ISRCTN15394765 https://doi.org/10.1186/ISRCTN15394765

Implementation of preventive tasks by occupational physicians

Submission date
27/06/2023

Recruitment status
No longer recruiting

Registration date
28/06/2023

Overall study status
Completed

Last Edited
08/07/2025

Condition category
Mental and Behavioural Disorders

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

Plain English summary of protocol

Background and study aims
Work-related mental health problems are a major and growing public and occupational health issue. This underlines the need for prevention, in which occupational physicians (OPs) have a key role. However, although the prevention of work-related disease and sick leave has become a central task in the work of occupational physicians in the Netherlands, the implementation of preventive tasks can still improve. The aim of this study is the evaluate the effectiveness and process of implementation of a peer coaching group intervention for the implementation of preventive tasks by occupational physicians.

Who can participate?
The study population consists of occupational physicians and will be recruited in two steps. First, the researchers will recruit peer groups via the Netherlands Society of Occupational Medicine. Second, they will recruit individual OPs within each participating peer group and ask whether they want to participate in the evaluation. OPs will be excluded from participating in this evaluation when: 1. They have an upcoming retirement or long-term leave (e.g. pregnancy leave) during the follow-up of this study (i.e. 12 months), or 2. They work fewer than 16 hours per week as an OP.

What does the study involve?
For the implementation of the intervention, the researchers will use the existing peer groups. Within a period of 6 months, three meetings will be organized with a total of approximately five working hours, in which prevention is the central topic. The chair of each of the intervention groups will be trained and guided in facilitation during the course of the intervention. OPs will be provided with materials, which include information about work-related mental health problems and ideas about how to incorporate preventive tasks more in their daily practice. Making use of the materials and following different steps, OPs will formulate their own goals with regard to the execution of preventive tasks targeting work-related (mental) health problems to be achieved during the course of the intervention. Advice and input from fellow OPs play an important role in formulating the goals.

What are the possible benefits and risks of participating?
Occupational physicians in the intervention group can benefit from the peer support group

intervention, as it is expected to support them in their execution of preventive tasks. More knowledge and awareness of the value of prevention among OPs can ultimately also lead to more knowledge and awareness among employers and employees about work-related (mental) health problems and preventive measures. It is therefore anticipated that better implementation of preventive tasks by OPs will lead to reduced numbers of work-related (mental) health problems and to both organizational and individual gains. For OPs, better execution of preventive tasks might not only make the work more varied and attractive but may also lead to more job satisfaction.
No risks are associated with the intervention.

Where is the study run from?
The study is run by the Dutch National Institute for Public Health and the Environment; Center for Nutrition, Prevention and Health Care Services (Netherlands)

When is the study starting and how long is it expected to run for?
January 2022 to September 2024

Who is funding this study?
This study is funded by the Dutch Ministry of Social Affairs and Employment (Netherlands). The funder has no role in the study in terms of the design, data collection, analysis and interpretation.

Who is the main contact?
Prof. Dr Karin Proper, karin.proper@rivm.nl

Contact information

Type(s)
Scientific

Contact name
Mrs Suzanne Orhan Pees

ORCID ID
https://orcid.org/0000-0001-7623-9497

Contact details
Antonie van Leeuwenhoeklaan 9
Bilthoven
Netherlands
3721 MA
+31 (0)621546262
suzanne.pees@rivm.nl

Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
VPZ-572

Study information

Scientific Title
IMplementation and evaluation of a peer coaching group intervention to promote the uptake of PReventive tasks by Occupational Physicians (IM-PROmPt)

Acronym
IM-PROmPt

Study objectives
Current study hypothesis as of 06/11/2024:
This study aims to evaluate the effectiveness and process of implementation of a peer coaching group intervention for occupational physicians (OPs) directed to the execution of preventive tasks by occupational physicians. It is hypothesized that the intervention will lead to an increase in the number of hours spent on preventive tasks by occupational physicians (primary outcome). Moreover, it is hypothesized that the intervention will improve the attitude, social influence and self-efficacy of occupational physicians with regard to prevention. In addition, it is hypothesized a decrease in the barriers experienced by occupational physicians in their execution of preventive tasks (secondary outcomes). Last, it is hypothesized that the intervention will improve work experiences and work satisfaction of occupational physicians (secondary outcomes).

