

UpLift Trial: an experimental comparison of two digital health interventions for occupational burnout in healthcare professionals

Submission date 12/11/2020	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 13/11/2020	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 10/01/2025	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

This study has been developed as a public health response to the COVID-19 crisis, aiming to support the wellbeing of NHS staff using accessible interventions that combine video-based workshops with app-based self-help materials. The study will compare the effectiveness of two interventions designed to reduce occupational burnout and to improve wellbeing in NHS staff. One intervention has been proven to be effective and is based on cognitive behavioural coping skills; The second intervention is new and has no prior evidence of it's effectiveness.

The study will compare the effects of the new intervention relative to the well-established intervention for occupational burnout in NHS staff.

Who can participate?

NHS staff who have direct contact with patients (including health care and administrative staff) will be eligible to participate

What does the study involve?

Participants will be asked via email to complete a brief electronic questionnaire in relation to their occupational and personal wellbeing, at the start of the study and at three further timepoints (3 weeks, 6 weeks, and 6 months later). This will include basic demographics (age, gender, ethnicity) and self-reported sickness days taken over the last 6 months. After participants complete the initial questionnaire, they will be randomly allocated to one of the two interventions and will receive instructions via email to access their allocated intervention, at a fixed day and time each week, via Microsoft Teams, for a total of six weeks. After the end of each of these hour-long video sessions, participants will have access to online self-help resources through a dedicated app (a website with secure and password protected login). The video sessions will be conducted in a way that participants' identity is anonymous with no need to show their video or to reveal their full name to other participants.

What are the possible benefits and risks of participating?

Participants are giving up time to complete this study, and this may be seen as a burden. However, it is not expected that taking part in the study would have any disadvantages or risks, given that the tasks and materials are all designed to help NHS staff to cope with stress. Nevertheless, if a participant feels uncomfortable or upset by any aspects of participation in this study, they can contact the research team who can offer support and advice. The research team will also provide participants with a document listing contact details for locally available emotional support services. It is expected that participating in the study will enable participants to learn how to recognise their key signs of occupational burnout and reduced job satisfaction and wellbeing. Participants will also learn about multiple coping skills and will be guided to practice and master them. This is likely to lead to reductions in occupational burnout and improvements in wellbeing.

Where is the study run from?

Rotherham Doncaster and South Humber NHS Foundation Trust (UK)

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

From May 2020 to February 2022

Who is funding the study?

MindLife UK Ltd (UK)

Who is the main contact?

Miss Jeannie McKie

j.mckie@nhs.net

Contact information

Type(s)

Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Integrated Research Application System (IRAS)

288024

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

CPMS 47066, IRAS 288024

Study information

Scientific Title

UpLift: A randomised controlled trial to improve NHS staff wellbeing

Acronym

UpLift

Study objectives

1. No significant adjusted mean differences will be found when comparing post-treatment outcomes between the two interventions, across any of the outcome measures. The novel Job Crafting intervention will have comparable effects to an established intervention based on CBT.
2. Moderate within-group, pre-post treatment effect sizes ($\sim d = 0.50$) will be observed for both interventions in burnout and wellbeing measures
3. Mean burnout and wellbeing levels at the 6-month follow-up point will be significantly lower than baseline severity (prior to intervention), but not significantly different to end-of-treatment levels, indicating maintenance of gains
4. The network structure of predictors (mechanisms) of change will be different across both interventions. Self-efficacy, autonomy, and neuroticism will be ranked as more important in intervention 1. Organisational stress, over-commitment, and relational factors (professional, client, and family-related stress) will be ranked as more important in intervention 2.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 15/10/2020, Coventry and Warwick Research Ethics Committee (The Old Chapel, Royal Standard Place, Nottingham, NG1 6FS UK; +44 (0)207 104 8197; coventryandwarwick.rec@hra.nhs.uk), ref: 20/EM/0236

Study design

Pragmatic, multi-site, parallel group, randomized controlled trial

Primary study design

Interventional

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Occupational burnout in health care professionals

Interventions

Consenting NHS staff will be randomly assigned to one of two groups (1:1), by a research assistant using a computerized randomisation algorithm. The randomisation sequence will be based on random blocks of 10 participants, and stratification according to participants' employing organisation (trial site) and role (administrative; mental health; other health care roles). Participants will take part in one of the two 6-week interventions, either Intervention 1 or Intervention 2, depending on their group assignment.

