

# An Acceptance and Commitment Therapy-based workplace intervention for improving wellbeing of NHS staff

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<b>Registration date</b> 20/07/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/08/2023	<b>Condition category</b> Injury, Occupational Diseases, Poisoning	<input checked="" type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Changes in the organisation and the management of health care provision in the UK, coupled with the nature of medical practice have increased the experience of stress, burnout and poor psychological wellbeing in health professionals. These high levels of distress are likely to have implications for patient care and for the health professionals' health and wellbeing. As a result, workforce surveys in the UK suggest that 25-40% of workers in a variety of occupations meet the criteria for a mental health disorder.

These findings show the importance of implementing and evaluating interventions that have the potential to improve mental health in the workplace, particularly within the NHS. To prevent and reduce distress among employees, researchers have begun developing methods to help better cope with stress, such as Acceptance and Commitment Therapy (ACT). ACT is different from more traditional stress management approaches, as it does not seek to reduce employees' unwanted thoughts and emotions. Indeed, ACT promotes a willingness to experience pleasant and unpleasant psychological events and encourages the acceptance of negative thoughts and emotions.

This study aims to determine the effectiveness of a group-based ACT training programme for improving well-being, reducing burnout and improving patient safety in NHS primary care staff.

### Who can participate?

Employees of the NHS West Yorkshire and Humber currently at work.

### What does the study involve?

Participants will be allocated to either an intervention group or a control group. The intervention group will receive ACT psychological training, whereas the control group will be on a waiting list and receive ACT training later.

ACT training will involve four two-hour workshops on consecutive weeks, designed to increase awareness of how to manage unwanted thoughts and emotions, improve mindfulness and clarify personal values.

Participants in both groups will complete questionnaires relating to wellbeing, burnout and psychological flexibility four times - before starting the intervention period, 1 week into the

intervention, after 4 weeks (end of the ACT training) and at a 14 week follow-up. Participants in the control group will complete the questionnaires at the same time as those in the intervention group, but begin their ACT training after the follow-up period is complete.

What are the possible benefits and risks of participating?

A benefit of taking part in this study is that participants will receive free four-week ACT training that may improve wellbeing and reduce burnout. In addition, participants will be contributing to important research that may yield benefit to the wider NHS workforce. There are no known risks to participants of taking part

Where is the study run from?  
NHS Leeds West CCG, Leeds

When is the study starting and how long is it expected to run for?  
July 2017 to December 2018

Who is funding the study?  
1. NHS Leeds West CCG (UK)  
2. University of Leeds (UK)  
3. Bradford Institute for Health Research (UK)

Who is the main contact?  
Miss Arianna Prudenzi  
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## **Additional identifiers**

### **Protocol serial number**

228214

## **Study information**

### **Scientific Title**

An Acceptance and Commitment Therapy-based workplace intervention for improving well-being and reducing burnout in NHS staff

### **Study objectives**

- 1) Compared to a wait-list control group, those receiving ACT will have significantly better scores on primary and secondary outcome measures at post-intervention time-points.
- 2) Improvements in outcomes will be mediated by improvements in psychological flexibility and mindfulness.

### **Ethics approval required**

Old ethics approval format

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

NHS Research Ethics Administrator, 21/09/2017, 18/HRA/0200  
School of Psychology Research Ethics Committee, 22/07/2017, 17-0212

## **Study design**

Interventional single-centre randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Wellbeing and occupational burnout

## **Interventions**

NHS staff participants will be randomised into two groups, an intervention and control group, by independent primary care managers following a randomisation schedule using an online randomisation tool. Details of the allocated groups were then sent to participants by email by independent NHS CCG staff to ensure allocation concealment.

Acceptance and Commitment Therapy (ACT; Hayes, 1987; Hayes, Strosahl, & Wilson, 1999) is a newer type of cognitive behaviour therapy, specifically designed to improve psychological flexibility (PF). The intervention will be based on an existing standardised ACT protocol designed for workplace settings described by Flaxman and Bond (2006; see also Flaxman & Bond, 2010a; Flaxman et al., 2013).