Previous study hypothesis:
The study aims to evaluate the effectiveness and process of implementation of a peer support group intervention for occupational physicians (OPs) directed to the execution of preventive tasks by occupational physicians. It is hypothesized that the intervention will lead to an increase in the number of hours spent on preventive tasks by occupational physicians (primary outcome). Moreover, it is hypothesized that the intervention will improve the attitude, social influence and self-efficacy of occupational physicians with regard to prevention. In addition, it is hypothesized a decrease in the barriers experienced by occupational physicians in their execution of preventive tasks (secondary outcomes). Last, it is hypothesized that the intervention will improve work experiences and work satisfaction of occupational physicians (secondary outcomes).

Ethics approval required
Ethics approval not required

Ethics approval(s)
This study was approved by the Medical Ethics Review Committee of the Academic Medical Center Amsterdam, the Netherlands (W22_415). The Medical Research Involving Human Subjects Act (WMO) does not apply to the above mentioned study.

Study design
Interventional two-armed cluster randomized controlled trial

Primary study design
Interventional

Secondary study design
Cluster randomised trial

Study setting(s)
Workplace

Study type(s)
Prevention

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
The execution of preventive tasks by occupational physicians, targeting work-related (mental) health problems

Interventions
Current interventions as of 06/11/2024:
After each OP has given their written informed consent for participating in the evaluation and has filled in the baseline questionnaire (T0), randomization will take place at the level of the peer groups. Participating groups of OPs will be randomly assigned to:
1. The peer group supervision plan directed to the implementation of preventive tasks targeting work-related mental health problems (intervention groups). Within a period of 6 months, three meetings will be organized with a total of approximately five working hours, in which prevention is the central topic. The chair of each of the intervention groups will be trained and guided in facilitation during the course of the intervention.
2. The usual peer coaching condition (control groups). The control groups will be put on a waiting list and receive the developed materials after the 12 months follow-up of this study.

To avoid bias, the randomization process will be executed by two independent researchers. Researcher 1 will assign consecutive numbers to each participating peer group. A computer-generated randomization will then be performed by researcher 2, in order to assign each number to either the intervention or control group. This way, allocation to either one of the groups cannot be influenced. Because of the intervention, blinding for allocation on the level of the participant (OP) is not possible. However, researchers will be blinded during data collection and analysis.

Previous interventions:
After each OP has given their written informed consent for participating in the evaluation and has filled in the baseline questionnaire (T0), randomization will take place at the level of the peer group supervision groups. Participating groups of OPs will be randomly assigned to:
1. The peer group supervision plan directed to the implementation of preventive tasks targeting work-related mental health problems (intervention groups). Within a period of 6 months, three meetings will be organized with a total of approximately five working hours, in which prevention of mental health problems is the central topic. The chair of each of the intervention groups will be trained and guided in facilitation during the course of the intervention.
2. The usual peer group supervision condition (control groups). The control groups will be put on

a waiting list and receive the peer group supervision materials after the 12 months follow-up of this study.

To avoid bias, the randomization process will be executed by two independent researchers. Researcher 1 will assign consecutive numbers to each participating peer group supervision group. A computer-generated randomization will then be performed by researcher 2, in order to assign each number to either the intervention or control group. This way, allocation to either one of the groups cannot be influenced. Because of the intervention, blinding for allocation on the level of the participant (OP) is not possible. However, researchers will be blinded during data collection and analysis.

Intervention Type
Behavioural

Primary outcome measure
Current primary outcome measure as of 06/11/2024:
The primary outcome is the execution of preventive tasks aimed at the prevention of work-related mental health problems. This will be assessed by means of the self-reported number of hours spent on different preventive tasks, and the self-reported percentage of time spent on prevention, absence and reintegration guidance, and other tasks (e.g. teaching responsibilities). Moreover, OPs will be asked if they would like to spend more time on prevention (ranging from “no, less time” to “yes, considerably more time”). If OPs want to spend more time on prevention, they will be additionally asked on what specific tasks (e.g. open consultation hour, advising about occupational health policy).

