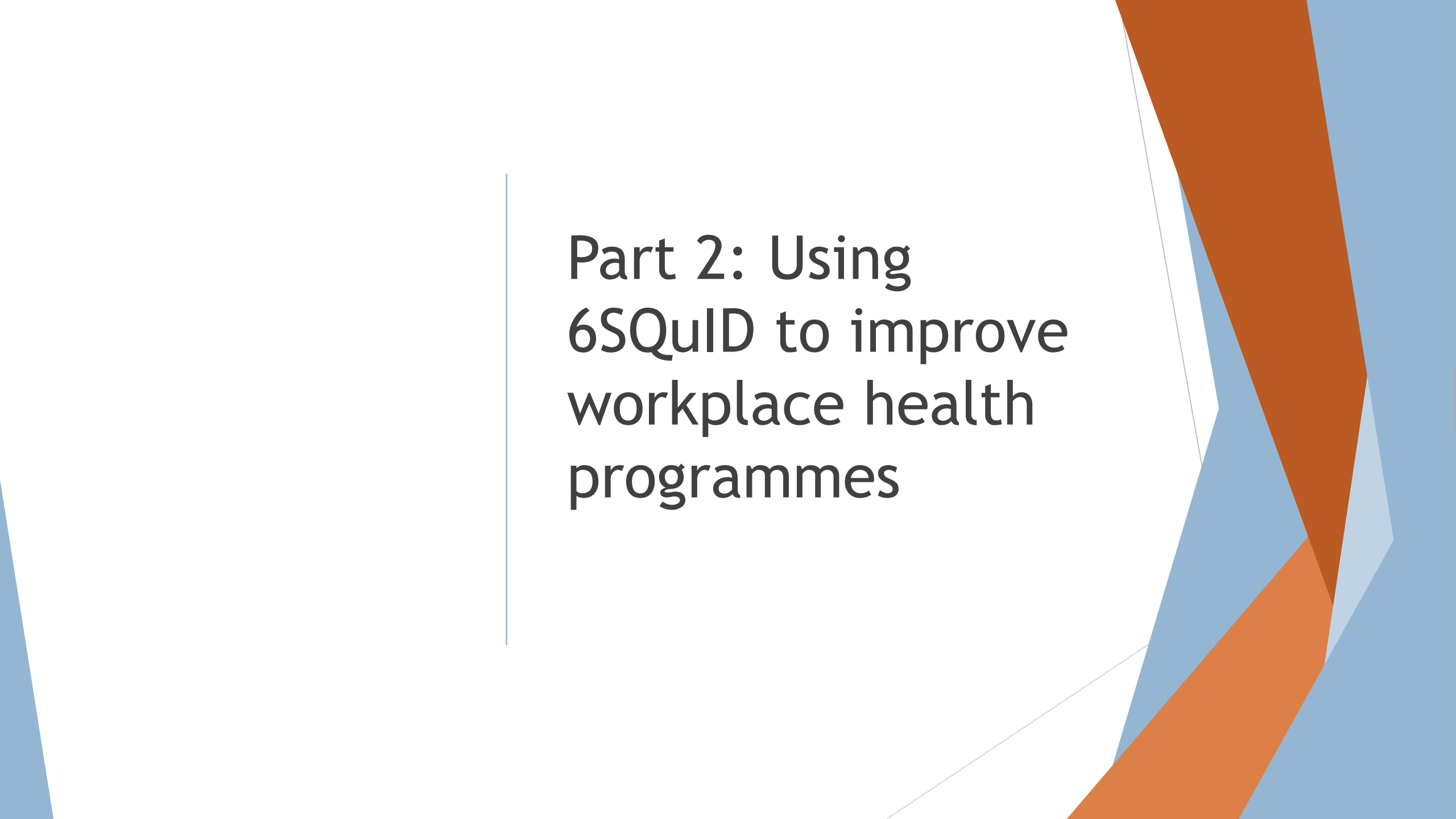
This book is dedicated to anyone working with individuals and communities to create sustainable, positive change and those learning how to do so. This book and the tools within it are for you.

# Six Steps in Quality Intervention Development

What are the steps?

1. Define and understand the problem and its causes
2. Clarify which causal or contextual factors are modifiable and have greatest scope for change
3. Identify how to bring about change (theory of change)
4. Identify how to deliver change mechanism (theory of action)
5. Test and refine the intervention on small scale
6. Collect sufficient evidence of effectiveness to justify rigorous evaluation





Part 2: Using  
6SQiD to improve  
workplace health  
programmes

## PhD aim

To explore and explain how organisational culture impacts implementation and sustainability of workplace interventions aimed at improving the health of contact centre employees.

# PhD overview

Using a systems-based, co-production approach



3 STUDIES



2 INVOLVING STAKEHOLDERS  
(STUDY 1 & STUDY 2)



1 USING A CO-PRODUCTION  
APPROACH (STUDY 2)



# Study 1: Stakeholder interviews

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

## Study 1 aim

- ▶ To identify and understand organisational culture factors which influence implementation and sustainability of workplace health programmes and initiatives in contact centres.

## 6SQuID Steps 1 & 2

- ▶ 15 interviews with stakeholders across the contact centre industry
- ▶ Understanding the wider context, the 'system'
- ▶ Industry-wide problem statement
- ▶ Industry-wide fishbone: problem and causal factors

## Industry-wide problem statement:

Wellbeing programmes in contact centres often lack ***engagement, effectiveness and sustainability***

(1) Problem/causes

(2) Modifiable factors

(3) Theory of change

(4) Theory of action

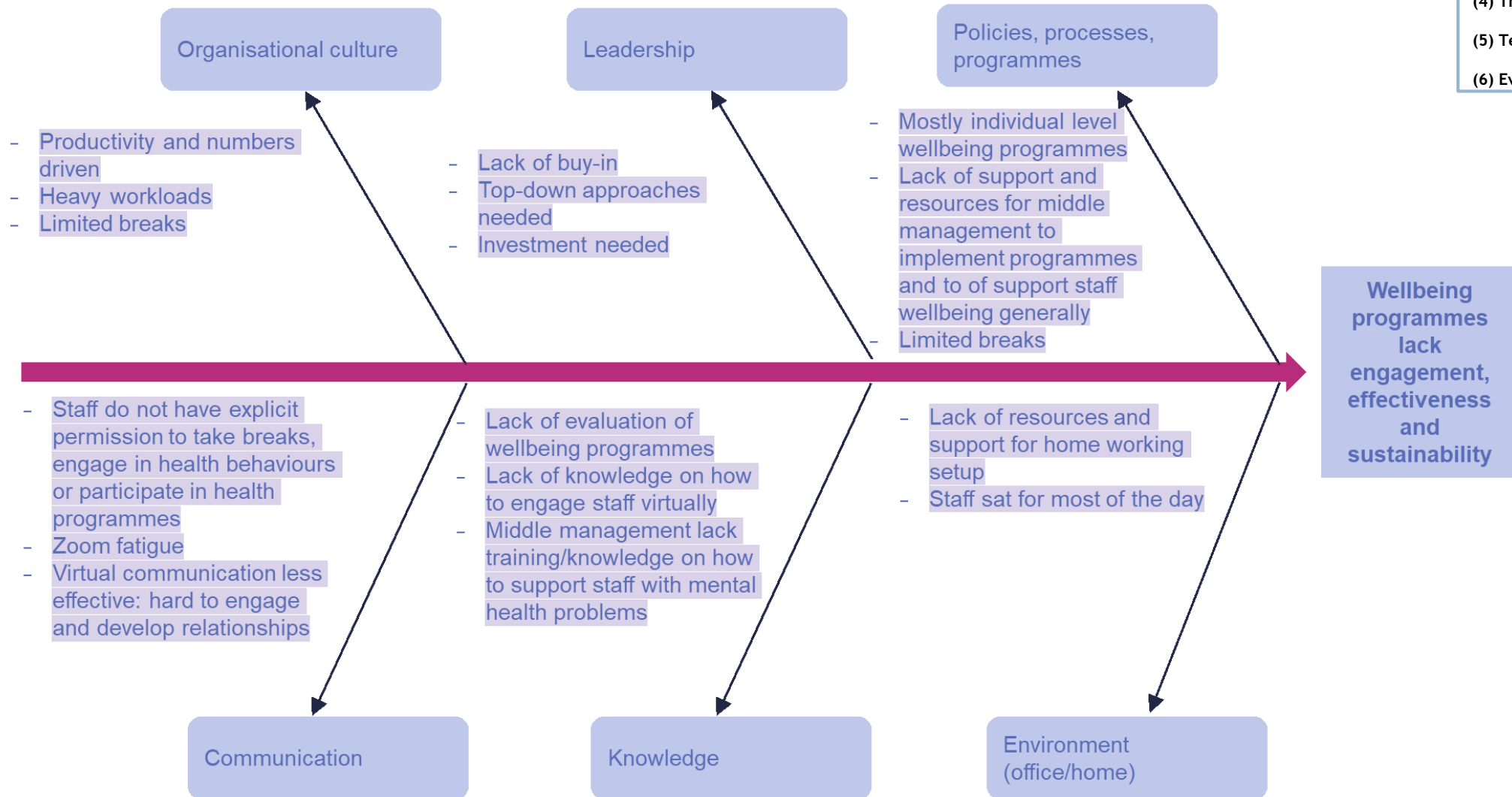
(5) Test and refine

(6) Evaluate

# Industry-wide fishbone: problem and causal factors

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

## Contributory factors influencing engagement, effectiveness and sustainability



# Study 2: Stakeholder workshops

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate**

## Study aim

- ▶ To enable more effective implementation and adherence to workplace health programmes (*tailored to the specific centre*)

