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Stand up for health: a feasibility study of an intervention to reduce sedentary behaviour in contact centres

Submission date
15/04/2019

Recruitment status
No longer recruiting

Registration date
14/06/2019

Overall study status
Completed

Last Edited
24/10/2024

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Prolonged sitting time contributes to health outcomes such as poor mental health, musculoskeletal disorders, diabetes and cardiovascular disease. Sedentary behaviour is the norm in contact centres and some employees report spending up to 95% of their shift in a sedentary position. The UK is home to some of the largest contact centres in Europe, employing 4% of the workforce (about 1 in 25 employees). Contact centres often have rigid layouts and a specific culture whereby staff have low autonomy and high productivity targets. Although there have been interventions to reduce sitting time in a range of workplaces, few have been developed specifically for contact centres. This lack of specific interventions for an 'at risk' workforce means they may fall behind other employees when it comes to reducing sedentary activity. Researchers have developed a multi-level intervention to reduce sitting time in contact centres, called Stand Up for Health (SUH). The intervention is co-produced with employees and activities are developed that are specific to each contact centre. It promotes ownership, acceptability, transferability and sustainability. It has been running for a year in a pilot centre in Edinburgh (Ipsos Mori Edinburgh, see video http://www.scphrp.ac.uk/stand-up-for-health/) and is gaining momentum there, with new activities being added by the staff. The researchers now wish to assess its feasibility and acceptability in other contact centres, and whether they can undertake a large trial in the future. This study aims to implement SUH in 10 contact centres to test: a) whether it is feasible and acceptable to recruit contact centres and their employees and collect the data required; b) does it work in the way it is intended to do, or does it need modifying; c) does it appear to be showing some evidence of effectiveness which is worth investigating in a larger study.

Who can participate?
People working in participating contact centres

What does the study involve?
Contact centres are randomly allocated to receive the intervention at different time points, and are assessed to see who is taking part, is it being implemented, and is it working as intended. The results are used to make changes to the intervention as needed. The main outcome is

whether it is feasible to undertake such a trial in contact centres, and to see if there is change in workplace sitting time. Other outcomes include mental wellbeing at work, musculoskeletal disorders, productivity and job satisfaction. The intervention begins with a 'workshop' that takes place at a contact centre, where staff have a chance totry out, suggest and vote for the activities they want to try out. They also describe the environment, location, existing equipment and other assets which are then used to plan the activities. Some small pieces of equipment are available to loan and try out through the SUH research team. These activities are then converted into an action plan to be implemented over a number of weeks. A key intervention component is the creation of a SUH implementation group made up of all levels of contact centre staff who ensure that activities are implemented. At the end of the intervention period a second workshop is held to check in as to which activities have worked and which haven't. Further prioritisation and choosing of future activities is undertaken. A website is developed with useful resources and opportunities for the contact centres to blog/share their experiences and create a community of SUH contact centres.

What are the possible benefits and risks of participating?
Benefits are that contact centres have a chance to implement policies and practices which may impact positively on their workforce. Risks are that the workforce do not want to participate.

Where is the study run from?
1. Scottish Collaboration for Public Health Research and Policy (UK)
2. The Edinburgh Clinical Trials Unit (UK)
3. Physical Activity for Health Research Centre (UK)

When is the study starting and how long is it expected to run for?
April 2019 to August 2020

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Dr Ruth Jepson
ruth.jepson@ed.ac.uk

Contact information

Type(s)
Public

Contact name
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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
PHR 17/149/19

Study information

Scientific Title
Stand up for health: a feasibility cluster randomised controlled trial (RCT) of a theory-based intervention to reduce sedentary behaviour in contact centres

Acronym
SUH

Study objectives
It is feasible and acceptable to deliver and evaluate a multilevel, theory-informed sedentary behaviour intervention in contact centres.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 24/06/2019, University of Edinburgh School of Health in Social Sciences, Section of Nursing
Studies Ethics Research Panel (Doorway 6, Teviot Place, Edinburgh, EH8 9AG; no email address; +44 131 651 3969), ref: STAFF142

Study design
Multicentre feasibility study with a cluster RCT design, combined with a process and qualitative study, and an economic component

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)

Other

Study type(s)
Other

Participant information sheet
Not available in web format, please use contact details to request a participant information sheet.

Health condition(s) or problem(s) studied
Sedentary behaviour in contact centres

Interventions
The unit of randomisation is contact centres. A computer-generated block randomisation algorithm will be used to randomly allocate each contact centre to start the intervention at one of five timepoints, three months apart. Randomisation in this way allows the researchers to introduce the intervention to each site in an unbiased way unrelated to time or the particular circumstances of each site. It also helps ensure there is an approximate balance on average across all the intervention start times in terms of participant or contact centre characteristics. The total duration of the intervention is around 3 months. In order to minimise cost and participant burden for this trial, and since the main purpose of the trial is to test study processes and procedures, data will only be collected at a maximum of three occasions per site: at the end of the control period, and at 3 and 6 months after the end of the intervention in each site. Sites 1 and 6 will not have a control period, and sites 5 and 10 will not have a post-intervention period, in order to minimise the duration of the study for which there is no concurrent vertical comparison between control and post-intervention periods. To increase the response rate, participants will be paid a small amount (£5 end of the control period and £10 for 3 months data) for taking part in data collection.

