

# A study of a goal-setting intervention for staff in workplaces enrolled in health and wellbeing programmes

<b>Submission date</b> 08/04/2022	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 07/06/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 08/05/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

It is important that employees of any organisation are well, both physically and mentally. Preventing problems with health and wellbeing at work can mean that employees take fewer days off sick from work, are more productive at work, and are less likely to quit their jobs because they are too sick to go to work. This project conducts research to understand how to prevent problems with ill health at work.

One part of the research will involve a trial in the West Midlands. The trial will test the effectiveness of an established behavioural intervention called mental contrasting. Key aspects of mental contrasting include articulating goals and how to address barriers to achieving them, which our public contributors identified as important drivers of health behaviours.

### Who can participate?

Organisations who are taking part in a local government workplace health and wellbeing initiative will be able to participate. Individual staff members who are aged 16 years and older and willing to consent to take part can participate.

### What does the study involve?

The study involves attending group meetings with other colleagues and a researcher. During the meetings, participants will be asked to answer some questions about health and wellbeing at work. Some groups will receive extra help for their health and wellbeing at work by proving support achieving health and wellbeing goals.

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

Sometimes people benefit from taking part in research like this because they pay more attention to their own health and wellbeing as a result, which can improve it. It is an opportunity to contribute to improving our understanding of health and wellbeing, which may benefit people if this knowledge is successfully applied later on to improve health and wellbeing. There are minimal risks involved with participation in this research, although the researchers will ask for some of the participants' time that they could spend doing other things.

When is the study starting and how long is it expected to run for?  
July 2021 to October 2023

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

Who is the main contact?  
Dr Laura Kudrna  
l.kudrna@bham.ac.uk

## Contact information

**Type(s)**  
Principal investigator

**Contact name**  
Dr Laura Kudrna

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## Additional identifiers

**Clinical Trials Information System (CTIS)**  
Nil known

**ClinicalTrials.gov (NCT)**  
Nil known

**Protocol serial number**  
Nil known

## Study information

**Scientific Title**  
A cluster randomised waitlist-controlled trial of a goal-setting behaviour change intervention for employees in workplaces enrolled in workplace health and wellbeing initiatives

**Study objectives**

1. Does the intervention result in participants perceiving they have made progress towards achieving their health and wellbeing goals?
2. Does the intervention change employees' perceptions of their health, health behaviour, and wellbeing?
3. What barriers, enablers, and mechanisms do employees perceive as related to the effectiveness of the intervention?

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 04/05/2022, the University of Birmingham Technology, Engineering and Mathematics Ethical Review Committee (Finance Office, University of Birmingham, c/o Room 106 Aston Webb, B Block, Edgbaston, Birmingham, B15 2TT, UK; Tel: not applicable; aer-ethics@contacts.bham.ac.uk), ref: ERN\_21-0744A

### **Study design**

Mixed methods cluster randomized waitlist-controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Prevention

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

Self-reported progress towards goal attainment, health and wellbeing

### **Interventions**

Group 1 (intervention arm) at baseline receives the intervention, which is mental contrasting plus implementation intentions, and has a general discussion about health and wellbeing at work. The intervention is delivered once in a group setting lasting around one hour. The endline follow up period is a minimum of 4 weeks.

Group 2 (waitlist control arm) at baseline only has a general discussion about health and wellbeing at work and does not receive the intervention. The endline follow up period is a minimum of 4 weeks. The intervention (mental contrasting plus implementation intentions) is delivered after endline follow up in a group setting lasting around 1 hour.

Randomisation: All workplaces will be assigned an anonymous ID. An independent statistician will generate an allocation sequence using the random number generator in Stata v16.1 with assignments to the intervention or control group stratified by company size. Random block sizes of two and four will be used to maintain both balance within stratum and prevent lack of allocation concealment. A company will be considered small if there are less than 50 employees, medium is 51 to 250 employees and large is more than 250 employees. The independent statistician will retain this list and it will be kept concealed from the study team. After baseline data collection has occurred in each workplace, its assignment will be revealed based on the next assignment in the sequence for its particular stratum.

