

# Evaluating health & wellbeing interventions for healthcare staff: Key findings



**QUALITY**  
EVALUATION AND  
UNDERSTANDING

**DEVELOPING  
HELP AND  
SUPPORT**

**PROVIDING  
GUIDANCE &  
ADVICE**

# Contents

Introduction	3
Overview of this report	5
<b>Section 1:</b>	
Evaluation of health and wellbeing interventions	7
Intervention evaluation: Challenges and barriers	7
<b>Section 2:</b>	
Establishing the aims of the evaluation	15
Gathering information about the intervention	17
Formulating the key evaluation questions	18
Developing the evaluation design	18
Identifying the project resources	21
Reviewing the organisational context	22
Communicating about the evaluation	22
Reflecting on practice	23
<b>Section 3:</b>	
Case Study - PhysioPlus Evaluation Project	25
<b>Section 4:</b>	
Principles of best practice: Intervention evaluation	37
Ten best practice principles of evaluation	38
<b>Section 5:</b>	
Reflections and recommended next steps	43
<b>Appendix 1:</b>	
A basic checklist of questions to help you think about and plan an evaluation	46
About Zeal Solutions	47

# Introduction

## Evaluating health & wellbeing interventions for healthcare staff: Key findings

Each year a significant amount of time and money is directed towards promoting and protecting the health and wellbeing of NHS staff. The business case for health promotion is well made and there is a great deal of evidence that demonstrates the serious impact and consequences of poor health and wellbeing. While the level of resource that is invested in health promotion across the NHS represents a clear strength, the lack of evidence regarding the impact, effectiveness and value of the action that is being taken represents a significant risk.

This situation represents a key concern. If ignored it could easily result in a perpetual investment cycle where trusts are committing funds in health and wellbeing initiatives every year, but do not know whether there has been any return on their investment. Evaluation is a useful measure to help tackle this issue.

Evaluation can help organisations understand whether or not an intervention has worked. The practice of evaluation is a primary concern of this project and report. Evaluation should be seen positively and as a tool that can feed into organisational

learning and development. For health and wellbeing interventions, evaluation is a crucial step to help ensure that decisions made to select, invest and continue to provide particular interventions are evidence-based.

3





# Overview of this report

## This project

NHS Employers is equally concerned about the need for evidence and the need for evaluation of interventions targeted at protecting and promoting the health and wellbeing of NHS staff and organisations. In response to this concern, NHS Employers commissioned Zeal Solutions to:

1. Gather evidence, through interviews with NHS trusts, on the level and type of evaluation activity conducted by trusts;
2. Establish some of the key challenges/barriers that may prevent trusts from carrying out evaluations;
3. Identify some key best principles that will support all trusts and help to improve evaluation activity; and
4. Offer any recommendations to support a more standardised and positive approach towards the evaluation of health and wellbeing interventions across the NHS.

In addition, and at the time of undertaking this work, there was an opportunity to support and undertake an evaluation of a self-referral physiotherapy service at the Sheffield Teaching Hospitals (STH).

Sheffield Teaching Hospitals   
NHS Foundation Trust

Therefore, this project was also concerned with:

5. Conducting an evaluation of the 'PhysioPlus' service at STH; and
6. Writing up the evaluation process and findings in the form of a case study so that it can be accessed more widely across the NHS.

## This report

This report has been written to provide an overview of the key findings from this project, including a summary of any appropriate research findings, interview findings and a case study of the PhysioPlus evaluation. It is organised into five sections:

### 1. Evaluation of health and wellbeing interventions

This section provides a summary of the key barriers or challenges faced by trusts when conducting evaluations. It also outlines a response to each barrier.

### 2. Implementing an evaluation project in practice

This section provides a summary of key questions that can be considered when planning or carrying out an evaluation project.

### 3. Case study: Evaluation of the PhysioPlus service

This section, in the form of a case study, summarises the key evaluation findings

and benefits of a staff wellbeing (physiotherapy) intervention.

It also outlines the steps taken to evaluate the service.

### 4. Best practice principles for intervention evaluation

This section lists ten best practice principles that can be followed to enhance the practice of evaluation within any trust.

### 5. Reflections and recommended next steps

This section offers some general reflections and recommendations for moving forward and building a capacity for evaluation across the entire NHS.

Each section can be considered on its own or the report can be read cover to cover. It should be noted at the outset that the next phase of this work is to conduct a broader assessment of evaluation activity across the NHS. This phase of work will be returned to and discussed in the final section (5).

# Evaluation of health and wellbeing interventions

Evaluation is a tool that can support organisational learning and can help trusts to identify changes that may need to be made to ensure interventions are effective and of value. It is important for any trust to recognise whether the intervention prescribed is suitable for the problem or issue that has been diagnosed.

NHS trusts participating in this research appreciated the fact that evaluation can help to prove whether or not an intervention:

- Is delivering important and worthwhile organisational benefits
- Is implemented well and accessed by the right people
- Achieves the stated objectives and returns some level of (individual/organisational) benefit
- Uses the best available and most cost-effective approaches
- Is supported across the organisation to maximise success

7

Representatives from the NHS trusts raised a number of challenges that made conducting evaluations difficult. In this section we summarise seven of the key barriers and provide a response with the aim of overcoming these challenges.

## Intervention evaluation: Challenges and barriers

### Barrier 1: The lack of time for evaluation

**Issue:** Despite the appreciation of the need and value of conducting effective evaluations, concerns were raised around the lack of any form of evaluation. As is illustrated by the following quotes:

*"What we don't do is go back and ask 'how useful was that?' after we've done it'. I would say that is the missing loop in what we're not doing at the moment."*

*"In reality, we just don't have the time to evaluate. We're just that busy putting stuff on."*

**Response:** Where evaluation is not considered an integral part of the organisation's learning processes, there tends to be a general lack of evaluation knowledge and skills. Effective evaluation is considered a low priority and taking action is seen as more important than assessing action. In reality, the question should not be about where to focus energy (for example, towards action or evaluation) but about how to ensure the necessary evidence can be collected in timely and cost effective ways, so as to help learning and decision making about the action that is being taken.

### **Barrier 2: The lack of appropriate baseline or benchmark data**

**Issue:** Across the interviews, some trusts identified the difficulty with benchmarking data and comparing change before and after the intervention had been implemented. In addition, it often proved difficult to do accurately and it was identified that some of the data used may not be a real measure of the effectiveness of the intervention.

*"We benchmark quite a lot of our data on ...an information portal...they compare sickness absence data and employee data...they have just extended it so that they also include data from four or five different regions... the only problem with it is that it is two months behind...we can see how well we are doing against others...but also it could be that they are just under-reporting."*

*"The other way that we measure is we have a local staff survey. Part of that is around health and wellbeing but it's not specifically measuring an intervention. It's just measuring how people are feeling at that moment in time."*

**Response:** One primary goal of an evaluation is to assess change. When interventions are being implemented it is important to consider the objectives of the intervention so that questions can be asked such as 'what can we realistically expect to see happen as a result of this intervention?', 'When can we realistically expect to see any effect?' 'What might limit the impact of the intervention?' 'What will help it?' The answer to these questions should enable a more comprehensive analysis of the intervention to be completed and result in a broader understanding of the potential impact and changes that might occur. The use of the annual opinion survey to assess the impact of an intervention can sometimes lead to disappointing results. This type of survey is used to assess more general work attitudes which are likely to be influenced by numerous factors and variables. While an intervention may have been designed to have an effect on work attitudes, it becomes difficult to specify through opinion surveys when, how or even if an intervention has had any effect.



To assess an intervention, it becomes important to design more tailored evaluations that will ensure appropriate forms of evidence can be collected and compared to help realise any benefits. The following statements help to validate this and demonstrate action where benchmarking is being conducted well.

*"We deliver the training for them and then we're doing a three month follow-up to find out if they've used it, what the impact was, has the mental health related sickness absence in their team gone down, that kind of thing"*

*"We asked staff just general baseline questions about smoking, drinking, and also what they wanted to see in place, which would improve their health and wellbeing... We're now about to send the same survey out again. Then we're going to compare with where we were this time last year, which is the first year, before we put the EAP and the fast-track physiotherapy service and that in place. Because it asks about stress levels; it asks about weight, height, so we work out the BMI. Smoking, drinking. So, basically ...we compare from where we were this time last year and see where we are now."*

### Barrier 3: The lack of appropriate evaluation criteria

9

**Issue:** A major concern for all trusts is the criteria against which to assess an intervention (also known as the criterion problem).

*"The way we evaluate them isn't as useful or valuable as it could be...they are not very sophisticated methods...we tend to look at attendance rates, whether they are up or down."*

*"Where do you start? There are so many things you could look at when evaluating interventions. I have my questions that I'm interested in but who is to say these are the right questions?"*

A number of trusts identified that they were faced with the challenge of running interventions that can demonstrate an impact immediately, rather than interventions that may be more preventative or have a longer term impact.

