

While discussing the intervention with caroline she told

[Business](#), [Management](#)



While evaluating the report I was responsible for carrying out data audits/ quality assurance checks, inputting data, analysing data, literature reviewing and report writing. To do this I had to use some of the skills I have from my degree. My data management skills were often used to carry out these tasks as I was responsible for data handling and entering and checking data.

My statistical and analytical skills also were important as I had to be able to examine and manipulate data in SPSS and identify and evaluate general patterns to see what the data was saying. Computer skills were essential for all of these tasks. Communication skills, both oral and written, also came into play as I needed to communicate any difficulties that occurred and discuss any uncertainties and talk through what I should do. My written communication skills were also frequently used as I was writing up a report so had to be able to communicate clearly and concisely, use good grammar, correct spelling and proper punctuation in order for the report to be understandable. Being able to follow instructions and fix mistakes were also essential in my placement as I had to be able to respond to feedback and rework my report based on Caroline's feedback.

Action Cancer specialises in breast cancer awareness, prevention, detection, support and research. The WhyWeight? lifestyle change programme aimed to reduce the risk of breast cancer by promoting sustained healthy lifestyles, reducing weight, and increasing physical activity. Government statistics show breast cancer is the most common type of cancer in women in Northern Ireland.

Approximately 1, 200 women are diagnosed with breast cancer in NI each year (nidirect, 2015). A number of studies have shown a link between diet and physical activity and increased risk of breast cancer. Most recently, Mehra, Berkowitz, Sanft (2017) found that following a healthy diet and recommended physical activity guidelines was associated with a decreased risk of breast cancer.

The Why Weight? lifestyle change intervention is based around these findings. When I was discussing the intervention with Caroline she told me she was really inspired by the Star Model when creating the programme. The Star Model is a motivational theory and is typically used for job interviews but the idea of applying it to health related behaviours was a really interesting new interpretation and I thought this was important to look into. S. T.

A. R. is an acronym for situation, task, action, results. Situation is about setting the scene, giving context and background to the situation, task is the exact duty required by the situation, action (argued to be the most important part of the model) is how you actually responded, and result is what happened as a consequence (Galbraith, 2017). The intervention framework was based around the Star Model.

For the situation aspect where participants were getting background or context to the situation they were told about the prevalence of cancer, the costs of cancer, their risk level and the impact changing their current diet, weight and physical activity would have on reducing their risk. The task aspect outlined the exact changes participants would need to make in their

situation, in terms diet and physical activity. Action was the steps participants actually took for example cutting out sugary treats, exercising for half an hour each day.

Action varied from participant to participant and these were the measures recorded. Result was what happened as a result of participants actions this was weight loss, decreased risk of cancer etc. the thought behind using this model to guide the intervention was get participants not to solely think about the result (losing weight) but the steps required to do this and the reason they were doing this (situation- i. e. breast cancer risk) so the end goal would be more attainable and participants would have a reason to persevere and motivate themselves with when the intervention challenged them.

The Health Benefit Model was developed in the 50s by Hochbaum, Rosenstock, and Kegels, social psychologists, working in the United States Public Health Services and to understand why a free tuberculosis screening programme had failed. In short, the HBM says a person will take a health-related action if they feel they can avoid an adverse health condition by doing so, thinks the recommended action will be successful in avoiding a negative health condition and is confident they can take the recommended action. The star model approach to the intervention tried to achieve these feelings in participants by making the programme seem realistic and do-able.