## 6SQuID Steps 1-5

- ▶ Workshops with management from 2 organisations with contact centres
- ▶ Organisation-specific interventions informed by Study 1 & Study 3
- ▶ Co-production approach





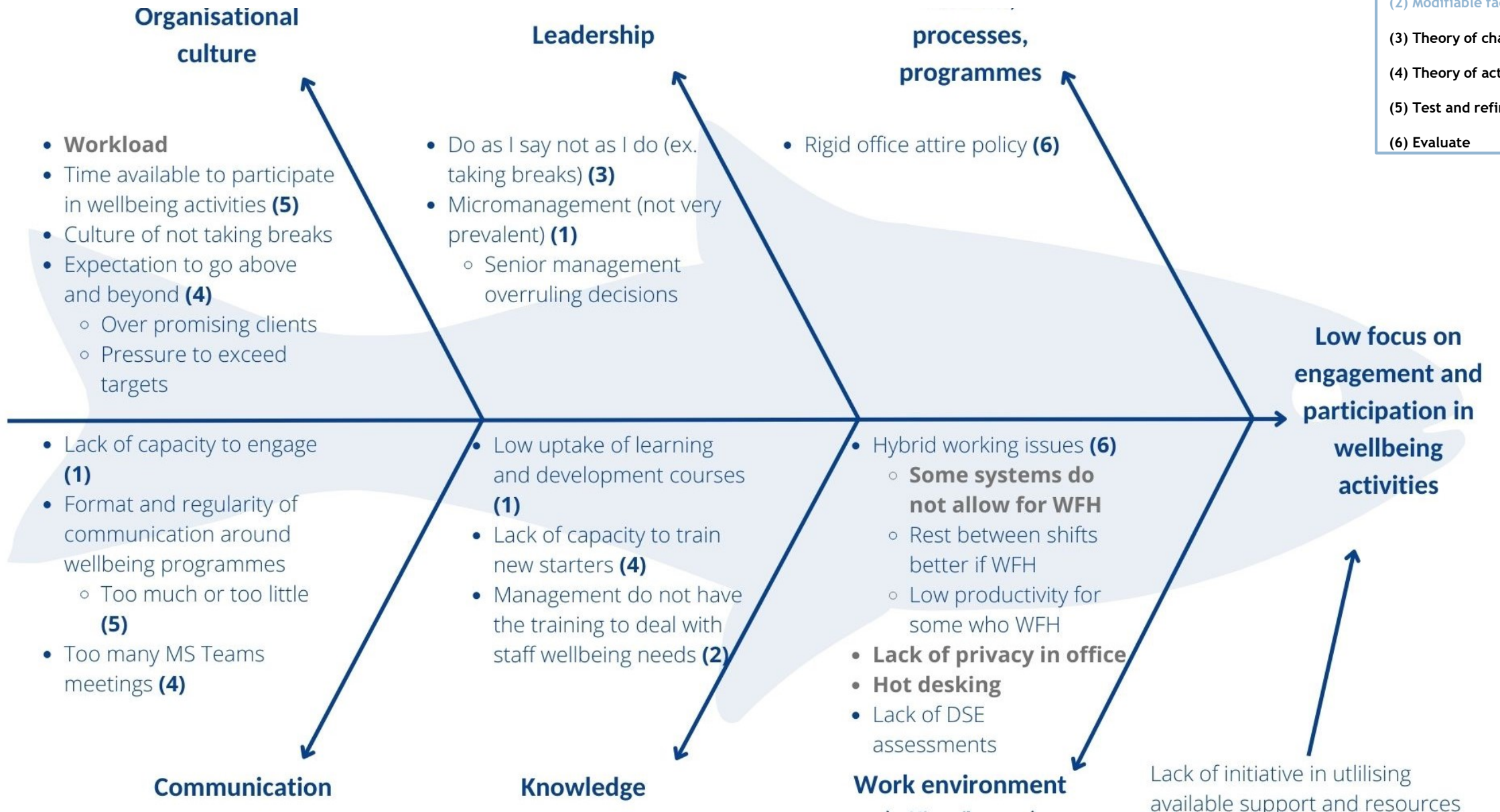
# Objectives of workshops

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

1. Define and understand the problem and its causes
2. Identify modifiable and non-modifiable factors, and deciding which have the greatest scope for change **Workshop 1**
3. Identify how to bring about change (*theory of change*) **Workshop 2**
4. Identify how to deliver change mechanism (*theory of action*) **Workshop 3**
5. Test and refine the intervention on small scale **Workshop 4**
6. Collect sufficient evidence of effectiveness to justify rigorous evaluation