Intervention 1 integrates concepts from cognitive behavioural therapy and positive psychology. Intervention 2 integrates concepts from key theories in the field of occupational burnout: the job demands-resources model, the effort-reward imbalance model, and the job crafting model.

All participants will complete outcome measures using an online survey at a baseline assessment after they provide informed consent. All participants will then take part in one of the two 6-week interventions, depending on their group assignment. Outcome measures using an online survey will be assessed again following week 3, week 6, and finally at a 6-month follow-up. All measures will be completed online using an industry-standard survey system which automatically sends email reminders to consenting participants.

In both groups, participants will have access to one of two "blended care" interventions which have been developed by the research team with reference to the current evidence-base in the field of occupational burnout. These interventions will involve weekly 1 h online workshops delivered by psychological professionals, for a total of 6 weeks, using video-conferencing software that can involve large groups of participants (Microsoft Teams). These sessions will be supported by a mobile app that integrates educational and self-help tools that are based on the content of each session. The app includes interactive media such as videos, animations and practical exercises that guide participants to apply and practice coping skills covered in each of the 6 sessions. Each session will be delivered in such a way that participants will learn about key concepts in an interactive way (including group discussions and participation), and will be guided to practice two specific coping skills each week. At the end of each session, participants will be

encouraged to use the app, which will guide them to practice key coping skills that will be covered each week. In this way, learning will be followed by practical exercises, increasing the chances of behaviour change and integration of coping skills into daily life. Each of these interventions is based on a different underpinning evidence-base and theory. We expect that both interventions will lead to changes in burnout and wellbeing, but they will do so through different mechanisms, which is consistent with literature in the field that points to multiple interrelated risk factors.

Intervention Type

Behavioural

Primary outcome(s)

1. Occupational burnout will be measured using the Oldenburg Burnout Inventory (OLBI) at baseline, 3 and 6 weeks, and 6 months

Key secondary outcome(s)

1. Demographic information, including age, gender, ethnicity, job role, and hours worked (full-time or part-time) by participant self-report at baseline
2. Number of sickness absence days they have had during the 1-month period preceding the start of the study by participant self-report at baseline, and self-report of any sickness absence days taken during the active study and observation period
3. Mental wellbeing measured using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) at baseline, 3 and 6 weeks, and 6 months
4. Turnover intention measured using the Job Diagnostic Survey turnover intent single-item at baseline, 3 and 6 weeks, and 6 months

Completion date

28/02/2022

Eligibility

Key inclusion criteria

1. Any staff currently working in the NHS either full-time or part-time
2. Direct patient contact as part of their role in the NHS, either in a clinical capacity or an administrative capacity (such as receptionists and administrators)

Participant type(s)

Health professional

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

296

Key exclusion criteria

1. Currently not in active service at the time of recruitment (on sick leave, maternity leave, or suspended for any reason)
2. Temporary (bank or agency) contract
3. Participant in the recent CPM Trial which is in a 6 month follow-up period during recruitment to this trial

Date of first enrolment

01/11/2020

Date of final enrolment

27/11/2020

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Rotherham Doncaster and South Humber NHS Foundation Trust

St. Catherine's House
St. Catherine's Hospital
Tickhill Road
Doncaster
United Kingdom
DN4 8QN

Study participating centre

North East London NHS Foundation Trust

West Wing
C E M E Centre
Marsh Way
Rainham
United Kingdom
RM13 8GQ

Study participating centre

Lincolnshire Partnership NHS Foundation Trust

St George's
Long Leys Road
Lincoln
United Kingdom
LN1 1FS

Sponsor information

Organisation

Rotherham, Doncaster and South Humber NHS Foundation Trust

Funder(s)

Funder type

Industry

Funder Name

MindLife UK LTD

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 the data custodian (j.delgadillo@sheffield.ac.uk). Only de-identified participant data can be made available, along with a data dictionary, to suitably qualified researchers who obtain ethical approval for their proposed analysis; pre-register their statistical analysis plan; and provide a signed data-sharing contract which enables data storage and analysis for a time-limited period of 12 months.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Protocol file	version v3.3	11/11/2020	13/11/2020	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes