

WISHES Trial Protocol (SPIRIT 2025 Harmonised)

Workplace Intervention for Sustainable Health and Employment Support

Administrative information

1a. Title

Workplace Intervention for Sustainable Health and Employment Support (WISHES): a pragmatic, parallel-group, individual-level randomised controlled trial of a co-produced job-crafting intervention to make work more manageable, engaging and enjoyable for UK workers

1b. Trial summary design statement

Interventional, open-label, parallel-group RCT with 1:1 allocation to intervention (structured job-crafting workshops and support) versus control (job-crafting information leaflet), with follow-up at 10 weeks, 5 months, and 8 months.

2. Protocol version

Version 1.0

Date: 07 July 2026

3a. Roles and names

- Chief Investigator: Prof Adam Whitworth, University of Strathclyde, UK

- Trial Manager: Prof Richard Dorsett, University of Westminster, UK

- Core investigators:

Prof Adam Whitworth, University of Strathclyde

Prof Patricia Findlay, University of Strathclyde

Prof Colin Lindsay, University of Strathclyde

Dr Jen Remnant, University of Strathclyde

Prof Stuart McIntyre, University of Strathclyde

Dr Giole Figus, University of Strathclyde

Prof Ben Geiger, King's College London

Prof Richard Dorsett, University of Westminster

Prof Katherine Runswick-Cole, University of Sheffield

Prof Alan Brennan, University of Sheffield

Dr Damon Morris, University of Sheffield

Prof Sara Connolly, University of Leicester

Dr Eleanor Carter, University of Oxford

Prof Kevin Daniels, University of East Anglia

Ms Catherine Hale, Disability Insight

Ms Elaine Astley, Breakthrough UK

Ms Annie Ferguson, Speakup Self Advocacy

Ms Vicky Farnsworth, Speakup Self Advocacy

3b. Sponsor contact details

Sponsor: University of Strathclyde

Sponsor contact details: ethics@strath.ac.uk or adam.whitworth@strath.ac.uk

3c. Sponsor and funder role

The sponsor and funder are not involved in participant-level allocation decisions, and do not control data analysis interpretation or publication decisions.

3d. Oversight groups

Operational management is by the trial team with regular governance review through sponsor and ethics procedures.

Open science and transparency

4. Trial registration

- Registry: ISRCTN
- Registration date: 11 June 2026
- Registration ID: ISRCTN11436378

5. Protocol and SAP access

The final protocol and statistical analysis plan (SAP) will be made available through trial registration and institutional dissemination routes.

6. Data sharing statement

Individual participant data are not currently planned for open sharing in identifiable form. De-identified data sharing via the UKDS ReShare data repository is planned.

7a. Funding

National Institute for Health and Care Research (NIHR), United Kingdom.
Grant reference: NIHR208278

7b. Conflicts of interest

Investigators will declare financial and non-financial competing interests in trial outputs.

8. Dissemination policy

Results will be disseminated through peer-reviewed publications, policy outputs, stakeholder engagement, and participant-accessible summaries. The project website will house all outputs: www.wishes.uk.com

Introduction

9a. Background and rationale

The study explores the potential of job crafting to make work more manageable, engaging and enjoyable for UK workers. Job crafting refers to practical changes that workers make to aspects of their job, working practices or workplace relationships in order to improve how manageable, meaningful and satisfying their work feels. A particular interest is on workers with disabilities, long-term health conditions and/or other workplace support needs (e.g. caring responsibilities), although all eligible workers may participate. The treatment intervention is a short series of three job crafting workshops.

9b. Comparator rationale

A leaflet control is used rather than a no-contact control to reflect ethical and practical workplace research conditions while avoiding delivery of the active structured intervention.

10. Objectives

Primary objective:

- To determine whether the workshop intervention is superior to the leaflet control in improving work ability at 2, 5 and 8 months post-randomisation.

Secondary objectives:

- To estimate impacts of the workshop intervention compared to the leaflet control on sickness absence and presenteeism, job retention, productivity, employment hours, earned income, NHS healthcare utilization, health, wellbeing, requesting and securing workplace accommodations, work engagement, job satisfaction, person-job fit, improving and understanding practice of job crafting at 2, 5 and 8 months post-randomisation.

Additional objectives:

- To conduct economic evaluation.
- To conduct wider multivariate quantitative analyses, including mediation analyses
- To conduct mixed-methods process evaluation.
- To examine heterogeneity in impacts by disability/health status, demographics, and workplace context.

Methods: participants, interventions, and outcomes

11. Patient and public involvement

The intervention and study approach are co-produced with individuals with lived experience of disabilities and long-term health conditions, Disabled People's Organisations, and employers. Lived experience input informs intervention design, accessibility, participant materials, data collection instruments, interpretation, and dissemination.

