

# SMArT Work: Stand More AT Work

<b>Submission date</b>	<b>Recruitment status</b>	<input checked="" type="checkbox"/> Prospectively registered
23/01/2015	No longer recruiting	<input checked="" type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
02/02/2015	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
21/09/2020	Injury, Occupational Diseases, Poisoning	

## Plain English summary of protocol

### Background and study aims

Excessive sitting is bad for health. Modern society provides many opportunities to sit and we have engineered much physical activity out of our lives. Previous generations sat less because they engaged in less TV viewing, no computer use, less car travel, and less work-related sitting. Changing sitting time by providing an environment that makes sitting less likely and standing /moving easier could have significant health benefits. A good place to start this cultural shift is in the workplace because many jobs are desk-bound. The aim in this study is to assess the effectiveness of providing sit-stand desks that allow workers to stand or sit while working at a computer.

### Who can participate?

NHS workforce, aged 18–70 years old

### What does the study involve?

Self-contained buildings or blocks will be randomly assigned to the intervention or control arm. People in the intervention arm will receive height-adjustable sit-stand desks and behaviour-change techniques and strategies to help reduce sedentary behaviour. People in the control arm will not receive any of the behaviour-change intervention strategies nor the sit-stand desk. We will assess, after 3 months, 6 months and 12 months, whether the study reduced sitting time and improved employee health, job satisfaction and engagement, job performance, absenteeism, what worked well or not, and what can be done better in the future to sustain changes in behaviour.

### What are the possible benefits and risks of participating?

Benefits not provided at time of registration. Risks not provided at time of registration.

### Where is the study run from?

University Hospitals of Leicester NHS Trust (UK)

### When is the study starting and how long is it expected to run for?

October 2014 to January 2018

### Who is funding the study?

Department of Health (UK)

Who is the main contact?

Dr Ben Jackson

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# Additional identifiers

## Protocol serial number

N/A

# Study information

## Scientific Title

Effectiveness of a behaviour-change intervention with sit-stand desks on NHS desk-based staff's sitting time and associated factors (SMArT Work): a cluster randomised controlled trial

## Acronym

SMArT

## Study objectives

The provision of sit-to-stand workstations and supporting strategies aimed at promoting reduced sitting will increase standing and movement over the long term (12 months) in office-based National Health Service (NHS) staff, reduce absenteeism, improve job performance, increase job satisfaction and work engagement, reduce occupational fatigue, improve musculoskeletal health, improve mood/affective states and improve quality of life.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics Approvals (Human Participants) Sub-Committee, Loughborough University (UK), 03/09/2014, Ref: SSEHS 1751

## Study design

Cluster randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Prevention

## Health condition(s) or problem(s) studied

Sedentary behaviour and associated conditions (e.g., musculoskeletal health)

## Interventions

1. A cluster randomised controlled trial will be undertaken at three University Hospitals of Leicester (UK; Leicester General Hospital, Leicester Royal Infirmary and Glenfield General Hospital), with the unit of randomisation being at the level of each self-contained building or block.
2. The intervention arm will receive height-adjustable sit-stand desks and an array of behaviour-change techniques and strategies to help reduce sedentary behaviour (e.g., prompts, self-monitoring and education) identified using the Behaviour Change Wheel (Michie et al, 2011).
3. Control arm will not receive any of the behaviour-change intervention strategies nor the sit-

stand desk; control sites will have limited opportunity to substantially increase their standing activity during working hours

### **Intervention Type**

Behavioural

### **Primary outcome(s)**

Long-term (12 months) changes: objectively measured sedentary behaviour at baseline, 3 months, 6 months, and 12 months using self-monitoring devices (including LumoBack, GeneActive and ActivPAL) worn by participants

### **Key secondary outcome(s)**

1. Change in sedentary behaviour over the short term (3 months and 6 months) measured objectively
2. Absenteeism (using employment records)
3. Job performance
4. Job satisfaction
5. Work engagement
6. Occupational fatigue
7. Musculoskeletal health
8. Mood/affective states
9. Quality of life (self assessment)
10. Cognitive ability (using experimental measures such as the Hopkins Verbal Learning Test, the Digit-Symbol Subsitution Test, and Stroop Test)

Secondary outcomes will be measured at baseline, 3 months, 6 months, and 12 months after the intervention

using a range of validated psychometric measures (occupational fatigue, musculoskeletal health, mood/affective states and quality of life), self-report (job performance, job satisfaction and work engagement), employer records (absenteeism) and experimental cognitive tasks (cognitive ability).

### **Completion date**

31/12/2017

## **Eligibility**

### **Key inclusion criteria**

1. Health professionals
2. Healthy volunteers
3. Age 18–70 years old
4. Able to speak and read English
5. Willing and able to give full informed consent for themselves
6. NHS-office based, predominantly sedentary staff employed by the University Hospitals of Leicester NHS Trust

### **Participant type(s)**

Mixed

### **Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

146

**Key exclusion criteria**

1. Younger than 18 years old or older than 70 years old
2. Unable to give informed consent
3. NHS staff not predominantly in office-based jobs

**Date of first enrolment**

31/10/2015

**Date of final enrolment**

30/06/2016

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

University Hospitals of Leicester NHS Trust

Leicester

United Kingdom

LE3 9QP

## Sponsor information

**Organisation**

Loughborough University

**ROR**

<https://ror.org/04vg4w365>

# Funder(s)

## Funder type

Government

## Funder Name

Department of Health (UK)

# Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	06/03/2018		Yes	No
<a href="#">Results article</a>	results	10/10/2018		Yes	No
<a href="#">Protocol article</a>	protocol	09/12/2015		Yes	No
<a href="#">Other publications</a>	process evaluation	13/05/2020	15/05/2020	Yes	No
<a href="#">Other publications</a>	cost-benefit analysis	13/02/2020	21/09/2020	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes