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Supporting people with long-term health conditions and disabilities at work: a feasibility study of the Co-Manage self-management support programme

Submission date
26/01/2026

Recruitment status
Recruiting

Registration date
03/02/2026

Overall study status
Ongoing

Last Edited
12/03/2026

Condition category
Other

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Many people in the UK live and work with a long-term health condition or disability, such as arthritis, mental health conditions, or neurological conditions. While many people want to remain in employment, managing a long-term condition alongside work can be difficult. Challenges may include fatigue, pain, stress, uncertainty about how to ask for support, or a lack of suitable workplace adjustments. These difficulties can lead to increased sickness absence, reduced wellbeing, or people leaving work altogether.

Supporting people to manage their health at work, often referred to as self-management, is a key priority for the NHS and the UK Government. Research shows that when workers are supported to manage their health, they are more likely to stay in work and maintain good wellbeing. However, in the UK there is currently no clear, evidence-based workplace programme that helps employees, managers and employers work together to support self-management.

The Co-Manage programme has been developed to address this gap. It is an online toolkit designed to support workers with any long-term health condition or disability, help managers provide appropriate support, and assist employers in creating supportive workplace policies and practices. This study aims to test whether a larger trial of Co-Manage would be feasible. The study will assess whether organisations and staff are willing to take part, whether the intervention can be delivered as planned, and whether it shows potential to improve health and reduce sickness absence.

Who can participate?
The study will involve organisations based in the UK from any sector, including public, private and voluntary organisations, provided they have at least ten employees. Participants will include workers aged 18 years or over who have a long-term health condition or disability that has lasted for at least 12 months. Managers and employer representatives, such as human resources or occupational health staff, will also be invited to take part. Participants must be able to use the

internet and understand English well enough to complete online questionnaires. People can take part whether or not they have told their employer about their health condition.

What does the study involve?
This is a feasibility study, which means it is designed to test whether a larger study can be carried out in the future. Around eight organisations will take part. Each organisation will be randomly assigned either to receive access to the Co-Manage programme or to continue with their usual workplace support.

The Co-Manage intervention is an online toolkit with different resources for workers, managers and employers. Workers receive guidance on managing their health at work, communicating their needs and problem-solving. Managers receive guidance on how to support staff, hold supportive conversations and make reasonable adjustments. Employers receive information on good practice, workplace policies and how to support staff wellbeing. The materials are accessed online and can also be downloaded in paper form.

Participants will be asked to complete short online questionnaires at the start of the study and again after three and six months. Some participants may be invited to take part in an interview about their experiences. With consent, information about workers' sickness absence may also be collected from employer records 12 months before and up to 12 months after first using Co-Manage. Use of the Co-Manage website will be monitored to understand how the resources are used.

What are the possible benefits and risks of participating?
Taking part may help participants better understand how to manage health at work, improve communication between workers and managers, and increase confidence in dealing with health-related issues. The study may also help improve workplace support for others in the future. However, participants may not experience direct personal benefit.

The study is considered low risk. Some people may find it uncomfortable to reflect on health or work-related challenges. Participation is voluntary, and participants can withdraw at any time without giving a reason. Information about support services will be provided if taking part causes any distress.

Where is the study run from?
The study is led by Loughborough University in collaboration with researchers from the University of Nottingham, the University of Lincoln and Affinity Health at Work. The research will take place in workplaces across the UK.

When is the study starting and how long is it expected to run for?
The study is planned to start in March 2026 and will run until February 2028.

Who is funding the study?
The study is funded by the National Institute for Health and Care Research (NIHR) through the Public Health Research (PHR) Programme, reference number: NIHR174567.

Who is the main contact?
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Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
368966

Central Portfolio Management System (CPMS)
62156

National Institute for Health and Care Research (NIHR)
174567

Study information

Scientific Title
Empowering workplace self-management for individuals with long-term health conditions and health-related disabilities: a randomised controlled feasibility trial of the 'Co-Manage' intervention compared with usual workplace support

Acronym
Co-Manage

Study objectives
The aim of this study is to assess whether a cluster randomised controlled trial of Co-Manage, a digital toolkit designed to support workplace self-management for individuals with any long-term condition or disability, can be done.

Specific objectives are to assess/conduct:
1. Willingness/readiness of organisations and their workers to adopt and implement Co- Manage.
2. Willingness of organisations to take part in a 20-month study and be randomised.
3. Willingness of participants (workers with LTCs/disabilities, managers) to take part and retention through follow-up (6 months) with intervention uptake and completion as primary endpoints.