All outcomes will be measured at baseline, 6 months and 12 months.

Previous primary outcome measure:
The primary outcome is the execution of preventive tasks aimed at the prevention of work-related mental health problems. This will be assessed by means of the self-reported number of hours spent on each of these tasks, and the self-reported percentage of time spent on prevention, absence and reintegration guidance, and other tasks (e.g. teaching responsibilities). Moreover, OPs will be asked if they would like to spend more time on prevention (ranging from “no, less time” to “yes, considerably more time”). If OPs want to spend more time on prevention, they will be additionally asked on what specific tasks (e.g. open consultation hour, advising about occupational health policy).

All outcomes will be measured at baseline, 6 months and 12 months.

Secondary outcome measures
1. The attitude, social influence and self-efficacy of OPs (ASE) assessed with the Measurement Instrument for Determinants of Innovations (MIDI)
2. Perceived barriers for the execution of preventive tasks assessed using the MIDI
3. OPs’ own work experience, such as the work rate and quantity, variety in work and work satisfaction, determined using the validated Dutch questionnaire Vragenlijst Beleving en Beoordeling van de Arbeid (VBBA)

All outcomes will be measured at baseline, 6 months and 12 months.

Data on potential confounders will be collected by questionnaire, including:
1. Individual characteristics of the OPs: age, working hours per week, number of years of work

experience, being self-employed
2. Organizational characteristics: sector, and if they are working for Small and Medium Enterprises (SME) or larger organizations

Overall study start date
01/01/2022

Completion date
30/09/2024

Eligibility

Key inclusion criteria
Current participant inclusion criteria as of 06/11/2024:
Participants were included if :
1. They were registered as occupational physician or physician in training to become specialist
2. They participated in one (or more) peer coaching group
3. They worked more than 16 hours per week as an OP (hours dedicated to e.g. research, education or policy excluded)

Previous participant inclusion criteria:
Participants were included if :
1. They were registered as occupational physician or physician in training to become specialist
2. They participated in one (or more) peer group supervision groups
3. They worked more than 16 hours per week as an OP (hours dedicated to e.g. research, education or policy excluded)

Participant type(s)
Health professional

Age group
Adult

Sex
Both

Target number of participants
20 clusters with approximately 8 participants in each cluster

Key exclusion criteria
Occupational physicians were excluded from participation if:
1. They had an upcoming retirement or long-term leave (e.g. pregnancy leave) during the follow-up of this study (i.e. 12 months)
2. They worked fewer than 16 hours per week as an OP (hours dedicated to e.g. research, education or policy excluded).
3. They were not part of any peer support group

Date of first enrolment
10/05/2023

Date of final enrolment
07/07/2023

Locations

Countries of recruitment
Netherlands

Study participating centre
Netherlands Society of Occupational Medicine
PO Box 2113
Utrecht
Netherlands
3500 GC

Sponsor information

Organisation
National Institute for Public Health and the Environment

Sponsor details
Antonie van Leeuwenhoeklaan 9
Bilthoven
Netherlands
3721 MA
+31 (0)88 689 8989
info@rivm.nl

Sponsor type
Research organisation

Website
http://www.rivm.nl/en/

ROR
https://ror.org/01cesdt21

Funder(s)

Funder type
Government

Funder Name
Ministerie van Sociale Zaken en Werkgelegenheid

Alternative Name(s)
Ministry of Social Affairs and Employment, Dutch Ministry of Social Affairs and Employment, SZW

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Netherlands

Results and Publications

Publication and dissemination plan
Planned publications in high-impact peer-reviewed journals:
1. Effect evaluation
2. Process evaluation

Intention to publish date
31/12/2025

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		07/10/2023	10/10/2023	Yes	No
Results article		30/05/2025	04/06/2025	Yes	No