*"We do our finances on an annual basis, and the books have to balance on an annual basis, there is no leeway for long-term investment."*

Subsequently, this is likely to influence the evaluation criteria that trusts use. One of the key underlying themes across all trusts was that the interventions should have the primary objective of reducing sickness absence or getting staff back to work faster. However, this can be problematic as sickness absence is complex, and can be the result of a number of factors. Therefore, it is difficult to demonstrate a relationship between an intervention and reduced sickness absence, and it can take time for changes to show. The challenge this represents for trusts is captured in the following statement:

■ *“Being honest, sickness absence is one of their (senior management) top priorities. I’ve had a bit of a fight on my hands trying to explain to them that we’re not going to change that overnight, it’s a long term thing.”*

One of the shortfalls identified across trusts was that, the evaluation criteria for an intervention can be focused on the number of people who took part in the intervention or solely their reactions to the intervention, rather than exploring the impact that the intervention has had on their health and wellbeing. Furthermore, the data collected is not always a direct measure of the intervention itself, but may instead be a general measure of the overall feeling within the organisation at the time.

10

Examples include:

- *“We look at the number of referrals, how much time is spent.”*
- *“It will be probably monitored by attendance and engagement really, through the staff survey.”*
- *“You can look at how many people went.”*
- *“We collect things like how many people come along, so we do a very straightforward counting exercise.”*

**Response:** When deciding upon what criteria to evaluate the most important question for trusts to ask is ‘what is the overall purpose or objective of the intervention?’ If an intervention is to improve attitudes towards physical activity then it becomes necessary to utilise measures that will establish whether attitudes towards physical activity have changed. And if this change has been positive or negative?

#### Barrier 4: The lack of focus on the process of an intervention

**Issue:** Across trusts, and where evaluations have taken place, most emphasis has been placed on trying to appraise the effects of interventions (e.g., the impact or outcome) rather than reporting on the intervention itself, how it has been implemented and what has helped or not helped to make the intervention work.

*"Our key concern is to establish whether something is working or not."*

*"We have implemented various interventions to help reduce absence, so absence becomes our key yardstick. Has the intervention had an impact on our sickness absence? If it hasn't or doesn't then it means it is not successful!"*

**Response:** It is important that trusts not only assess whether something works but also why it might not. These are process issues. There were some trusts that did identify the importance of exploring some of the process factors that may influence the success of an intervention, in addition, attempts were made to then use this data to help adjust the intervention and the way it is implemented in the future. For example:

*"If we find that there may be an issue around access, for example, then we've been talking to staff who have expressed interest and if they've said, "I can't come to that because it's up two flights of stairs", or whatever, then we're readjusting and seeing how we can alter things that way."*

*"We used an anonymous survey...for the people that came, and also the people that dropped out, to find out what worked and why those people dropped out. This was then used to improve take up and fall out rates."*

#### Barrier 5: The lack of skill to design appropriate data collection methods

**Issue:** A further factor that challenges the practice of evaluation is the approach to data collection. There are a range of methods that can be used to collect evaluation data (observation, questionnaires, interviews, focus groups) however NHS staff report lacking the skills to be able to design reliable and valid methods for collecting evidence.

*"I know what I want to achieve but the problem is actually making that happen. I have designed an evaluation questionnaire in the past but I wasn't confident that the information I collected was that useful."*

*"I use focus groups to gather my information from interventions. This is easy to do and means I gather quite a bit of information in one go. However, you don't always know if you are getting the full picture."*

**Response:** Anyone seeking to evaluate an intervention should be clear on its purpose and follow a logical process to determine the key questions that must be answered. It becomes important to consider how the evaluation data is intended to be used before collecting the data. In addition, each data collection method will have its own strengths and weaknesses and when used provide specific kinds of information. The information gathered will introduce specific biases. For example, if an evaluation only utilises an interview method, then there are likely to be biases that are introduced as a result of the style of interviewer, the type of interview and questions asked. In such situations, it may prove difficult to determine the extent to which the method is producing biased information. If however, several different forms of data collection method are used then the final results are less likely to be influenced by a single source of bias. In addition, the results are likely to be richer in terms of context and offer a more valid understanding of the intervention itself.

Interviews did provide some evidence of good practice from some trusts in terms of collecting evidence using multiple sources (data triangulation) as well as using different methods for collecting data (methodological triangulation).

*'There's feedback from the individual as well as the manager...the manager tells us whether they have improved in their workplace, whether the initial problems have been resolved...it's sometimes very different from the individual's (perspective) and it's been very useful.'*

*'Qualitative feedback that people write for the facilitators ...with regards to how they found the course and what difference it's made in their lives. Then after they've finished the course, we send out a Hospital Anxiety and Stress Scale.'*

*'We put a lot of emphasis on the qualitative, as well as the quantitative data, because it is so important. It tells you a lot.'*

### Barrier 6: Evaluation perceived as a complex and technical activity

**Issue:** Most trust representatives were very conversant about evaluation activity. However, it quickly became evident that evaluation was also considered a very technical and complex activity.

*“What scares me is the analysis of the data. How do you make sense of what has been collected? It seems you have to use very sophisticated techniques.”*

*“There is more to evaluation than you first think. When you consider an intervention that has been or will be implemented across an entire organisation you have to think through so many different issues to ensure the evaluation is going to be useful. It is a bit overwhelming to be honest.”*

**Response:** The practice of evaluation requires technical skills or competence as well as a range of other behavioural competencies. Technically, evaluators need to possess knowledge and skills about, for example, project management, organisational politics, communication, research methods, and statistics. There are also a number of behavioural competencies that are required to ensure evaluators can effectively deliver an evaluation project and successfully navigate their way through the various challenges that are raised. Evaluation requires organisations to commit to building a capacity for evaluation and providing appropriate levels of support and resource so that evaluation becomes common place.

13

### Barrier 7: Poor use and communication of evaluation evidence

**Issue:** Finally, there were a number of issues raised about the use of the evaluation data and the lack of dissemination of evaluation findings.

*“Sometimes we don’t see the outcomes of an evaluation. This could be for many reasons, but it makes you wonder why the results have not been shared.”*

*“Staff are reluctant to complete evaluation forms because they don’t believe anything changes or is done with the information. It becomes a bit of a negative cycle, they don’t complete the forms, we don’t get enough evidence and so we can make any real meaningful changes.”*

**Response:** There are a number of reasons why the outcomes of an evaluation are never communicated, seen or even used. Sometimes the findings can return negative or very modest results. This can represent a threatening situation for individuals, groups and organisations at various levels (e.g., purchaser, user and supplier). However, it is important to be mindful of the objectives of the evaluation and to ensure the evaluation does not only focus on outcome (did it work) but also on how it worked (process). It is important to try and prevent the evaluation process turning into and/or being perceived as merely a data collection or box ticking exercise. Demonstrating to staff how the evaluation data has been used for positive change will increase their involvement and engagement with future evaluation exercises.

This research has highlighted some of the barriers towards evaluation. These barriers are not unusual and highlight the need to offer greater support to trusts to help them make better decisions. This project also aimed to highlight key principles of best practice that could help to overcome some of these barriers and improve evaluation activity across all NHS trusts. The principles are outlined in the next section.

# Implementing an evaluation project in practice

The underpinning benefit and worth of any evaluation exercise stems from the use that is made of the results. These results not only point to the extent to which an intervention might be 'working' but they also help to identify where and how improvements to the intervention might be made. In this section of the report and as a direct response to the barriers highlighted in section 1, we outline some key questions to address when planning or carrying out an evaluation of an intervention. The questions can be used as a checklist to guide evaluation projects. These questions are illustrative rather than exhaustive and are intended as a starting point for those who wish to engage in any form of systematic evaluation. The questions are repeated in Appendix 1 and can be used as an aide-memoire.

The questions cover eight key issues that should be considered during an evaluation project:

1. **Establishing the aims of the evaluation**
2. **Gathering information about the intervention**
3. **Formulating the key evaluation questions**
4. **Developing the evaluation design**
5. **Identifying the project resources**
6. **Reviewing the organisational context**
7. **Communicating about the evaluation**
8. **Reflecting on practice**

15

The questions have been placed in a recommended order from 1 through to 22. However, it is equally valid to focus on a particular question or section. Whichever approach is adopted, these questions can be used to structure a general plan for the evaluation of any intervention.

## Establishing the aims of the evaluation

### 1 What is the purpose of the evaluation?

Being clear about the overall objectives of an evaluation is a critical first step. For example, is the evaluation required to help gather evidence to establish the effectiveness of a particular programme of training? Or is it needed to assess the extent to which a change management programme has met the needs and expectations of the organisation?

Developing a succinct description of its purpose will help to increase the need for the systematic gathering of evidence. It will also reduce some of the risks that can challenge an evaluation exercise, for example, lack of engagement among those affected and a lack of resources being allocated to it. A statement of purpose can help to focus attention and ensure the evaluation is well supported.