4. Potential for selection bias in control and intervention organisations as measured using participant characteristics at baseline.
5. Implementation of intervention adherence, delivery, and fidelity.
6. Changes in the primary outcome (number of sick/disability leave days) and secondary outcomes (e.g., work-based attendance, wellbeing, self-management) to inform a larger trial and estimate the inter-cluster (or intraclass) correlations (ICC) for these outcomes.
7. Pilot process evaluation to monitor how Co-Manage is perceived by participants from different demographic groups (e.g., age, gender, ethnicity, job role/type) and test a full process evaluation methodology in advance of a full trial.
8. Feasibility of collecting data on parameters needed for health economic evaluation in a subsequent larger trial.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 10/03/2026, Loughborough University Ethics Review Human Participants Sub-Committee (Epinal Way, Loughborough, LE11 3TU, United Kingdom; +44 (0) 1509 222423; J.A.Green@lboro.ac.uk), ref: LEON 24912

Study design
Cluster randomised controlled feasibility trial.

Primary study design
Interventional

Study type(s)
Quality of life, Other

Health condition(s) or problem(s) studied
Any long-term condition or disability requiring ongoing management for ≥12 months.

Interventions
Study design and randomisation
This is a two-arm cluster randomised controlled feasibility trial, with the organisation as the unit of randomisation. At least eight UK organisations will be recruited and randomised in a 1:1 ratio to either the Co-Manage intervention or usual practice control. Randomisation will be conducted by an independent statistician and, where possible, stratified by organisational size and type.

Intervention arm: Co-Manage
Organisations allocated to the intervention arm will receive Co-Manage, a digital, multi-component workplace self-management intervention designed to support workers with long-term health conditions or disabilities. Resources are accessed via a dedicated website and can be downloaded in paper form for offline use.

Co-Manage targets multiple workplace levels simultaneously and provides tailored online resources for:
• Workers with long-term health conditions/disabilities: self-led toolkits focusing on problem-solving, symptom management at work, communication with managers, requesting adjustments, goal setting, and building support networks.
• Managers: e-resources, interactive case studies, and practical tools to support conversations

about health at work, provide appropriate adjustments, and address barriers to self-management.
• Employer stakeholders (e.g. Human Resources staff, senior leaders, Occupational Health professionals): educational materials outlining evidence-based practices for supporting workplace self-management, reviewing policies and procedures, and fostering a supportive organisational culture.

Follow-up. Outcome measures will be collected at baseline, as well as 3- and 6-months. Organisational sickness/disability absence data will be collected retrospectively for the 12 months prior to baseline and prospectively during follow-up, where participant consent is provided.

Intervention fidelity and dose. Engagement and fidelity will be assessed using website analytics (e.g. logins, time spent on resources, number and type of tools accessed or completed), supplemented by qualitative interviews. All users must complete introductory content to ensure a minimum level of exposure for the feasibility study. A composite measure of intervention "dose" will be explored to inform the definition of sufficient exposure for a future definitive trial.

Control arm: Usual workplace practice
Organisations allocated to the control arm will continue with usual workplace policies and practices for supporting workers with long-term health conditions or disabilities. As there is no standardised UK approach to workplace self-management support, usual practice may include existing policies, occupational health referrals, reasonable adjustments under the UK Equality Act 2010, employee assistance programmes, or sickness absence management procedures. At organisational onboarding, employer stakeholders will complete a standardised audit to document existing policies and support mechanisms. Use of these practices will also be assessed via participant self-report surveys and qualitative interviews during follow-up.

Follow-up. The control period mirrors the intervention arm, with data collection at baseline, 3- and 6-months. Control participants will complete the same outcome measures as intervention participants. At the end of the feasibility study, organisations and participants in the control arm will be offered free access to the Co-Manage intervention.

Intervention Type
Behavioural

Primary outcome(s)
The number of sick/disability leave days (total days and discrete absence spells). Data will be collected at baseline from organisational records* for workers only in a 12-month period prior to intervention start and up to 12-months from study consent.
*All worker participants will be asked during the consent process whether the research team can request their employer records. If they do not consent, or if they report that they have not disclosed their long-term condition/disability to their employer, we will instead collect self-report absence data via online surveys.

Key secondary outcome(s))
Current secondary outcomes as of 12/03/2026:
Feasibility-related outcomes:
Study uptake measured by proportion of organisations that are willing to be randomised, and the proportion of participants (workers and managers) that agree to participate against the recruitment target. We will also record any missing data from organisational records, and how

many participants complete the data collection at all time-points. We will record information on individual participants who may drop-out of the study and, where possible, reasons for withdrawals.