Participants will be invited to attend four two-hour group sessions. The four-week workshop will be delivered to 10-15 participants and will occur on four consecutive weeks. It will be facilitated by three experienced mindfulness teachers who are either on the national register or who comply with the Good Practice Guidelines.

Within the workshop, participants will be introduced to different techniques that are designed to: (1) increase their awareness of how they manage unwanted thoughts and emotions; (2) equip them with mindfulness skills (3); help them to clarify their own personal values and to enact behaviours that are consistent with these values. To do this the intervention will also include two of ACT's well-known metaphors (passengers on the bus and the polygraph metaphor (Hayes, Strosahl, & Wilson, 1999)). Participants will be invited to follow-up homework activities. Trainers will be supervised by an expert Clinical Psychologist (CG).

Those allocated to the waiting list control will receive an ACT training later. These participants will complete the questionnaire at four time measurements in parallel to the experimental group but start their training after the follow-up measures are being completed and returned.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

General well-being and mental health measured using the GHQ-12 (Goldberg & Williams, 1988) at the baseline, one-week after beginning the intervention, after 4 weeks and at the 14 week follow up.

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

1. Burnout measured using the Shirom-Melamed Burnout Measure (SMBM; Shirom, 2003; Shirom & Melamed, 2006).
2. Work-related worry and rumination during non-work time using the Affective Rumination Subscale of the Work-related Rumination Questionnaire (WRRQ; Cropley, Michalianou,

Pravettoni, & Millward, 2012).

3. Patient safety measured using items from Louch et al. (in press; 2016).

Process of change measures:

4. Psychological flexibility measured using the Multidimensional Experiential Avoidance Questionnaire (MEAQ) – Distress Endurance subscale (Gamez et al., 2011).

5. Mindfulness measured using the 15-item Five Facet Mindfulness Questionnaire (Gu et al., 2016; Baer et al., 2006, 2008).

6. Values measured using the Valuing Questionnaire (VQ; Smout et al. 2014).

7. Self-Compassion measured using the Self-Compassion Scale – short-form (SCS-SF; Raes et al., 2011).

### **Completion date**

30/06/2019

## **Eligibility**

### **Key inclusion criteria**

1. NHS staff
2. Working in Leeds, West Yorkshire and the Humber
3. Aged 18 years or older

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

Health professional

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

All

### **Total final enrolment**

98

### **Key exclusion criteria**

There will also be one exclusion criterion: not presently at work.

### **Date of first enrolment**

01/09/2017

### **Date of final enrolment**

01/08/2018

## **Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre****NHS CCG Leeds**

NHS Leeds Clinical Commissioning Group

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**Sponsor information****Organisation**

University of Leeds

**ROR**

<https://ror.org/024mrx33>

**Funder(s)****Funder type**

Not defined

**Funder Name**

University of Leeds

**Alternative Name(s)****Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

United Kingdom

## Funder Name

NHS Leeds Clinical Commissioning Group

## Funder Name

Bradford Institute for Health Research

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publically available repository (<https://archive.researchdata.leeds.ac.uk>) as anonymised data after an embargo period of three years. Aligning with research best practice, we will store anonymised data on the Leeds University of Leeds research data repository for a longer period of time (5 years). This data will not be shared for an embargo period of three years. Only the research team (O'Conner, Graham, and Arianna Prudenzi) will have access to person identifiable data safely stored on a University-issued password protected computer. The data will be collected from the questionnaire answers given on Bristol Online Surveys and will kept completely anonymous. Participants will be only identified using their unique ID number.

## IPD sharing plan summary

Stored in repository

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		20/04/2022	22/04/2022	Yes	No
<a href="#">Dataset</a>		21/01/2022	22/04/2022	No	No
<a href="#">Participant information sheet</a>	version V1	13/09/2018	02/04/2019	No	Yes
<a href="#">Protocol (other)</a>			23/08/2023	No	No