## 2 Who are the stakeholders for this evaluation?

An evaluation is often conducted to inform various individuals and/or groups. It can be useful therefore to identify the key stakeholders and determine how the evidence that is to be collected will help to serve their needs. Sometimes it can be useful to prioritise stakeholders to ensure that the outcomes of the evaluation, at a minimum, meet the needs of those stakeholders deemed to be most critical. To help identify important stakeholders try answering such questions as: Who is interested in the outcomes of the evaluation? Who/what groups might be affected by the outcomes of the evaluation? Who has a right to know about the findings from the evaluation?

## 3 What are the key benefits of the evaluation?

Before starting an evaluation, list the *potential* benefits. The term *potential* is deliberately placed in italics as the actual benefits of an evaluation can only be determined once it has started or been completed. Answers to question 1 (the purpose of an evaluation) will also help to highlight specific benefits. For example, is it to be used to gather specific evidence about an intervention? If yes, then how can or will this evidence be used? Will the evidence be used to increase the quality of the intervention? Will the evidence be used to determine the impact of the intervention? Will the evidence be used to identify shortfalls so that further investment can be obtained to strengthen an intervention? Answers to these questions will help to identify a range of potential benefits and ultimately help to secure the resources that are needed to ensure the evaluation can be conducted in a coordinated way.

## 4 Who will receive the evaluation results and in what format and by when?

This question can be considered when identifying the stakeholders of the evaluation project and must also form part of the communication strategy for your evaluation (see below). Are all stakeholders to receive the findings in the same format? Sometimes it can be beneficial to provide stakeholders with a summary of the key findings, whereas for other others you may be required to provide more in-depth and even technical information. Different stakeholders sometimes require information at



different time points. Clarifying if this is or could be the case during the planning phase of an evaluation project can help to manage expectations and keep stakeholders 'onside'.

### Gathering information about the intervention

#### 5 Which intervention is being evaluated and why?

An evaluation exercise is generally conducted as part of a review of some form of intervention. Documenting the purpose of the intervention, including, for example, its rationale and its content, history and the implementation process, can help to identify some of the key questions that must be answered by the evaluation process (see question 9 below).

#### 6 What is the expected impact or anticipated change as a result of the intervention?

When an intervention is implemented some form of impact is generally expected such as increased knowledge or some desired change in behaviour. This impact might be localised to a small area or group or it may extend broadly across an entire organisation. Spelling out the intended impact of an intervention is a necessary precursor to specifying the key questions that the evaluation must answer (see question 9 below).

#### 7 Is the intervention well established or is it new? Will this influence its impact?

Try to establish how long an intervention has been in existence. This information can help to manage expectations and also inform the questions that can be realistically answered by an evaluation exercise. It can take time before the impact of an intervention is realised. For example, if an intervention has been designed to increase facts or knowledge about a specific product or process then the impact is likely to be immediate and can be measured very easily. However, if the intervention was introduced to change attitudes and behaviour then any change can take longer and will need to be measured in a different way.

#### 8 Has an evaluation of this type of intervention been implemented before?

##### If yes, are there any factors that might influence the success of the evaluation?

It can be useful to review previous evaluations and, in particular, any evaluation schemes and efforts that have looked at the same or similar interventions. There are various factors that might help or hinder an evaluation process. If some of these factors can be identified early on it may help to inform the approach taken and minimise the impact of any potential barriers.

### Formulating the key evaluation questions

#### 9 What are key questions that the evaluation must answer?

At this point it can be useful to request questions from key stakeholders. However, and depending on how many people are involved with an evaluation, it can be the case that an impossibly high number of questions are put forward as 'required to be answered' by the evaluation. The evaluation cannot answer all questions. To this end, it can help to group questions into 'need to know' versus 'nice to know'. The questions that are agreed upon will guide the rest of the evaluation process so it is important to identify a core set of questions that can realistically be answered.

### Developing the evaluation design

#### 10 When will you collect information or data (before, during and/or after)?

This question is about time and in particular when and how often data is to be collected as part of the evaluation. The most common approach to intervention evaluation is to assess the impact retrospectively (after it has been implemented) and at one time point. Research has identified that this form of evaluation is most commonly used because evaluators consider it to be simple to implement and cost effective. However, gathering information at just one time point does not control for the influence of other factors that might bias the data or responses gathered during an evaluation. Wherever possible, it is advisable that some form of baseline or 'pre intervention' data is collected or identified to evaluate the true impact of the intervention. Establishing an appropriate set of baseline measures (scores on important criteria) will help to increase the validity of the evaluation process and the findings. It will also increase the chances of making well informed decisions about the impact of an intervention. This type of evaluation design is called a before (or pre) and after (post) design.

#### 11 What form will your data collection take (surveys, interviews, focus groups)?

The data collection method should be informed by the purpose of the evaluation, the intended use of the evaluation findings and the key questions the evaluation seeks to answer. An evaluation survey is often considered the simplest method for collecting data. However, it is important to consider whether the survey will offer a sufficient amount of data and/or whether alternative methods can help increase the richness of the evidence that is collected. Alternative methods (e.g., interviews) might be more effective for collecting evidence that helps to answer questions that explore the process or way in which an intervention was implemented.

**12 Do you have the skills to design an appropriate data collection method?**

The design of an effective data collection method or instrument is a skilled process. Poor instrument design can result in poor data. Surveys, interviews and focus groups - the most commonly used methods - each have their own advantages and disadvantages. Questions that are used in any of these methods must be valid and reliable. In terms of their validity, it is important that any question asked is appropriate for the purpose of the evaluation. For example, if the purpose is to assess the success of an intervention aimed at improving the way line managers cope with sickness absence, then questions that explore the confidence that managers have in their ability to cope with sickness absence are valid. Questions that ask managers to rate their ability to cope with other broader work demands will be less valid. It is important to take time to develop any proposed questions in order to review their appropriateness. Reliability refers to the stability and trustworthiness of any responses that are given to questions in surveys and interviews. For example, if an interview method is being used to evaluate an intervention, it is important to conduct the interview in a consistent manner so as to minimise any biases that may be introduced as a result of a different interview style or approach. Introducing some structure (e.g., an interview protocol and set questions) can help to minimise biases and improve reliability.

19

**13 Will you need to pilot the evaluation design?**

It is advisable to pilot the evaluation approach on a sample of the audience or group from which the data is to be collected. This will help to test the approach, identify any ambiguous questions and also raise awareness of the resource that will be required to conduct the full evaluation. It can be helpful to document any lessons identified and to share these with key stakeholders. Piloting a survey, interview schedule or focus group template helps to improve the reliability and validity of any evidence gathered.



**14 Who will you collect evaluation from (population or sample)?**

Once the target group has been identified, it is necessary to consider whether to include all or some of the group - this is called sampling. Sampling is used to select a smaller number of people from a larger group so that any findings from the sample (for example, a sample of managers) can be reliably generalised to the larger group (all managers in the organisation). When collecting data from a sample it is important to maximise the representativeness of the sample - does it possess the same demographic characteristics as the larger group from which it is drawn - and to ensure that the size of the sample is sufficient to allow any results to be indicative of what is likely to be found in the larger group. The size of the sample will depend on the level of accuracy that is required from the data that is collected. If a population is fairly small (for example, 400 managers) then it might prove advantageous to include all managers in the evaluation. If this is not feasible, then it becomes necessary to decide on the number that would be considered acceptable and that would provide a satisfactory level of confidence in the findings.

**15 How will you deal with the evaluation data that has been collected?**

An evaluation can generate a great deal of information. Qualitative methods such as interviews and focus groups require particular skills to be able to make sense of the themes or issues raised. Quantitative methods also require specific skills to statistically analyse the data. However, and before the analysis can take place, it is important to consider how data entry will be handled. For example, if focus groups have been recorded, who will transcribe the data? If paper surveys have been used, who will enter the data into some form of statistical spreadsheet? Once the data has been entered, how best to analyse the data? There are numerous qualitative and quantitative techniques, some of which require more specialist knowledge and skills than others. Whichever approach is decided, the evaluation analysis must be guided by the specific questions the evaluation set out to answer as well as the specific needs of the key stakeholders. Each qualitative and quantitative analytical technique also has its own rules and requirements for its correct application and use.

## Identifying the project resources

### 16 Who will oversee/carry out the evaluation?

Evaluation projects vary in terms of their size and complexity and therefore the level of resources required to carry out the project in a systematic and coordinated manner. It can be beneficial to think about who might need to be involved to help carry out the evaluation project. For example, if the intervention and the evaluation process involve large numbers of people, it may be advantageous to secure the time of a project manager to act as a dedicated resource to coordinate the evaluation project. However, this may not be appropriate for smaller evaluation projects. To help identify the people that need to be involved, it may be also useful to consider the type of skills and competencies required to make the evaluation a success e.g. some essential skills include: verbal communication, writing, data collection and data analysis. Some essential competencies include: political awareness, interpersonal skills and a positive approach to learning.