The initial stage of the intervention includes a ‘workshop’ that takes place at a contact centre, where staff have a chance to try out, suggest and vote for the activities they want to try. They also describe the environment, location, existing equipment and other assets which are then used to plan the activities. Some small pieces of equipment will be available to loan and try out through the SUH research team. These activities are then converted into an action plan to be implemented over a number of weeks. A key intervention component is the creation of a SUH implementation group made up of all levels of contact centre staff who ensure that activities are implemented. At the end of the intervention period a second workshop is held to check in as to which activities have worked and which haven’t. Further prioritisation and choosing of future activities is undertaken. A website will be developed with useful resources, and opportunities for the contact centres to blog/share their experiences and create a community of SUH contact centres.

Intervention Type
Behavioural

Primary outcome measure
Sedentary time in the workplace (objectively measured), measured using activPAL™ devices, which are small, thigh-worn devices for assessing posture and is the preferred measurement instrument for assessing changes in occupational sitting. Participants wear the device continuously for seven days (during waking/sleeping hours and water-based activity) to provide adequate reliability. Following recommended procedures, the researchers will isolate and

determine changes in accumulated sedentary time whilst at work. Data will be collected at a maximum of three occasions per site: at the end of the control period, and at 3 and 6 months after the end of the intervention in each site. Sites 1 and 6 will not have a control period, and sites 5 and 10 will not have a post-intervention period, in order to minimise the duration of the study for which there is no concurrent vertical comparison between control and post-intervention periods.

Secondary outcome measures
1. Sedentary time in the workplace subjectively measured using the Occupational Sitting and Physical Activity Questionnaire (OSPAQ)
2. Overall sedentary behaviour objectively measured using activPAL™ devices to assess changes in prolonged sitting time in the workplace (bouts of ≥ 30 minutes), total sedentary time (i.e. including time outside the workplace such as at home and leisure time), workplace and total standing time, and workplace and total sit-to-stand transitions
3. Physical activity assessed objectively using activPAL™ devices to assess changes over time in the workplace and total stepping, and subjectively using the International Physical Activity Questionnaire (long), last 7 days self-administered
4. Objective measures of productivity including: absenteeism, presenteeism, call handling time, time spent talking, time spent on hold, time spent wrapping up a call, attendance, or sick leave. Subjective measures assessed using the Utrecht Work Engagement Scale and other measures in similar studies
5. Mental wellbeing measured using the Warwick-Edinburgh Mental Well-being scale (WEMWBS)
6. Back pain measured using the Roland-Morris Disability Questionnaire
7. Activity use and preference measured using questionnaires developed by the researchers
8. Staff turnover measured by the number of people leaving and number of new joiners over the study period (both in the contact centre as a whole and in the people taking part in the research)
9. Demographics (age, gender, medical conditions which may impact on sedentary behaviour)
Measured at a maximum of three occasions per site: at the end of the control period, and at 3 and 6 months after the end of the intervention in each site

Overall study start date
01/04/2019

Completion date
31/08/2020

Eligibility

Key inclusion criteria
People working in contact centres

Participant type(s)
Employee

Age group
Adult

Sex
Both

Target number of participants

10 clusters (contact centres), with 27 participants each (270 total) for outcome data, and 6-8 participants each for qualitative data collection (60-80 total)

Key exclusion criteria
Does not meet inclusion criteria

Date of first enrolment
01/06/2019

Date of final enrolment
30/06/2019

Locations

Countries of recruitment
Scotland

United Kingdom

Study participating centre
University of Edinburgh
SCPHRP, 9 Hope Square
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Sponsor information

Organisation
University of Edinburgh

Sponsor details
CAHSS Research Office
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+44 (0)131 651 9989 / 651 9984
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Sponsor type
University/education

Website
https://www.ed.ac.uk/research-support-office

ROR
https://ror.org/01nrxwf90

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Publication and dissemination plan
The researchers will share their results with a range of audiences through: a website, social media, articles in industry publications, academic conferences and journal articles, and talking directly to policy makers and contact centre. Planned publication in a high-impact peer-reviewed journal by December 2021. Additional documents (such as study protocol, statistical analysis plan, other) will be available from the principal investigator (ruth.jepson@ed.ac.uk)

Intention to publish date
01/12/2021

Individual participant data (IPD) sharing plan
The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	23/09/2020	30/09/2020	Yes	No
Results article		01/12/2022	14/07/2023	Yes	No
Results article		15/12/2023	18/12/2023	Yes	No
Other publications		23/10/2024	24/10/2024	Yes	No