A CONCEPTUAL FRAMEWORK FOR LIFESTYLE INTERVENTIONS WITH HEALTH RISK APPRAISALS AT THE WORKSITE: A META-INTERPRETATION

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Introduction

Over the past 30 years obesity levels have increased to pandemic proportions, dramatically influencing the rates of Type 2 Diabetes (T2D) and to a lesser extent Cardio-Vascular Disease (CVD). Lifestyle interventions targeting poor dietary and physical activity behaviours have demonstrated a 58% relative risk reduction in T2DM [1]. From a population perspective, the workforce are considered a hard to reach group and direct targeting via occupational health has demonstrated many positive outcomes [2]. The purpose of this review was to systematically analyze research on Workplace Lifestyle-interventions with Health Risk Appraisals (WIHRA) using qualitative methods in the form of a meta-interpretation. An additional aim was to utilise the meta-interpretation to conceptualise themes into a framework describing the context and processes associated with lifestyle interventions at the workplace.

Methods

Meta-interpretation is an inductive iterative process that is systematic in nature and bound to the philosophies of qualitative research [2]. In the initial phase, to establish a research area of investigation, 3 key themes were identified; ‘lifestyle interventions’, ‘cardiovascular disease’, and ‘worksite or workplace’. These themes were explored using an iterative design that guided the researcher to inductively investigate the subject matter without becoming distant from the research question. In each iteration 4 primary studies were analysed with maximum variation. As the iterations progressed, themes and sub-themes were reviewed, informing the researcher of notable subjects. This acquired insight guided the researchers’ choice of studies for the preceding iteration, embedding an analytical cycle until saturation point. Following 4 iterations, saturation point was confirmed using the constant comparison method of the 16 studies reviewed.

Results

Analysis identified 52 themes with 788 sub-themes. Themes were conceptualized into a phasic framework using 9 categories: The Pre-Intervention Phase 1) Evidential Influencers, 2) Initial Drivers of Development, 3) Concept Formulation, 4) Recruitment Design. The Intervention Phase 5) Participant Engagement, 6) Guiding Participant Interpretation and Behaviour, 7) Health Risk Determinants. The Post-Intervention Phase 8) Clinical and Behavioural Influencers on Health Risk. The 9th category, Participant Determinants, spans the 3 phases as it encompasses social and cognitive themes associated with participant compliance that can influence participant response to lifestyle interventions at any stage.

Conclusions

Meta-interpretation offers a novel and insightful method to derive a nomothetic framework of WIHRA. Consequently, this review informs commissioners, managers, and health professionals of the key themes associated with the design and delivery process of such programs.

References


The Prosect Sir Gar Group

Kerry Morgan, Chris Cottrell, Vanessa Davies, Liz Newbury-Davies, Michael Thomas, Enzo Mark Di Battista, Lesley Street, Fiona Judd, Cindy Evans, Jo James, Claire Jones, Carolyn Williams, Susan Smith, James Thornton, Sally Williams, Rhys Williams, Sam Rice, Jeffrey W Stephens and Meurig Williams