### 17 How much time is needed to collect the evaluation data?

When planning an evaluation project, the time that is available for data collection will influence the level of investment as well as the approach used to collect the data. If time is limited then decisions need to be made with regards to how much information can feasibly be collected and which method/s will enable data collection within the specified time frame. It is also important to be realistic about what can and cannot be demonstrated in the timescales given. For example, and as mentioned above, behaviour or attitudes can take many months to change and the impact of these changes on organisational practices can take even longer to surface. Making stakeholders aware of these issues early in the evaluation planning stage can help to manage expectations and reduce the overall pressure that is placed on the evaluation project.

### 18 What support is needed to make the evaluation work?

Evaluation projects have a greater chance of success if they are well supported and well resourced. For example, having senior leaders and managers acknowledge the importance of the project can be an important source of support. Securing a senior manager/executive as a project sponsor can help to drive the project forward. Knowing who and how to access others with appropriate skills throughout an evaluation process can ensure the project runs smoothly.

**19 What is the budget to support the evaluation?**

Knowing the budget, if any, that is available can help to focus attention and ensure that the evaluation project remains focussed on the specific questions that must be answered and within the timescale that has been set.

**Reviewing the organisational context****20 Is anything happening around the organisation that might influence the success of the intervention and/or the evaluation?**

The success of an intervention and its associated evaluation can be heavily influenced by a range of other factors such as the resources made available, organisational politics, external social and economic pressures, and the timing of events. The chances of success can be increased if time and effort are spent reviewing the organisational context and determining if there are any potential risks that might limit or prevent the intervention from being implemented successfully and/or the evaluation from occurring in the first place. Possible questions to consider include: How prepared is the organisation for the intervention/evaluation? How committed is the organisation to making the best use of the intervention? How committed is the organisation to making the best use of the evaluation findings? Are there any financial (or other) constraints that will impact on the intervention/evaluation? What impact might the evaluation findings have for the future of the intervention? How can you be sure that the intervention/evaluation is timely?

**Communicating about the evaluation****21 Have you established a communication strategy for the evaluation?**

Thinking about the communication strategy for the evaluation project can improve the organisational response to the process and help to generate the support that is required. The communication strategy is a brief summary of the communication that can be issued as a direct result of the evaluation project. There are a number of questions to consider at this stage including: What is the overall purpose of the communication? When should the communication be sent? What information needs to be communicated? Who will be responsible for communicating about the evaluation? Who (or which stakeholders) will receive the communication? What should (or shouldn't) the communication contain? What, if any, action is expected as a result of the communication? If there are negative findings, how will this information be handled?

What is the format of the communication (presentation, general or technical reports, executive summaries)? How can you ensure the communication has been received and/or understood? How can the communication of relevant information to all appropriate stakeholders be safeguarded and guaranteed?

## Reflecting on practice

### 22 Looking back, what can be learned about the evaluation that can help to inform future evaluations, this intervention, other interventions, continuous development?

From the very outset it is important to consider 'evaluating the evaluation' in terms of recording any lessons that can be learned and shared. The term reflective practice is often used to ensure that employees continuously strive to improve their own performance. The same applies to the process of evaluation. Continuously reflecting on the evaluation can provide insight about what does and does not work. It can also highlight particular factors that either support or hinder the success of an evaluation. For example, it can highlight whether or not the focus of the evaluation was correct or whether the methods used were appropriate. In addition, an evaluation project can highlight misunderstandings about the notion of evaluation which may need to be tackled to improve the success of any future evaluation projects. Identifying and sharing lessons following an evaluation project can help to build confidence across the organisation and ensure future evaluations are well supported and resourced.

23

Healthcare settings continue to face pressure to reduce cost, do more with less and at the same time maintain or increase quality and performance. The process of evaluation can help determine a way forward and ease some of this pressure. In many organisations, evaluation is still considered too complex or introduced as an afterthought. There is a need to change this perspective to one that appreciates the benefits of evaluation and that integrates evaluation into everyday practices. This perspective encourages systematic inquiry and critical appraisal that is underpinned by useable, valid and reliable evidence. Seen in this way, evaluation is a learning tool that can inform decision making and support individual as well as organisational development. The questions listed in this section are a starting place for helping to facilitate this change.





# Case study - PhysioPlus evaluation project

In this section we provide an evaluation of a physiotherapy service to illustrate the process that was chosen to evaluate this particular intervention.

We hope this case study will serve to demonstrate how evaluations can be conducted in practice and the findings used to support decision making.

Sheffield Teaching Hospitals   
NHS Foundation Trust

## Background

PhysioPlus is a self-referral physiotherapy service for staff in Sheffield Teaching Hospitals (formerly Sheffield PCT). Unlike some other services, there is no real gatekeeper to the PhysioPlus service; the aim is to make the service easily accessible to staff, and to try to arrange an appointment within two working days. The service aims to provide real support to staff through the therapeutic relationship between the physiotherapists and the staff and aims to target those who are off work by helping them to return to work, or preventing those who are at work and experiencing pain from going off sick.

## The need for evaluation

Prior to the evaluation conducted by Zeal, there had been some basic evaluation of the service; this had mainly focused on performance statistics such as the number of people seen and the patient experience including the ease of access and their confidence in the service. However, the PhysioPlus team were keen to conduct an independent evaluation to demonstrate the value of the service more broadly. They

recognised that although they had received positive verbal feedback, they had not really been able to quantify it in any way. Furthermore, it is increasingly difficult to get funding for services due to the cutback in resources, and therefore the importance of having evidence to show the benefits or value of the service was necessary. This was particularly true during the change from Sheffield PCT to Sheffield Teaching Hospitals, as there was uncertainty around the future of the service. PhysioPlus was initially set up as a pilot service for one year, and so it was necessary to show that the service should be extended beyond the pilot.

Measuring the 'value' of any particular intervention is not a simple task. A common mistake is to assume that effectiveness can be measured by looking at a single outcome measure (e.g., levels of sickness absence) and making direct assumptions about the 'value' of an intervention (e.g., the physiotherapy service). It was recognised that a lot of focus is given to reducing absence, yet there are a number of factors that can influence absence that go beyond any specific intervention. Furthermore, there are broader and

valuable impacts beyond absence that are also important to recognise, and there needs to be greater awareness of this amongst management. Conducting a broader evaluation of the service would hopefully identify the broader value of the service. In reality, there are multiple factors

and measures that can and could be considered when measuring the value a service provides. This is not to say that absence levels are not relevant or important, but to recognise that value can be illustrated by many different outcome measures.

## The purpose of the evaluation and the evaluation criteria

As a treatment option, physiotherapy can be used to treat a variety of patient conditions. As stated by the Chartered Society of Physiotherapists:

“Physiotherapists help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease. The professional helps to encourage development and facility recovery, enabling people to stay in work while helping to remain independent for as long as possible.” The breadth of content and focus of treatment, often results in research targeting specific physiotherapy techniques and/or patient conditions and then comparing the outcomes of physiotherapy with other treatment techniques. Whilst this approach is necessary, it rarely provides sufficient opportunity for treatment providers to easily assess and determine the impact that they are having on the patients that

they treat. It is for this reason that a more generic approach was taken to assess and demonstrate the general impact of the PhysioPlus physiotherapy intervention. In short, the purpose of the evaluation was to establish how and if the service was impacting positively on staff who referred themselves to it. In order to determine what was meant by a positive impact and to fully understand the wider organisational context, the first stage in the project involved a familiarisation with the service. This included shadowing some of the physiotherapists within the service to understand their day-to-day job, as well as interviews with service users, managers and key stakeholders to understand the service on offer.

As a result of this process, and aside from the physical condition/s that each treatment is used to target, it was agreed that all physiotherapy interventions ought to share a common purpose - enabling patients to recover, heal and achieve a

high level of confidence in their ability to function. It is for this reason that a decision was taken to evaluate the PhysioPlus service in terms of its impact on patient perceived capability (or self-efficacy) to deal with pain and cope with normal functions. Perceived capability is considered an important key criterion because research has demonstrated that high capability beliefs are associated with improved coping behaviours, increased effort, persistence in the face of obstacles as well as improved treatment outcomes.

Considering the positive research evidence regarding perceived capability, the Pain Confidence Scale was used as one of the key criterion against which to assess the impact of the PhysioPlus service.

In addition to pain confidence, a broad range of additional criteria were also assessed to assist in evaluating the impact and effectiveness of the PhysioPlus service. The main criteria are outlined in Table 1 below.

PURPOSE	MEASURED USING SCALES THAT ASSESS
Increasing staff confidence in coping with their condition	Pain confidence
Improving the general health and wellbeing of staff attending the service	Levels of burnout (tiredness, exhaustion, frustration)
Improving staff perceptions towards the level of support provided by organisation	Perceived organisational support
Reducing the extent to which staff take time off to rest and recover	The extent to which staff believe the treatment has prevented the need to take time off
Maintaining high standards of service	The patient experience of the service, including the ease of access and their confidence in the service

**TABLE 1:**  
A sample of the evaluation criteria used in this evaluation project

In addition, it was also discovered during the familiarisation stage, that the PhysioPlus service also provided managers of staff who had self-referred with additional support, advice and guidance. The aim here is to enable managers to

deal better with staff undergoing physiotherapy treatment. Therefore, it was decided that managers of staff that were receiving treatment would also be interviewed to assess their perspectives on the impact of the service.