### **Intervention Type**

Behavioural

## **Primary outcome(s)**

Self-reported progress towards goal attainment is measured with the item, "So far, how much progress would you say that you have made towards what you wished to do for your health and wellbeing?" (1-7) at endline (minimum of 4 weeks)

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

1. Self-reported progress in changing behaviour related to goal attainment is measured with the item, "And how much progress in changing your behaviour would you say you have made towards what you wished to do for your health and wellbeing?" (1-7) at endline (minimum of 4 weeks)

2. Self-rated general health is measured with the item, "Overall, how would you rate your health? (poor, fair, good, very good, excellent) at baseline and endline

3. Self-rated empowerment to change health and wellbeing is measured at baseline and endline with the items:

3.1. I am confident in my ability to look after my health and wellbeing, 1-5

3.2. I know what to do to improve my health and wellbeing, 1-5

3.3. When problems arise with my health and wellbeing, I handle them well, 1-5

3.4. I am confident that I can make the best choices to look after my health and wellbeing, 1-5

4. Psychological wellbeing measured at baseline and endline. Life and job satisfaction, hedonic wellbeing, eudemonic experiences are measured with the items (all 0-10 scale):

4.1. Overall, how satisfied are you with your life nowadays?

4.2. Overall, how satisfied are you with your job nowadays?

4.3. Overall, to what extent do you feel the things you do in your life are worthwhile?

4.4. Overall, how happy did you feel yesterday?

4.5. Overall, how anxious did you feel yesterday?

4.6. How meaningful do the activities that you do at work feel to you?

4.7. How enjoyable do the activities that you do at work feel to you?

4. Mental wellbeing is measured using the short form of the Warwick Edinburgh mental wellbeing scale at baseline and endline

## **Completion date**

16/10/2023

## **Eligibility**

### **Key inclusion criteria**

Current inclusion criteria as of 14/12/2022:

Workplace eligibility criteria (cluster-level):

1. Signed up to participate in the WHI in any geographic region

2. Willing and able to allow at least three employees to participate in data collection activities

Employee eligibility criteria (individual-level):

1. Aged 16 years of age or older

2. Willing to provide written consent

Previous inclusion criteria as of 10/10/2022 to 14/12/2022:

Workplace eligibility criteria (cluster-level):

1. Signed up to participate in the WHI in any geographic region

2. Willing and able to allow at least ten employees to participate in data collection activities

**Employee eligibility criteria (individual-level):**

1. Aged 16 years of age or older
2. Willing to provide written consent

**Previous inclusion criteria:**

**Workplace eligibility criteria (cluster-level):**

1. Signed up to participate in the Coventry WHI
2. Willing and able to allow at least ten employees to participate in data collection activities

**Employee eligibility criteria (individual-level):**

1. Aged 16years of age or older
2. Willing to provide written consent

**Participant type(s)**

Employee

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

16 years

**Sex**

All

**Total final enrolment**

225

**Key exclusion criteria**

**Current exclusion criteria as of 14/12/2022:**

**Workplace exclusion criteria (cluster-level):**

1. Not signed up to participate in the Coventry WHI
2. Not willing and able to allow at least three employees to participate in data collection activities

**Employee exclusion criteria (individual-level):**

1. Aged less than 16years of age
2. Not willing to provide written consent

**Previous exclusion criteria:**

**Workplace exclusion criteria (cluster-level):**

1. Not signed up to participate in the Coventry WHI
2. Not willing and able to allow at least ten employees to participate in data collection activities

**Employee exclusion criteria (individual-level):**

1. Aged less than 16years of age
2. Not willing to provide written consent

**Date of first enrolment**

13/06/2022

**Date of final enrolment**

31/03/2023

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre****Coventry City Council**

Council House

Earl Street

Coventry

United Kingdom

CV1 5RR

## Sponsor information

**Organisation**

University of Birmingham

**ROR**

<https://ror.org/03angcq70>

## 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

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from Dr Laura Kudrna (l.kudrna@bham.ac.uk) for anonymous participant-level quantitative datasets after publication in a peer-reviewed journal. Access criteria will be based on evaluating if the reason for access is ethical. Data may be shared via email. Participants are informed that their anonymised data will be stored for 10 years according to the University of Birmingham's guidelines.

### 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>		08/03/2025	08/05/2025	Yes	No
<a href="#">Protocol article</a>		28/09/2023	29/09/2023	Yes	No