Research outcome measures:
The following self-reported outcomes for workers will be taken at all time points (baseline, 3, and 6 months) via online surveys:
1. Work-based attendance: Turnover/work exit, intention to leave, ill-health/disability retirement.
2. Work-health balance: Work Ability Index.
3. Work productivity/ impairment: Work Productivity and Activity Impairment Questionnaire; Job satisfaction.
4. Work engagement: Utrecht Work Engagement Scale-3 Item.
5. Communication: Workplace Health Communication Scale; Communication satisfaction; Manager satisfaction
6. Self-efficacy: Work Self-efficacy Scale.
7. Job crafting: Short Broad Job Crafting Scale.
8. Work adjustments: Adjustments implemented in the workplace.
9. Autonomy: Basic Psychological Needs Satisfaction at Work - Autonomy Sub-scale.
10. Wellbeing: Utrecht Burnout Scale, Exhaustion sub-scale only; World Health Organization-Five Well-Being Index.
11. Self-management: Self-Efficacy to Manage Chronic Disease scale.
12. Disclosure: Disclosure of health/disability status to organisation.
13. Health-related quality of life: EuroQoL-5DL (EQ-5DL).
14. Health resource use: Modular resource-use measure (ModRUM).

We will also collect questionnaire data from manager participants, as well as lead stakeholders (e.g. director of human resources). Measures will assess intervention readiness (baseline only), expectations of the Co-Manage programme using the Intervention Preparedness Tool (baseline only, intervention group only), and experiences for supporting worker self-management (baseline, 3, and 6 months).

Process evaluation:
Information concerning the delivery and fidelity (implementation) of Co-Manage will be collected using analytics built into the website hosting Co-Manage. We will also invite all participants (workers with long-term conditions/disabilities, managers, employer stakeholders) to take part in online or telephone interview to explore their perceptions of the study including data collection methods and time commitments.

Previous secondary outcomes:
Feasibility-related outcomes:
Study uptake measured by proportion of organisations that are willing to be randomised, and the proportion of participants (workers and managers) that agree to participate against the recruitment target. We will also record any missing data from organisational records, and how many participants complete the data collection at all time-points. We will record information on individual participants who may drop-out of the study and, where possible, reasons for withdrawals.

Research outcome measures:
The following self-reported outcomes will be taken at all time points (baseline, 3, and 6 months) via online surveys:
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8. Disclosure: Disclosure of health/disability status to organisation.
9. Health-related quality of life: EuroQoL-5DL (EQ-5DL).
10. Health resource use: Modular resource-use measure (ModRUM).

We will also collect questionnaire data from manager participants, as well as lead stakeholders (e.g. director of human resources) on their readiness and expectations for the Co-Manage programme.

Process evaluation:
Information concerning the delivery and fidelity (implementation) of Co-Manage will be collected using analytics built into the website hosting Co-Manage. We will also invite all participants (workers with long-term conditions/disabilities, managers, employer stakeholders) to take part in online or telephone interview to explore their perceptions of the study including data collection methods and time commitments.

Completion date
31/10/2027

Eligibility

Key inclusion criteria
1. For employers, organisations from any sector with ≥10 employees with no existing processes or policies that conflict with Co-Manage (e.g., an alternative self-management support programme).
2. Any individual worker aged ≥18 years with any long-term condition or disability requiring ongoing management for ≥12 months. To enable assessment of the primary outcome, participants must have been employed for at least 12 months prior to the start of the intervention.
3. Managers supporting workers with any LTC or disability.
4. All participants must be able access to the internet and be able to understand English sufficiently to provide informed consent, complete online questionnaires, and use Co-Manage.

Participant type(s)
Employee, Other

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
99 years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Organisations with <2% of workers that have taken sick/disability leave (primary outcome) in the past 12 months, making it difficult to demonstrate potential impact of Co-Manage.
2. Worker participants who are <18 years of age, do not have a long-term condition/disability requiring ongoing management for ≥12 months, have been in their current employment for <12 months prior to the start of the intervention, and/or are unable to provide informed consent or participate in study procedures (e.g., due to cognitive or language barriers that cannot be reasonably accommodated).

Date of first enrolment
16/03/2026

Date of final enrolment
31/10/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Loughborough University
Epinal Way
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LE11 3TU

Sponsor information

Organisation
Loughborough University

ROR
https://ror.org/04vg4w365

Funder(s)

Funder type
Not defined

Funder Name
National Institute for Health and Care 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
De-identified individual participant data (IPD) collected during the study will be available to other researchers following completion of the study. Data will be anonymised prior to sharing and will not contain any information that could identify individual participants or participating organisations. The anonymised dataset will be stored in Loughborough University's secure research repository (https://repository.lboro.ac.uk/).

IPD sharing plan summary
Stored in non-publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other files	Informed consent form for managers version 1	26/01/2026	12/03/2026	No	No
Other files	Informed consent form for workers version 1	26/01/2026	12/03/2026	No	No
Participant information sheet	version 3	03/03/2026	12/03/2026	No	Yes
Protocol file	version 1.3	19/02/2026	12/03/2026	No	No