### How the evaluation was designed

A multi-method evaluation process was designed that consisted of pre, post and follow up surveys for service users, as well as telephone interviews with managers. In addition, interviews were held with the PhysioPlus team to assess their experiences of the service.

There are various designs that can be used to assess an intervention. The most rigorous of which involves randomised control-group designs. However, nowhere other than in very controlled or highly structured environments can the application of this design become a reality. In conducting evaluations within organisational contexts one is continuously reminded of the very real constraints associated with the application of any formal experimental designs. The utilisation of the pure experimental design method is often not feasible on both practical and moral/ethical grounds. Practically, it would have been an insurmountable obstacle (for example, due to organisational priorities, operational constraints associated with cancellations and high attrition rates) to attempt to achieve true

experimental assignment of staff to either a treatment or non-treatment control group for the duration of the research. Given the issues highlighted, a decision was taken to adopt a more flexible research design. The use of a flexible evaluation design looked to minimise any threats to the internal validity of the research (i.e., is any change found due to treatment) whilst maximising the ability to establish statistical conclusion validity (i.e., is there a difference between being treated and not being treated). This line of thinking is well documented and is technically supported by scholars and practitioners in this area who argue that those who analyse interventions should choose the most rigorous design possible and be aware of its limitations.

In this study, a longitudinal design was applied as shown in Figure 2. In this design, staff who were referred to the service were invited to complete a base-line (pre-treatment) questionnaire (see 1 in Figure 2). They were then invited to complete a short questionnaire

immediately after each treatment session (see 2 in Figure 2). Patients were also invited to complete a final follow-up

questionnaire three months after receiving their final treatment session (see 3 in Figure 2).



**FIGURE 2:**  
Diagram illustrating the evaluation design

As part of the quality criteria for this project, it was determined that a minimum of 100 matched (baseline and follow-up questionnaires) cases was required to enable a reliable and valid assessment of the PhysioPlus service to be undertaken. This was specified so as to allow for the appropriate statistical analysis to be completed. In addition, this is considered an acceptable rule of thumb against which to assess and explore the impact of any intervention. The aim in this project was to achieve statistical power and validity rather than apply a more rigorous design which would have taken longer to implement and resulted in fewer cases.

The evaluation surveys were distributed and managed locally within the service. Service users were asked to complete a

survey prior to attending their appointment (a baseline survey), after each appointment and then a follow up approximately three months after their last appointment. In addition to the data collected through the surveys, telephone interviews were conducted with managers and the PhysioPlus team.

A total of 329 cases of data were collected at the baseline assessment. Short assessments were taken after each treatment session and then a final assessment was issued to staff three months after their final treatment. This approach enabled us to collect and achieve 122 matched cases at the before and follow-up assessments. This approach has facilitated a longitudinal analysis of the data as well as more in depth

assessments of the impact of each treatment session. Only the key outcomes are discussed in this case study. Further

details of the evaluation can be obtained by contacting the PhysioPlus service.

## The importance of pain confidence

One of the first aims of this work was to confirm pain confidence as an important criterion against which to evaluate the PhysioPlus service. Table 2 below summarises the relationship between pain confidence and other health outcomes measured as part of the evaluation. In short, staff who reported higher levels of pain confidence at the baseline assessment also reported improved work attitudes, improved confidence in performing on the job and reduced levels of job related burnout (exhaustion and cynicism about the job). In addition, and when a more stringent analysis was completed with the longitudinal data, pain confidence was still found to be an important predictor of work attitudes, job performance and health.

30

PAIN CONFIDENCE	HEALTH AND PERFORMANCE OUTCOMES
Higher levels of pain confidence is associated with:	<ul style="list-style-type: none"> <li>Increased levels of job satisfaction</li> <li>Increased levels of organisational commitment</li> <li>Increased levels of job confidence and productivity</li> <li>Decreased levels of intentions to quit</li> <li>Decreased levels of burnout</li> </ul>

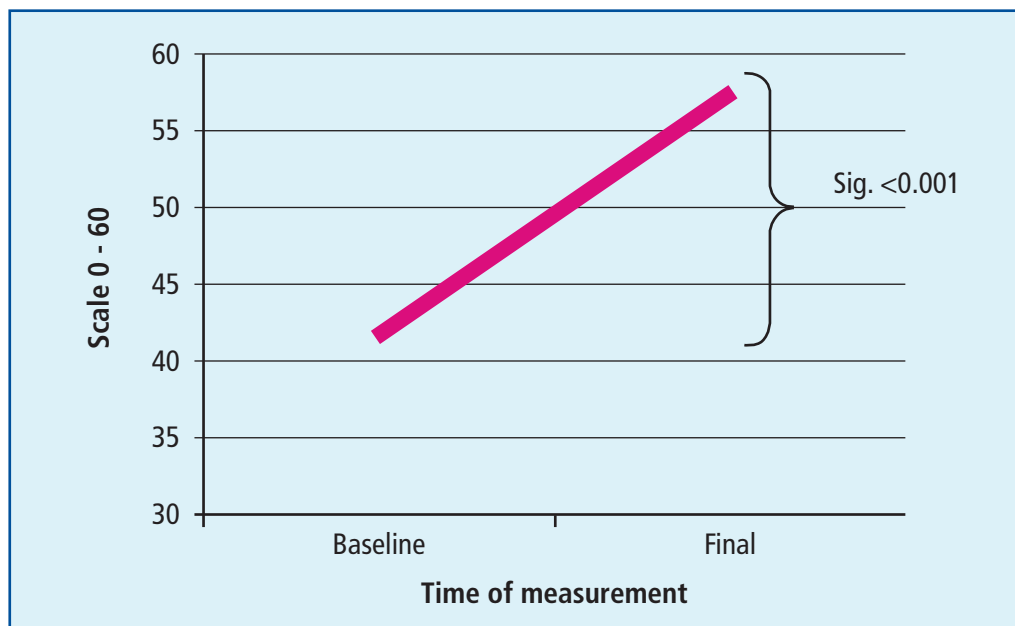
### TABLE 2:

**The relationship between pre-treatment pain confidence and work attitudes, job performance and health.**

These results demonstrate 1) the critical role of pain confidence in influencing individual wellbeing; and 2) its power and appropriateness as a benchmark criteria against which to judge the impact and effectiveness of the PhysioPlus (and other physiotherapy) treatments. The next question for this project was therefore to assess the impact of the PhysioPlus treatment by exploring, for example, if the service brought about any change in pain confidence and the other criteria over the course of treatment.

## Key findings from the evaluation

Overall, the service was found to have a significant and very positive impact on staff confidence to deal with and cope with pain and their condition. This was gauged by comparing pre (*before treatment*) and follow-up (*after treatment*) scores for those who were treated by the PhysioPlus Service and is shown diagrammatically in Figure 3.



**FIGURE 3:**  
The impact of PhysioPlus treatment on pain confidence over time

These findings suggest that the service is having a positive impact on the confidence of staff to deal with their pain and complete normal everyday domestic and work functions. In addition, the positive impact of the service was evidence by the following outcomes:

1. At the end of the treatment, and at follow-up, staff reported significantly fewer symptoms of burnout (feeling exhausted, tired and frustrated with work).
2. When compared to levels of perceived support before commencing treatment, staff tended to perceive the organisation as more supportive when assessed at the follow-up stage.
3. At the end of each treatment session, staff were also invited to report on whether or not they believed the PhysioPlus service had prevented the need for taking time off from work. Averaged across all treatment sessions

and cases, 79 per cent of respondents felt that the PhysioPlus service and treatment had prevented the need for time off.

Patient qualitative comments support the quantitative evidence. One member of staff stated *"I found it gives you a positive approach to actually managing the pain and that acute episode really, it could have led me to a couple of days off sick but it helped to prevent that"*.

4. Similarly, and for staff who were away from work and receiving treatment, 69 per cent reported the service as supporting a quicker return to work. Again, qualitative comments help to validate this finding. *"Without the level of treatment and support that I received from the therapists, I'm sure it would have taken me a great deal longer to return to work."*

As a caveat to the findings regarding the impact of the service on absence, it is important to acknowledge the fact that

only through a more detailed comparison of absence rates between staff who receive treatment and those who do not receive treatment can a definitive conclusion be provided regarding the impact of the service on levels of absence and the speed with which staff return to work. However, and based on the evidence and qualitative comments received from staff, it can be said that the service is certainly having a significant and positive contribution towards this matter.

5. When exploring patient experience of the service, the results were impressive. Between each treatment session, the level of confidence in the therapist remained high. On average 90 per cent of respondents agreed or strongly agreed with the statement *"I have complete confidence in the therapist treating me."* In addition, and as shown below in Box 6, the quality of the service provision was maintained throughout treatment sessions.