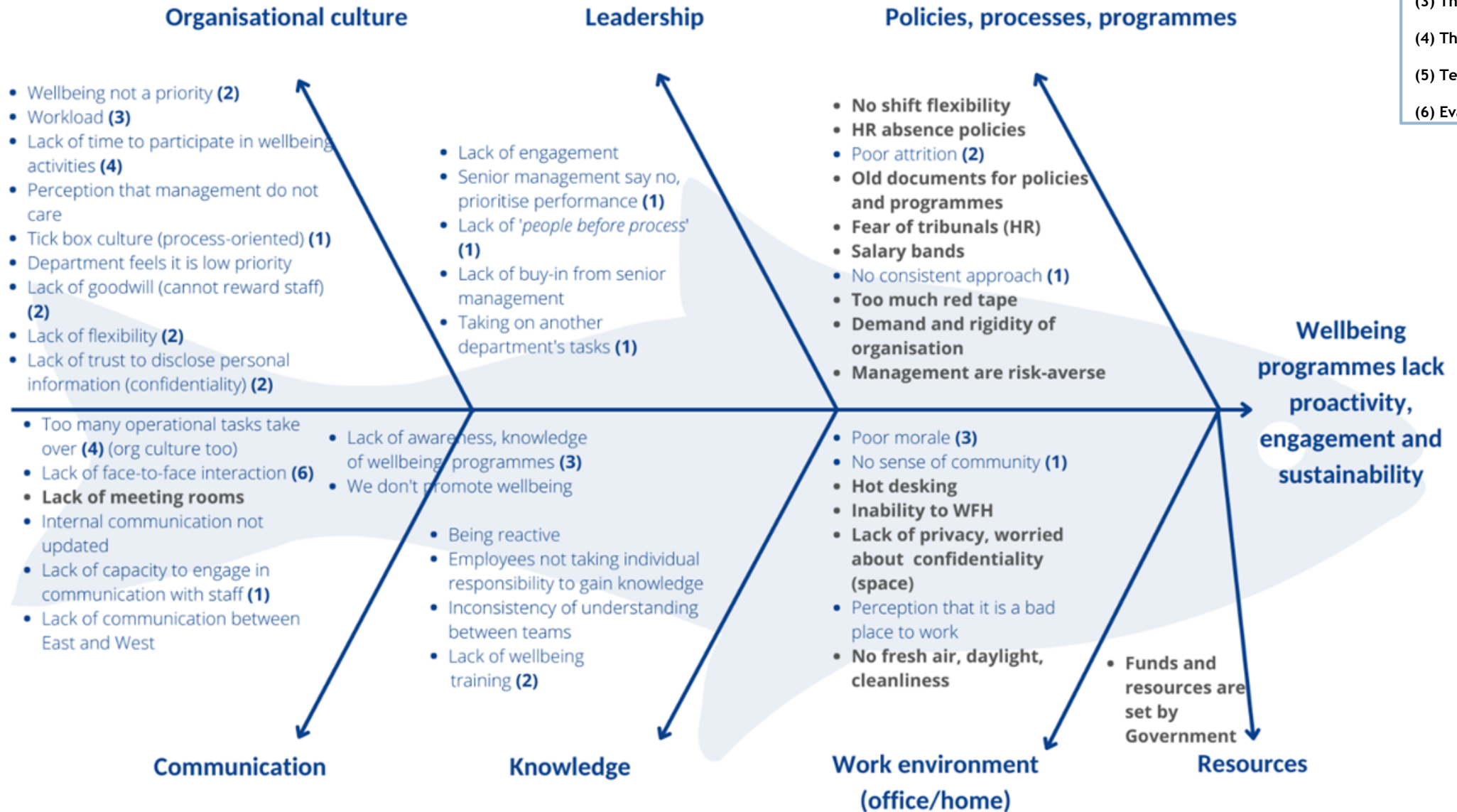
# Organisation 1 fishbone

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

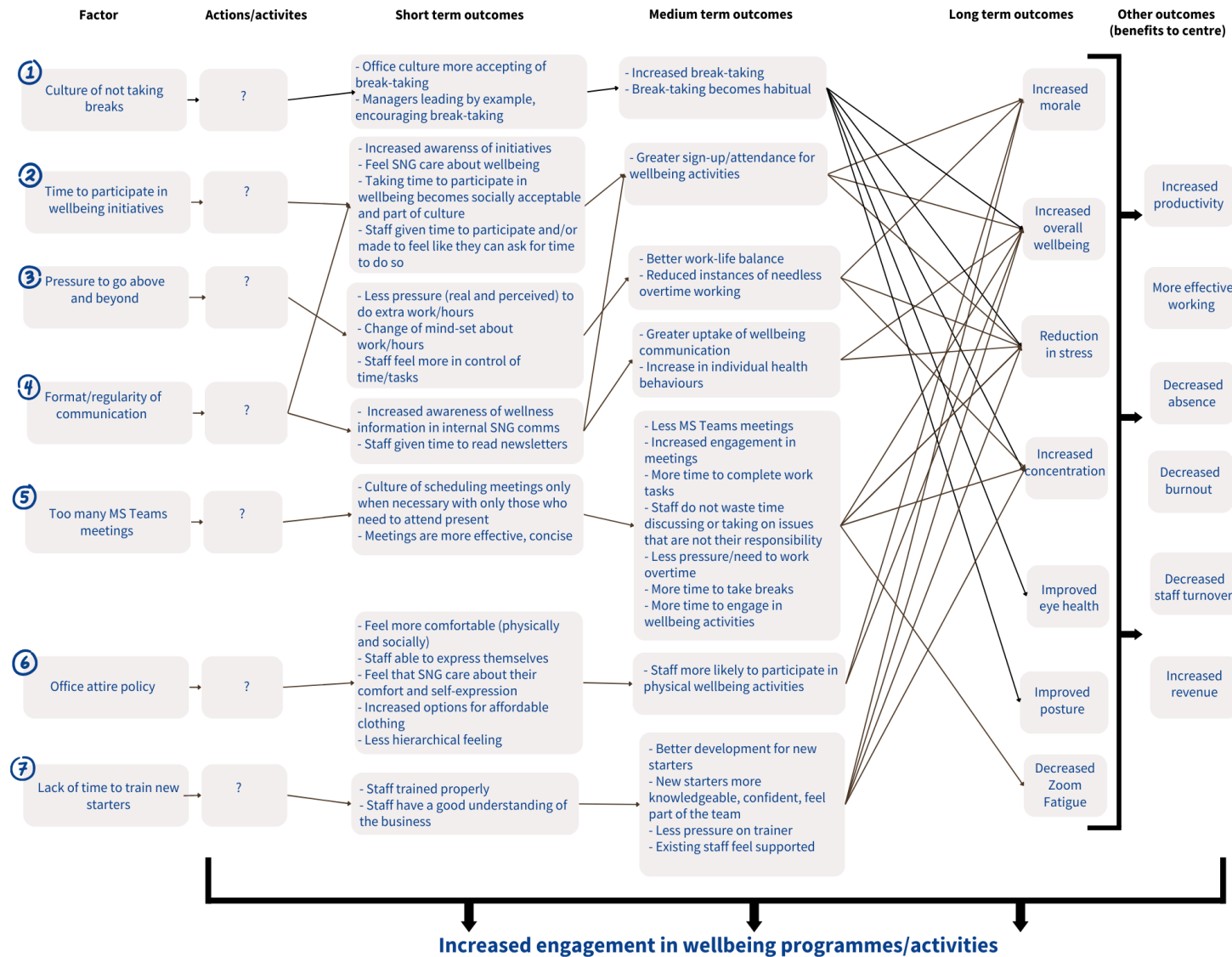


# Organisation 2 fishbone

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

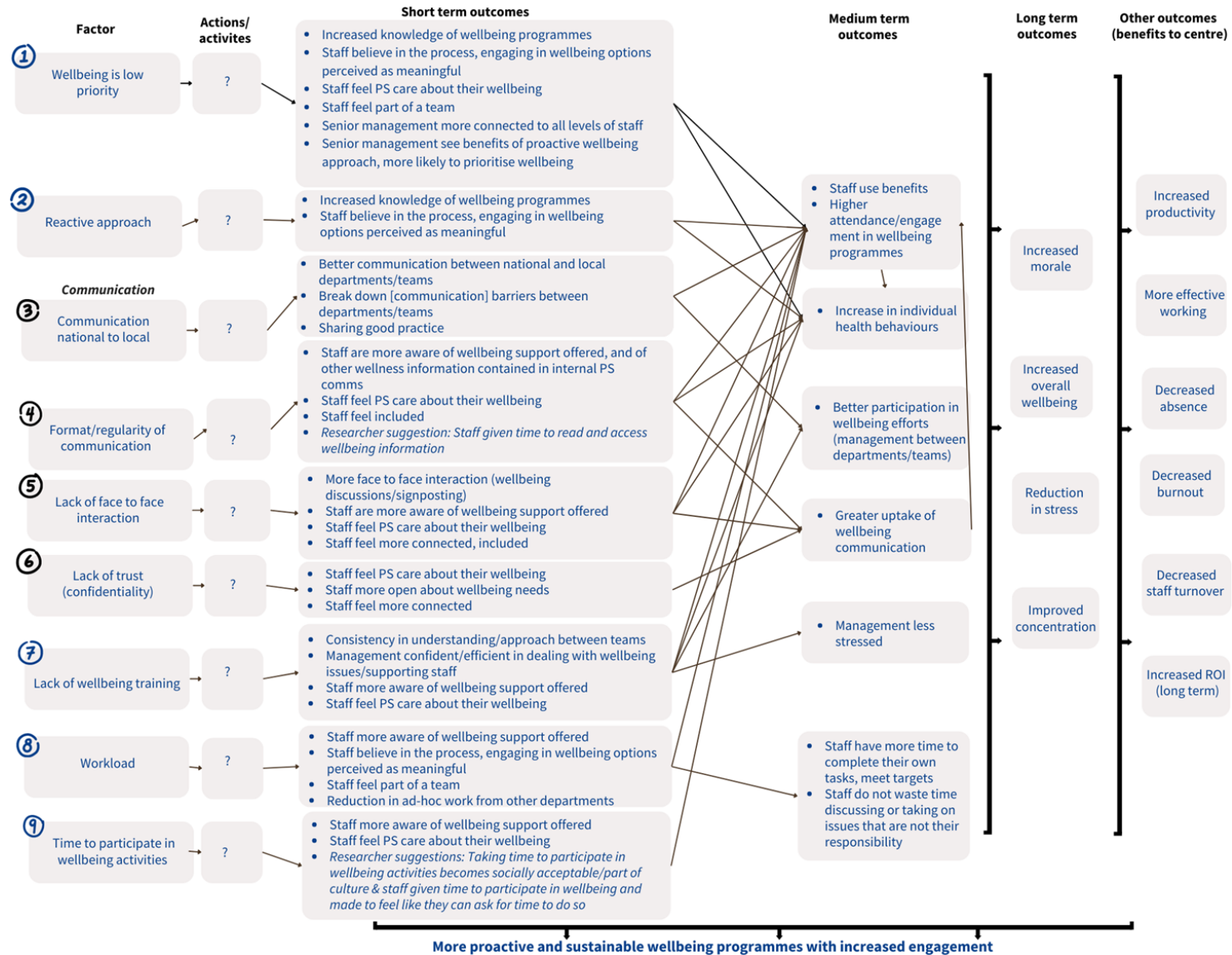


# Organisation 1 theory of change



- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

# Organisation 2 theory of change



- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

# Organisation 1 action plan

Factor	Activity	Tasks	Who will be responsible?	Who will be involved? (internal and external)	Facilities	Cost implications
Culture of not taking breaks	Role modelling	Managers making sure to take breaks away from desk to lead by example.	All management	All management	-	None
	Walking groups	1. Comms arranging dates/times and sending info out to office. 2. Collate some walking routes and share with all.	[NAMES]	Anyone who wants to take part	-	None
	Mandatory breaks (enforce lunch breaks for all)	Sending out comms to say breaks will now be mandatory – making it normal culture.	Management team	Everyone	Small table in kitchen, large break out table, break areas.	None
Time to participate in wellbeing initiatives	Managers to schedule time for wellbeing catch-ups (as part of existing meetings)	Scheduling 1 on 1's in advance to ensure they take place. Integrate wellbeing into them.	Management team	Everyone (mainly managers)	-	None
	Schedule development time	1. Schedule L&D time during 1 to 1's 2. Comms champ to send out links etc. to promote and encourage L&D materials/courses.	[NAMES]	Everyone	-	None
	Staff encouraged to explore EAP and Thrive app	1. Ensure this is covered appropriately in induction and signposted thereafter. 2. Mention in 1 to 1's and comms around office etc.	Management /Comms	Everyone	-	None
	Senior management allowing people to routinely participate in wellbeing activities and take courses	1. Making staff aware during team meetings & 1 to 1's to book into courses etc in advance-culture that this is okay. 2. No barriers from senior management to facilitate- can gauge once these are promoted better.	All managers	Everyone	-	None