12. Trial design

- Design: pragmatic, individual-level, parallel-group RCT
- Allocation ratio: 1:1
- Assignment: open-label
- Country: United Kingdom
- Follow-up waves: baseline and then 2 months, 5 months, 8 months post-randomisation

13. Study setting

Recruitment occurs through participating UK employers across workplace contexts. Data collection is via online Qualtrics surveys and qualitative interviews and focus groups. Intervention participation can be online or in person.

14a. Inclusion criteria

Participants must:

1. currently be in paid employment or self-employed
2. UK-resident
3. be aged 18 years or older
3. would like to make their work more manageable, engaging and enjoyable through job crafting.
4. be willing and able to provide informed consent
5. be able to complete online surveys in English.

14b. Exclusion criteria

Participants are excluded if they:

1. are unable to provide informed consent;
2. are not currently employed or self-employed;
3. are unable to complete study procedures.

15a. Intervention description

Intervention participants receive a co-produced job-crafting workshop programme over approximately six weeks, delivered through three structured workshops (face-to-face or online depending on employer and participant needs and preferences):

- Workshop 1 (3hrs): work experiences and meaningful goals;
- Workshop 2 (3hrs, 1-2 weeks later than workshop 1): job-crafting ideas and personalised action planning;
- Workshop 3 (1hr, 4 weeks later than workshop 2): progress review and future planning.

Workshop components include structured reflection exercises, guided discussion, scenarios, action planning, facilitated activities, and optional between-session reflection (written/typed/voice format).

15b. Comparator description

Control participants receive written job-crafting/workplace wellbeing information materials (leaflet) during trial follow-up and do not receive the structured workshop intervention in the trial period.

15c. Intervention adherence and fidelity

Delivery is by trained WISHES team facilitators using structured materials. Fidelity is monitored through attendance/completion logs and delivery checks. Optional drop-in support is offered at defined moments during the trial period.

15d. Concomitant care

Participants may continue all routine healthcare, occupational health, and employer support arrangements during trial participation. All 'business-as-usual' services are available to trial participants.

16. Outcomes

Primary outcome:

- Work ability, measured using Work Ability Index (WAI), measured at 2 months, 5 months, 8 months with primary endpoint at 8 months post-randomisation.

Secondary outcomes (measured at 2 months, 5 months, 8 months unless otherwise specified):

1. sickness absence and presenteeism (WPAI);
2. involuntary job exit/job retention;
3. productivity;
4. employment hours worked;
5. earned income;
6. healthcare resource use;
7. health (EQ-5D-5L);
8. wellbeing (SWEMWBS);
9. job-crafting self-efficacy and practice;
10. requesting and securing workplace accommodations;
11. person-job fit;
12. job satisfaction;
13. work engagement (UWES-3).

17. Harms

This is a low-risk behavioural trial. Participant concerns and adverse events related to participation are recorded and reviewed. Escalation follows sponsor and ethics governance procedures.

18. Participant timeline

- Baseline: eligibility, consent, baseline survey.
- Post-baseline: randomisation.
- Follow-up surveys: 2 months, 5 months, 8 months.

- Workshop intervention period: the period covering approximately 8 weeks after randomisation for intervention arm.

19. Sample size

Target sample: 600 participants (300 per arm), aligned with registry draft assumptions (small effect, 80% power, alpha 0.05, 33% attrition allowance).

20. Recruitment

Partner employers are recruited before individual participant enrolment. Individual participants are recruited using approved workplace materials with voluntary consent procedures.

Methods: assignment of interventions

21a. Sequence generation

Randomisation is conducted within employer using a reproducible Stata procedure with stratification by disability/health-condition indicator and approximately equal allocation.

21b. Randomisation type and restrictions

Allocation is 1:1 within employer pools after eligibility confirmation and baseline data completion.

22. Allocation concealment

Allocation is generated centrally after baseline completion; allocation information is not disclosed before assignment.

23. Implementation

A team member not involved in recruitment contact runs randomisation in Stata and provides allocation output for trial implementation.

24a. Who is blinded

No blinding (open-label) for participants/facilitators because of intervention characteristics.

24b. Unblinding

Not applicable for participant/facilitator allocation due to open-label design.

24c. Bias mitigation despite no blinding

Bias is reduced through standardized reproducible Stata procedure, standardised online outcome collection, pre-specified analysis methods, and consistent follow-up windows across arms.