OVER  
90%

of respondents believed that the treatment helped them a great deal

80%

felt that the treatment helped to improve their own productivity

OVER  
95%

of patients reported being very satisfied with treatment

OVER  
90%

of respondents would recommend the service to other staff in need of treatment

### BOX 6 :

A summary of patient experience - PhysioPlus service



6. As mentioned above, the PhysioPlus service also provides the managers of staff who have been referred to the service with support. For the purposes of this project, a sample of managers were invited to undertake a short telephone interview to support the evaluation of the PhysioPlus Service. In brief, a majority of managers reported:

- a. That the service had helped them to deal with staff who had been referred to service. *"It has kept staff at work, and being able to their job effectively, and kept them psychologically feeling very strong, because they have had some advice and guidance about how to cope, or deal with their condition, and been able to carry on working as well."*
- b. The service did have an effect on the level of sickness absence with their area. *"They're teaching staff how to manage their symptoms. They're also treating the symptoms, so then they're reducing their pain levels, enabling them to be at work rather than being off sick."*

- c. The service did contribute and increase their confidence in dealing with staff who had been referred to the service. *"I think I am fairly confident in dealing with staff anyway, but I would say it has added to that."*

This brief overview of the evaluation of the PhysioPlus service provides evidence of the value and impact that this type of service can have both in terms of staff health, wellbeing and performance. In addition, the impact of the service extends well beyond the member of staff being treated and serves to benefit the organisation through improving staff perceptions of the organisation, reducing levels of absence and preventing sickness, as well as through increasing the confidence of managers who are tasked with supporting staff who have been referred for treatment.

## The main challenges for this evaluation

The evaluation process was coordinated by the PhysioPlus team. The team were asked to offer their reflections and highlight any issues that made the evaluation difficult. Two of the main issues are described below.

### ■ Time and effort required:

The most reported and challenging aspect of the evaluation process was associated with the time and effort required to obtain responses from staff. This was particularly true for the three month post-discharge evaluation forms – the PhysioPlus service had to continually chase patients up and ask them to complete this. This was difficult as the physiotherapists were not based in the same building as the majority of their patients, and so there was no real opportunity for them to do this face to face, and instead this was done via phone calls.

### ■ Response management:

It was also acknowledged that it would be difficult to maintain the effort and time that went into getting patients to complete the surveys on a continuous basis. The PhysioPlus evaluation process took almost a year, and this was a challenge in itself as it could sometimes be difficult to keep the momentum going. Furthermore, staff recognised that PhysioPlus is a relatively small service and there were few people administering it, however in larger organisations it may be an even bigger challenge to chase up the patients and encourage completion of the surveys.



## What factors helped to make the evaluation process successful?

The team were also asked to offer their reflections and highlight any factors that made the evaluation easier. Again, two of the main supporting factors are provided below.

### Supportive team and manager:

Having a supportive team and manager who were committed to the evaluation was important to the overall success of the evaluation process. This helped the physiotherapists to share their experiences. Furthermore, this helped to split the workload in terms of chasing staff to complete the surveys. The supportive relationships between members of the PhysioPlus service also helped provide encouragement to persevere with the collection of valuation forms and to keep the momentum going.

### Good administration:

The service kept a database of referrals and who had or had not received or completed a survey. This helped to keep track of everything and see who needed to be chased. As PhysioPlus is a relatively small service, it was important to work together to manage this effectively and efficiently between the team.

35

## In what way has the evaluation been useful/ beneficial?

Finally, the team were also asked to offer their reflections on how the evaluation has or will benefit them. As shown below, the evaluation of the PhysioPlus service has been beneficial in a number of ways:

It has allowed the service (and the wider organisation) to see the value of PhysioPlus for the individual patients, the organisation and managers.

It has helped to provide broader information on the value of the service, as well as provide evidence on what

they are doing well and what they could do better.

The evidence can be used to inform organisations about how to deal with absence and health and wellbeing at work, and can help to influence individual's ways of thinking/ attitudes.

- Staff also expressed that their experience of evaluating the PhysioPlus service was beneficial to them at an individual level, as it allowed them to learn more about how evaluation could be done and the sort of questions that need to be asked.
  - Staff felt hopeful that the evidence from the evaluation can be used to help promote the service further, and that it will demonstrate the importance and usefulness of evaluation at a broader level.
  - Staff felt that this process was particularly useful in the way that it was specifically aimed at the evaluation of their service, rather than using generic measures that are not as relevant to their specific service. This tailored approach enabled them to gather some really meaningful information.
- The PhysioPlus service has now moved beyond a pilot and is offered as an accessible service to all staff across the trust.

36



# Principles of best practice: Intervention evaluation

In order to support NHS trusts in the practice of evaluation, this section of the report offers some key principles of best practice when it comes to evaluation. These principles are offered to help bring together the various pieces of information that have been included in this report as well as to help trusts raise awareness and enhance the approach to evaluation in practice. Although the principles that are listed are not exhaustive, they do highlight key aspects that will help to improve the probability of an evaluation being effective. It is anticipated that further work will be conducted to develop a more comprehensive evaluation framework that can be used to help guide, support and standardise the practice of evaluation across the NHS.

Based on the evidence that has been collected, ten principles are offered to help strengthen evaluation in practice.

- Principle 1: Ensure the purpose of the evaluation is determined
- Principle 2: Establish your evaluation criteria
- Principle 3: Plan, prepare and where possible document the evaluation design
- Principle 4: Look for change
- Principle 5: Consider the long-term impacts of an intervention
- Principle 6: Consider the bigger picture
- Principle 7: Senior management engagement
- Principle 8: Build a capacity and capability for evaluation
- Principle 9: Ensure there is focus on process as well as on the outcome
- Principle 10: Effective communication and understanding of evaluation findings

The principles are divided into those that matter for the design of effective evaluation and those contextual issues that matter for the implementation of effective evaluations. Each will now be expanded upon.

## Ten best practice principles of evaluation

From a design perspective, it is important to consider the following five principles of evaluation:

### EVALUATION PRINCIPLE

**1**

#### Principle 1: Ensure the purpose of the evaluation is determined

Those who oversee or conduct evaluations should be clear on the purpose of the evaluation. As a minimum, the purpose should set out a) the questions the evaluation will answer, b) how these questions will be answered, c) how the findings are to be used, and d) who will receive the findings.

38

### EVALUATION PRINCIPLE

**2**

#### Principle 2: Establish your evaluation criteria

It is important to obtain clear and accurate information on the objectives and/or anticipated outcomes of the health promotion intervention. This information can then be used to help determine the criteria against which to evaluate the intervention. For example, if the objective of the intervention is to increase confidence, then one primary purpose of the evaluation is to assess the impact of the intervention on levels of confidence.

### EVALUATION PRINCIPLE

**3**

#### Principle 3: Plan, prepare and where possible document the evaluation design

It is imperative that the process of collecting information is considered. The main decisions that need to be made centre on: a) When is it best to collect evaluation information (before, during or after)? b) What is the best way to collect the data from staff (paper or online surveys, face-to-face interviews, focus groups, telephone interviews)? c) How many staff do you need to collect data from? And d) Is there a need to measure staff who have not undertaken the intervention as a comparison group that will assist with understanding the impact of the intervention? It is important to ensure that the design of any evaluation enables key questions about the intervention to be answered.

**Principle 4: Look for change**

Evaluation should be used to assess any change that has happened as a result of an intervention. However, and in order to do this, evaluation data should be collected before and after an intervention has been implemented. If the intervention has been implemented to reduce levels of anxiety, then it becomes important to assess levels of anxiety before and after an intervention to determine if there has been any change and, if there has been change, in which direction (has anxiety gone up or down as a result of participating in the intervention)?

4

EVALUATION  
PRINCIPLE

**Principle 5: Consider the long-term impacts of an intervention**

A key question to understand when you are evaluating your intervention is whether the impacts of the intervention will take time to have a real change on behaviour or performance. Also, will that change be maintained over time? A common shortfall across organisations is short term vision; many fail to see beyond the immediate impacts and do not establish whether an intervention is actual value for money in the long-term. Where possible, follow up surveys, for example, could they be used to assess change over time following an intervention?

5

EVALUATION  
PRINCIPLE

39

From an organisational perspective, it is important to consider the following five principles of evaluation:

EVALUATION  
PRINCIPLE

6

**Principle 6: Consider the bigger picture**

Interventions will have various effects and it is important to consider whether the 'chain of impact' of an intervention can be followed and demonstrated. For example, if the aim of an intervention is to improve patient care (or experience) by increasing staff happiness then it is important to try to establish the link between the intervention, staff happiness and patient experience. In addition, the data from an evaluation could also be used to demonstrate the broader benefits of staff happiness.

For example, if an intervention is used to reduce the impact of work-related violence on staff. It becomes important to not only demonstrate the positive impact of this particular intervention on staff reactions to work-related violence; it would also be beneficial to demonstrate how this has impacted on other valued outcomes (such as absence rates or patient experience). In addition, it is important to recognise any external pressures on the organisation and to understand whether or not these pressures may, for example, limit the impact of an intervention or help to improve the business case for an intervention.