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

# Organisation 2 action plan

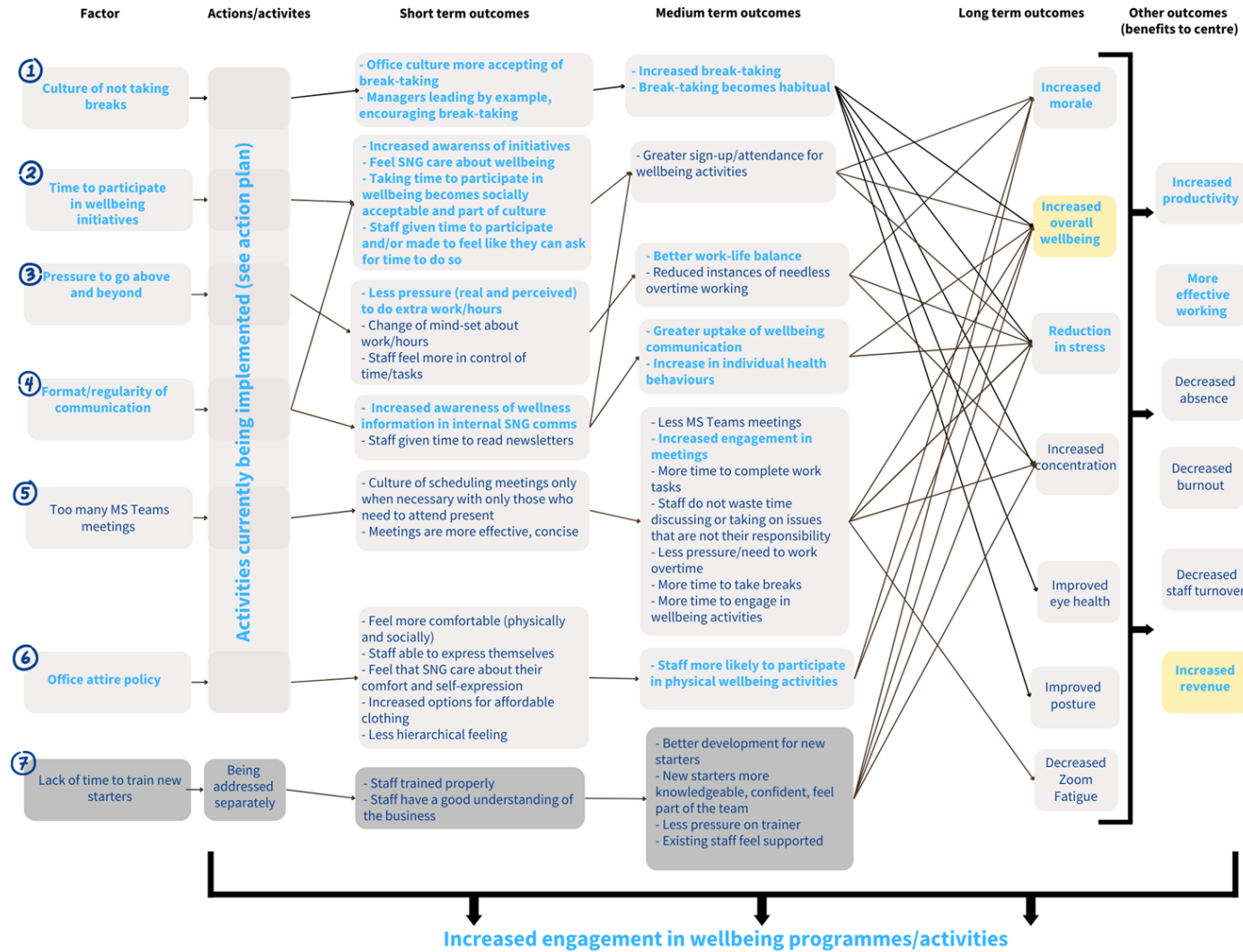
Factor	Activity	Tasks	Who will be responsible?	Who will be involved?	Facilities	Cost	Timelines
Wellbeing is low priority, tick-box exercise	Focus groups with staff to understand needs, make sure wellbeing is inclusive	Set up a monthly focus group with all levels of staff, and swap Team Leaders to run each one. Get sign-off from [SENIOR MANAGEMENT NAMES].	[NAMES]	Various staff from all levels Jillian Manner, Researcher (assist with agendas)	MS Teams	NA	NA
	Review wellbeing procedures and refocus on proactivity	Specific tasks will be based on feedback and action items from focus groups.	[NAMES]	Various staff from all levels	NA	NA	NA
	All levels of senior management engaged in wellbeing communication, promoting wellbeing programmes and behaviours Role modelling by all levels senior management (participating in wellbeing programmes and behaviours)	All levels of senior management engaged in some form of wellbeing communication. All levels of senior management commit to participating in some wellbeing programmes and role modelling health behaviours when possible.	[NAMES]	All members of senior management	NA	NA	NA
Reactive approach to wellbeing	Review wellbeing procedures and refocus on proactivity Create strategy to allow managers to be proactive rather than reactive	Specific tasks will be based on feedback and action items from focus groups.	[NAMES]	Various staff from all levels	NA	NA	NA
	Build wellbeing into 1 to 1 document	Add wellbeing question to 1 to 1 documents (i.e. How are you, how is your wellbeing?) to serve as opportunity for staff to bring up issues and for managers to signpost. 1 to 1 documents already being reviewed, wellbeing addition will be part of this process.	[NAMES]	All Team Leaders	NA	NA	NA