Methods: data collection, management, and analysis

25a. Data collection methods

Data are collected in various ways in the project:

1. Trial baseline and follow-up quantitative data to assess job crafting, health, wellbeing and employment change: through online Qualtrics surveys at baseline, 2 months, 5 months, and 8 months;
2. Process evaluation interviews and focus groups evaluation in order to assess enablers/disablers of job crafting practices and outcomes, organizational contextual factors of relevance, organizational ripple effects, pathways to change. There are there are:
3.
 - one interview with 1-2 organizational lead(s) at each partner employer prior to intervention delivery to understand their organizational context;
 - approximately 225 quantitative interviews with trial participants to discuss job crafting experiences and outcomes;
 - one focus group per case study partner employer with line managers/HR leads/EDI leads (approx. 15 focus groups in total) to explore wider organizational experiences and impacts of the job crafting trial.
4. Intervention costs collection form: in order to collect intervention costs data the WISHES research team use information known to them through trial delivery (e.g. number of workshops, number of participants attending each workshop, duration of workshops) to populate sections of a pre-prepared cost template. A member of the partner employer is then asked to complete the cost template with final information about their wider organizational time spent on the intervention, including an interview with a member of our WISHES research team to complete and confirm those costs;
5. PROLIFIC trial impacts sensitivity testing: since both arms of the WISHES trial receive some form of job crafting intervention, in parallel we run a general population survey in the PROLIFIC survey platform in order to offer sensitivity testing to trial impact findings against a pure 'business-as-usual' scenario. The data are collected in Qualtrics and its variables mirror those collected in the trial, plus some further questions of wider research priority regards work and health in the UK. The PROLIFIC survey will take place in three waves: one baseline wave, one intermediate wave (asked only to completers of wave 1) around 5 months later than the baseline wave, and one final survey wave around 8 months later from wave 1 (asked only to completers of waves 1 & 2).

25b. Retention and follow-up procedures

Retention will be promoted through reminders, practical flexibility, and approved participant reimbursement procedures.

26. Data management

Data are handled under GDPR and institutional governance with separation of identifying and analytic data, controlled access, and audit-ready storage processes.

27a. Primary analysis

Intention-to-treat analysis compares intervention and control on primary WAI outcome at 8 months, adjusting for baseline and pre-specified covariates/strata.

27b. Secondary analyses

Equivalent regression-based analyses for secondary outcomes with outcome-appropriate models and multiplicity control (Romano-Wolf).

27c. Additional analyses

Pre-specified heterogeneity analyses by disability/health status, demographics, and workplace context.

Bayesian structural equation modelling will be used to evaluate whether the intervention works as theoretically planned using serial mediation from the intervention to job crafting self-efficacy to job crafting behaviours onto primary and other secondary outcomes. Fully saturated models will be used to explore whether the intervention works through non-hypothesised paths. Organisational dummies or random coefficient (multi-level) models will be used as appropriate to adjust for clustering of data in organisations. Checks will be made for homogeneity/heterogeneity of effects across organisations to inform qualitative process analyses. Potential moderators of the specified mediation paths will include baseline measures of job control, organizational/social support and workability. Workability will be modelled as a non-linear (quadratic) process to investigate whether there are thresholds of workability beyond which the intervention will/will not work.

Health economic analysis based on the application of collected intervention costs and trial impact data. A microsimulation model will be developed to extrapolate outcomes beyond the timeframe of the trial, to estimate outcomes and return on investment over a 5-year time period. The model will simulate quarterly trajectories of individuals through states of employment and non-employment, calibrated to observed trends in longitudinal Labour Force Survey data to give “business-as-usual” outcomes. This business-as-usual scenario will be compared to an intervention scenario in which outcomes are adjusted according to estimated effects of job recrafting from the impact evaluation. The model will then extrapolate the estimated impacts from the trial to the five-year time horizon and estimate the differences in health-related quality of life, mental wellbeing, productivity, and job retention between the intervention and business-as-usual scenarios to calculate an estimate of cost-effectiveness by calculating benefit-cost ratios.

Thematic analysis of qualitative interview and focus group data. Thematic analysis is inductive and iterative. Qualitative analysis begins with open coding into free nodes before axial coding into tree nodes.

27d. Missing data

Primary approach includes complete-case outcome analysis with multiple imputation for missing covariates and sensitivity checks.

Methods: monitoring

28a. Data monitoring committee

No independent DMC is planned due to low-risk behavioural intervention profile; monitoring is managed by the Principal Investigator and through sponsor/ethics governance.

28b. Interim analyses and stopping

No formal interim efficacy analyses or stopping boundaries are planned.

29. Trial monitoring and audit

Trial monitoring follows sponsor and ethics requirements, with documentation of protocol adherence and governance actions.

Ethics and dissemination

30. Research ethics approval

Ethics approval is in place from the lead institution (University of Strathclyde) and, for NHS employer partners, also from NHS IRAS (as per registry draft records and project ethics documentation).

31. Protocol amendments

Substantive amendments will be submitted to ethics and updated in registry records before implementation (except urgent safety actions).

32a. Consent or assent

Participants provide informed electronic consent at sign-up before baseline participation and randomization.

32b. Additional consent for ancillary studies

Any additional consent requirements for ancillary studies or extended data use will be handled through explicit participant information and consent updates.

33. Confidentiality

Participant confidentiality is protected via pseudonymisation, restricted access, secure institutional data systems, and trained and experienced ethical practice amongst the research team.

34. Ancillary and post-trial care

Given low trial risk, no dedicated post-trial clinical care pathway is planned within the trial; a distress protocol is in place and support and escalation routes are provided where needed.