40

EVALUATION  
PRINCIPLE

7

**Principle 7: Senior management engagement**

Although the reasons why an evaluation should be conducted are clear, it is often difficult to obtain real commitment towards evaluation activity. However, and for an evaluation to be successful, there must be visible and tangible commitment from the top. Adequate time and resource is required to ensure the evaluation is conducted effectively. This level of commitment requires a change in culture to one where evidence-based practice is deemed valuable and where the use of evaluation is deemed to be integral to the success of the organisation.

EVALUATION  
PRINCIPLE

8

**Principle 8: Build a capacity and capability for evaluation**

Evaluation should be something that is carefully planned in advance and preferably before the intervention takes place. Allowing enough time and resources to factor in the evaluation process is important, and everyone involved should be clear on what is expected of them and the benefits or value of evaluating. Through careful planning, the evaluation process, including the data collection can be a simpler and smoother operation. By establishing this early on, this ensures that no valuable data is lost in the process. This also ensures that data is collected prior to the intervention taking place, meaning that changes can be identified.



**Principle 9: Ensure there is focus on process as well as on the outcome**

9

EVALUATION  
PRINCIPLE

While it is necessary to demonstrate the impact or outcome of an intervention, it can also be beneficial to establish 'why and how' the intervention has or has not worked. Establishing this is a matter of understanding the process and context surrounding the implementation of the intervention. It is often best to use qualitative methods (interviews, focus groups) to gather information from various stakeholders (staff, intervention designers or managers) about their overall experience of the intervention process. This information can be used to contextualise any outcome data. For example, if an intervention did not return expected results was this due to the context and/or way it was implemented or due to the intervention itself? This type of information can be used to help inform decisions about existing and/or new intervention.

**Principle 10: Effective communication and understanding of evaluation findings**

10

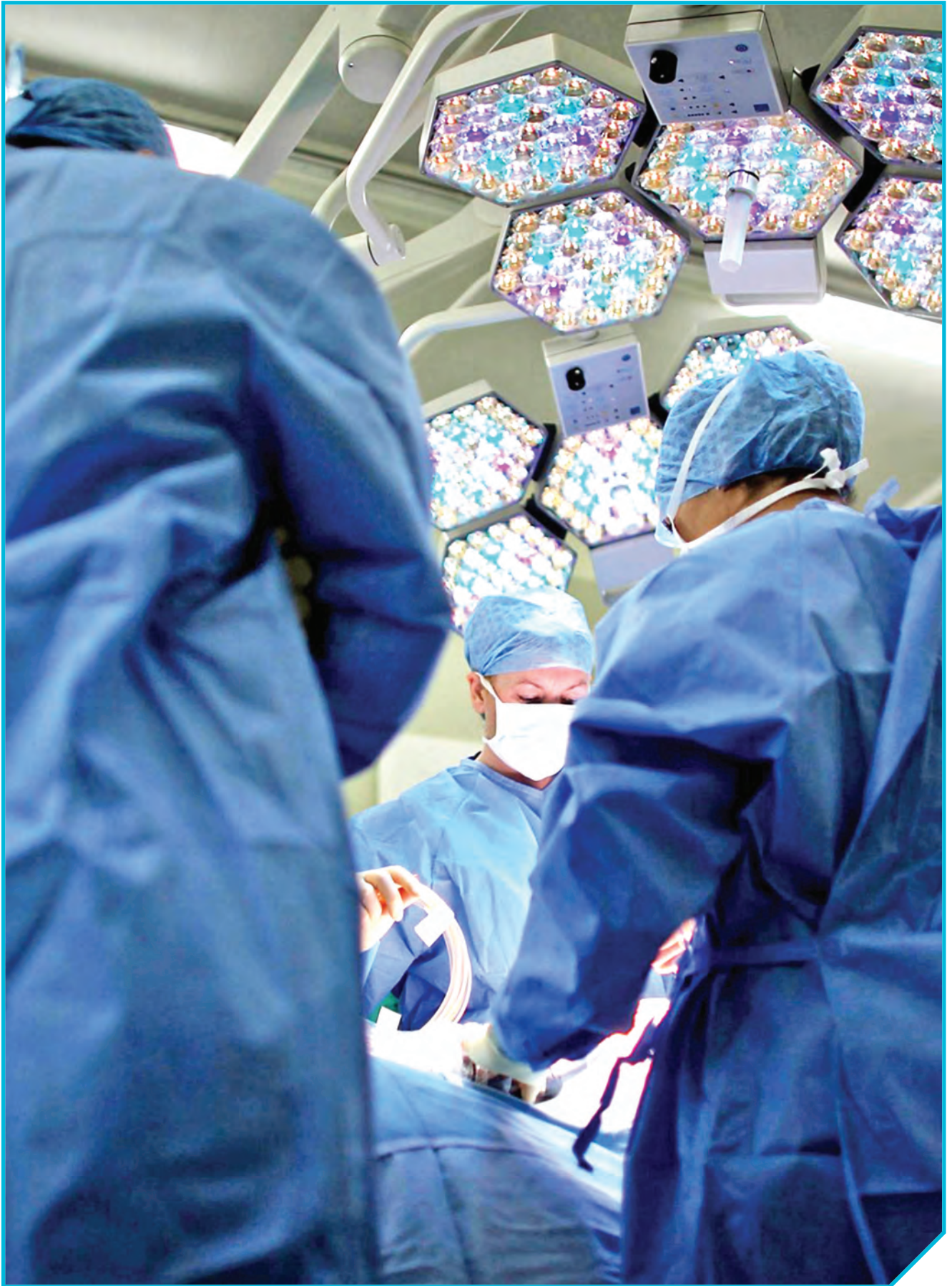
EVALUATION  
PRINCIPLE

The findings from the evaluation must be clearly communicated and shared. It is important that those who undertake evaluations consider how best to report the findings. The aim here is to maximise learning about the impact and process surrounding the intervention and to facilitate positive decision making. Wherever possible, the evaluation should offer practicable and realistic recommendations that are based on the evidence that is collected. Finally, it is sensible to establish a dissemination plan of the findings that advises on who will receive what information and by when. It is also advantageous to track, monitor and appraise the use of the evaluation results.

41

The ten principles that are offered are only a starting place for NHS trusts. There now needs to be further commitment surrounding action to integrate evaluation into daily activities across all trusts. It is vitally important to engage in the practice of evaluation where action has or will have resulted in significant amounts of money, time and energy being invested or where the impact of an intervention is predicted to have significant consequences.





# Reflections and recommended next steps

This report has sought to provide a brief insight into the practice of evaluation of health and wellbeing within interventions in NHS trusts. It has also sought to offer advice and guidance to enhance the practice of evaluation more generally. It is clear that there is a wide range of activity being undertaken to promote wellbeing at work, in addition there has been a shift in emphasis towards the implementation of organisational level interventions alongside the more traditional interventions that target the individual. This change in emphasis is welcomed as it represents a more balanced approach to health and wellbeing management and one that is focused on prevention rather than cure. In line with this change, there is a now the need to ensure trusts consider using evaluation to help support the collection of a robust evidence base around which to assess the impact and value of the actions that are being undertaken to improve health and wellbeing. The current lack of evidence not only represents a risk for organisations it also limits the development of an informed and shared understanding of whether, how and why interventions do or do not work.

43

The barriers towards effective evaluation should not come as a surprise to any reader. However, the fact that these barriers continue to exist should raise questions as to how best to tackle them so as to support the development of a culture that encourages the collection and use of evaluation evidence. As has been highlighted in this report, barriers, such as the 'lack of time to evaluate', serve to remind us that evaluation is not always considered an integral aspect of a process to implement an intervention. Where evaluations are conducted, the range of variables that are used to assess their impact are either considered very restrictive (e.g., a sole focus on absence or uptake) or so varied that it becomes

impossible to generalise the evidence beyond the context within which it has been collected. The practicalities and constraints of organisational life also limit the opportunity to apply more stringent evaluation designs. In fact, intervention research has also identified a potential positive bias for less stringent designs. This finding alone will always raise levels of doubt regarding the validity of any findings from evaluation studies that have not used, for example, a randomised control group design. There is also a lack of process evaluation. This type of evaluation looks at how something works or does not work by exploring in more depth the mechanisms that influence the implementation of an intervention.

In essence, process evaluation can be used to understand why an intervention that has seemingly been successful in one context does not work in another.

It must be said that the current position is not all negative. There is in fact a great deal of promise as we have been able to identify pockets of good practice and established that there is a greater understanding, acceptance and commitment to use evaluation across parts of the NHS. There is, however, a serious need to improve awareness and understanding of both the level of investment that is allocated to health promotion and the importance of conducting regular and systematic evaluations to determine the return on what has been invested across the NHS.