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate



# Organisation 1 results

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate





# Organisation 2 results

# Recommendations moving forward

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

## Most frequently

### Action plan maintenance

- Group discussion on the health of the action plan to tweak as needed.
- Suggested timeline: every 1-4 months depending on necessity

## Less frequently

### Full action plan evaluation

- Gather qualitative and quantitative feedback (utilising existing data if available) from staff from all levels and those in charge of implementation to understand implementation and effectiveness (using the outcomes from the theory of change as a guide for measurement) in detail and refine as needed.
- Suggested timeline: every 6-12 months depending on necessity

## Least frequently

### Review fishbone and theory of change (logic model)

- Reviewing the existing fishbone (problems and causal factors) and theory of change pathways (desired short, medium and long-term outcomes) to ensure they are still relevant, adapt as necessary and develop a new action plan.
- Suggested timeline: every 12-24 months depending on how much the business changes

# Study 3: Rapid review

- (1) Problem/causes
- (2) Modifiable factors
- (3) Theory of change
- (4) Theory of action
- (5) Test and refine
- (6) Evaluate

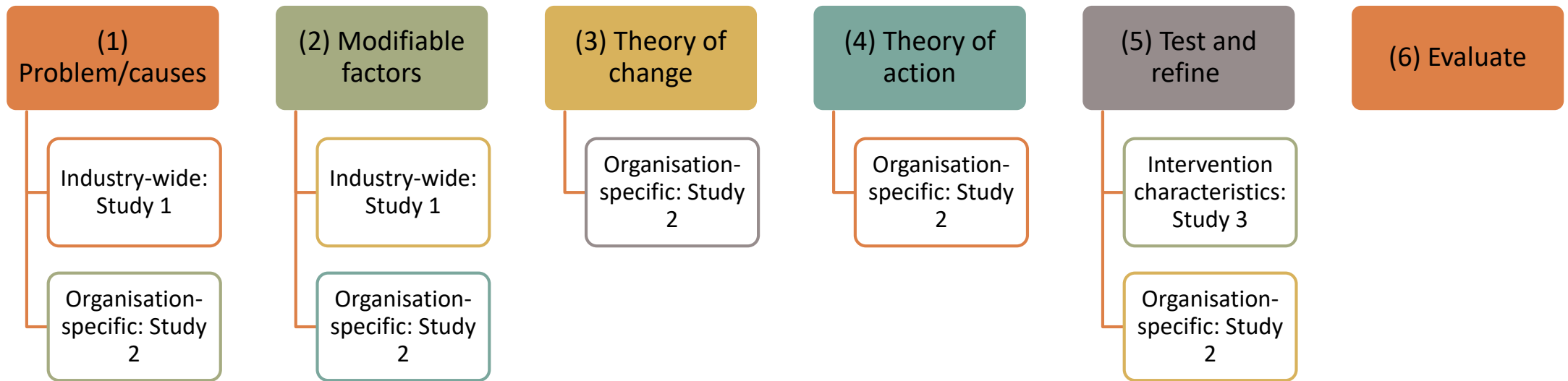
## 6SQuID Step 5

- ▶ Intervention implementation and adapt action plans following a fourth (final) workshop

## Study aim

- ▶ To understand the specific intervention characteristics of workplace health interventions where organisational-level (or organisational-focused) initiatives make up all or part of the intervention







# Thank you!

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**Next seminar:** Using Citizen Science in Public Health: Our Outdoors

**Speaker:** Professor Ruth Jepson

**Date:** Tuesday May 16, 2023

**Time:** 10:00-11:00

**Location:** MST G.03 Doorway 6