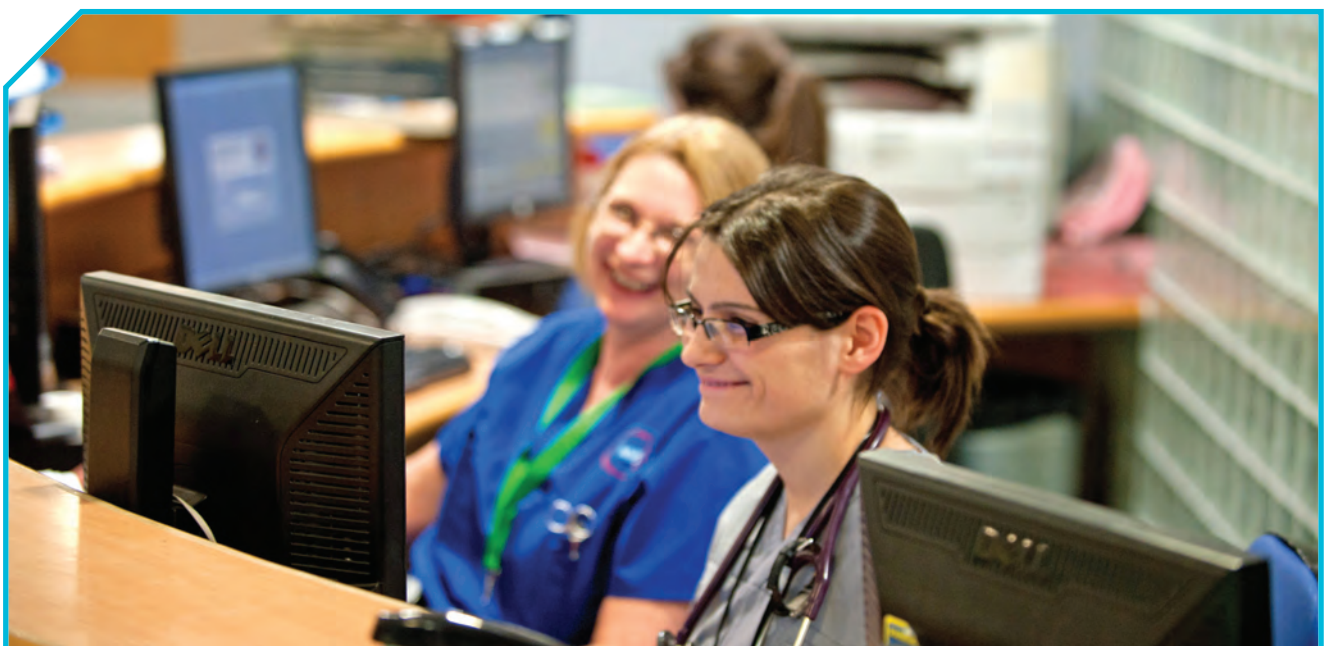
Section 4 of this report is offered as a way of highlighting some key principles of best practice that may assist with the channelling of energy and resources towards the collection of evidence. However, it is vital that we continue to find ways of improving the practice of evaluation across the NHS.

In short, there is now a need to:

1. Develop and implement a framework to help standardise the process of evaluation across the NHS
2. Improve the way in which the outcomes from evaluations of health promotion interventions are communicated
3. Ensure that the practice of evaluation is considered a normal part of the implementation process of health and wellbeing interventions
4. Provide access to valid and reliable diagnostic measures that can be accessed and used to evaluate the most popular interventions for health promotion
5. Establish a learning database where trusts can access key information on the outcomes of intervention evaluations
6. Provide better support for trusts to help them build the capacity and the right levels of knowledge, skills and abilities to conduct effective evaluations
7. Develop a common language around which to share evidence on health promotion so that all trusts can make well informed decisions

As a close to this report, it is important to come back to the fundamentals of evaluation. Evaluation is concerned with using systematic inquiry to gather some form of evidence and information about, for example, a project, product, programme, or policy. However, we should not forget that a primary purpose of an evaluation is learning. If the focus of an evaluation becomes learning then the outcomes of an evaluation must not only be useful but also used. The learning that occurs must happen at all levels – individual, group and organisational. However, it is the organisational level that is of primary concern in this report. In addition, our focus is on the evaluation of interventions that aim to promote staff health and wellbeing. NHS organisations must be supported to take action so that they can establish a culture of collaborative learning that truly supports continuous growth and improvement through evaluation. This requires all NHS organisations to:

- develop processes for linking evaluation findings from action and intervention to promote health and wellbeing to broader organisational objectives
- promote and support a culture that is curious and innovative and wants to continuously learn and improve on what it is doing to promote health and wellbeing
- provide staff with the time to reflect and to engage with the outcomes of evaluation evidence, and
- ensure that there are processes in place to build the capability and capacity for evaluating health promotion interventions and initiatives.



# Planning an evaluation - checklist

Below are some of the more common questions that you might ask of yourself or of those who undertake evaluations within your organisation. These questions do not represent an exhaustive list but provide a starting point for those who wish to engage in systematic evaluation. They also offer a structure for common dialogue and collaborative problem solving. Further information about each question can be found in Section 2.

<b>ESTABLISHING THE AIMS OF THE EVALUATION</b>		
1.	What is the purpose of the evaluation?	
2.	Who are the stakeholders for this evaluation?	
3.	What are the key benefits of the evaluation?	
4.	Who will receive the evaluation results and in what format and by when?	
<b>GATHERING INFORMATION ABOUT THE INTERVENTION</b>		
5.	Which intervention is being evaluated and why?	
6.	What is the expected impact or anticipated change as a result of the intervention?	
7.	Is the intervention well established or is it new? Will this influence its impact?	
8.	Has an evaluation of this type of intervention been implemented before? If yes, are there any factors that might influence the success of the evaluation?	
<b>FORMULATING THE KEY EVALUATION QUESTIONS</b>		
9.	What are key questions that the evaluation must answer?	
<b>DEVELOPING THE EVALUATION DESIGN</b>		
10.	When will you collect information or data – before, during and/or after?	
11.	What form will your data collection take – surveys, interviews, focus groups?	
12.	Do you have the skills to design an appropriate data collection method?	
13.	Will you need to pilot the evaluation design?	
14.	Who will you collect evaluation from – population or sample?	
15.	How will you deal with the evaluation data that has been collected?	
<b>IDENTIFYING THE PROJECT RESOURCES</b>		
16.	Who will oversee/carry out the evaluation?	
17.	How much time is needed to collect the evaluation data?	
18.	What support is needed to make the evaluation work?	
19.	What is the budget to support the evaluation?	
<b>REVIEWING THE ORGANISATIONAL CONTEXT</b>		
20.	Is anything happening around the organisation that might influence the success of the intervention and/or the evaluation?	
<b>COMMUNICATING ABOUT THE EVALUATION</b>		
21.	Have you established a communication strategy for the evaluation?	
<b>REFLECTING ON PRACTICE</b>		
22.	Looking back, what can be learned about the evaluation that can help to inform future evaluations, this intervention, other interventions, continuous development?	

# About Zeal Solutions

At Zeal, we are all passionate about the role of psychology in the work place. We bring together leading edge thinkers, doers and communicators who know what it means to solve customer problems in practical and useful ways. Our core aim is to enhance individual and organisational health and effectiveness. What does this mean, you might ask?

## Do you ever ask questions like...

- How can we improve motivation at work?
- Do our leaders and managers have all the skills and competencies they need?
- How can we better manage workplace violence and aggression?
- How can staff retention be improved?
- What can we do to reduce absence?
- Are we doing all we can to manage workplace bullying/harassment?
- Do we have a 'stress problem'? What can we do about it?
- What do people really think about their job and the organisation?
- Do we have the 'right' organisational culture?
- Does the design and layout of our workplace support what we ask people to do?
- Is our training effective? Can it be improved?

## Our aim is to answer questions such as these by:

- Bringing useable science to bear on all aspects of human psychology at work
- Making sure that there is evidence for any solutions advocated
- Translating fundamental knowledge into everyday 'jargon free' tactics, strategies and actions
- Evaluating actions and interventions
- Encouraging individual and organisational problem solving
- Bringing energy and enthusiasm to everything we do



47

We offer consultancy, advice, research and evaluation services. And we work across key organisational functions.



If you have queries regarding this publication or the cost effective, evidence-based products, advice and solutions which will help improve the way you do business.

Call us now for a discussion.

Tel: 01159 932 324

Fax: 01159 932 354



Email: [support@zealsolutions.co.uk](mailto:support@zealsolutions.co.uk)

**[www: zealsolutions.co.uk](http://www.zealsolutions.co.uk)**



Zeal Solutions Ltd

Antenna

15 Beck Street

Nottingham

NG1 1EQ



# Evaluating Health & Wellbeing Interventions For Healthcare Staff: Key Findings



**QUALITY**  
EVALUATION AND  
UNDERSTANDING

**DEVELOPING  
HELP AND  
SUPPORT**

**PROVIDING  
GUIDANCE &  
ADVICE**