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Strengthening resilience and mental wellbeing through the Support4Resilience toolbox for leaders in elderly care

Submission date
08/11/2024

Recruitment status
No longer recruiting

Registration date
17/01/2025

Overall study status
Ongoing

Last Edited
17/01/2025

Condition category
Mental and Behavioural Disorders

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

Plain English summary of protocol

Background and study aims
European elderly care experiences labor shortages, a lack of qualified workers and a mismatch between capacity and demands, causing stress, burnout, and reduced mental wellbeing among healthcare workers and informal caregivers. Leaders are crucial in promoting supportive working conditions but lack research-based measures to address these challenges. Support4Resilience (S4R) will develop, implement, and evaluate a research-based Toolbox to support healthcare leaders in improving healthcare workers' and informal caregivers' resilience and mental wellbeing in elderly care. S4R will identify resilience and mental wellbeing factors among healthcare workers and informal caregivers; explore their perspectives and needs; develop a new theory on the relationship between individual and organizational resilience, and mental wellbeing; and develop recommendations and cost-effective interventions. The Toolbox with tailormade resources for policy and practical use will be available through an open-access S4R Resource Bank. The S4R Toolbox includes three main tools: 1) Mapping and identification, 2) Reflection and education, and 3) Reorganization. Measures are initiated at the organizational level and effects on mental wellbeing and resilience transpire at the frontline of elderly care. The Toolbox covers different situational contexts, types of healthcare providers and health system levels. Elderly care settings in six European countries and Australia will implement and evaluate the Toolbox through a process evaluation, effectiveness evaluation, and cost-effectiveness evaluation. S4R provides policymakers, decision-makers and leaders with solutions for taking action to solve specific risks for healthcare workers' and informal caregivers' resilience and mental wellbeing. Thus, S4R will support the development of resilient health systems in elderly care through improved leadership capabilities, governance structures, and adaptive capacities.

Who can participate?
Healthcare workers aged between 18 and 75 years old in homecare services

What does the study involve?
Participants in intervention group clusters receive support from their leaders using the Support4Resilience toolbox for leaders in elderly care. Participants in the control group receive support from their leaders as usual ("treatment as usual group").

What are the possible benefits and risks of participating?
The possible benefits of participating include additional support and training for leaders, which may have a positive effect on participants' resilience and mental wellbeing. There is no expected risk or burden of participating on than the time participants spend completing questionnaires.

Where is the study run from?
SHARE Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger, Norway

When is the study starting and how long is it expected to run for?
March 2024 to August 2027

Who is funding the study?
European Health and Digital Executive Agency, European Commission

Who is the main contact?
Prof Siri Wiig, siri.wiig@uis.no

Contact information

Type(s)
Public, Scientific, Principal investigator

Contact name
Prof Siri Wiig

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
Project 101136291

Study information

Scientific Title
Strengthening resilience and mental wellbeing through the Support4Resilience toolbox for leaders in elderly care

Acronym
Support4Resilience

Study objectives
The Support4Resilience Toolbox can support leaders in elderly care to improve mental wellbeing in healthcare workers.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 27/09/2024, The Research Ethics Committee of Turku UAS (FI-20014 Turun yliopisto, Turun yliopisto, FI-20014, Finland; +358 40 3350 526; tutkimusetiikka@turkuamk.fi), ref: 14/2024

The Norwegian Regional Committees for Medical and Health Research Ethics (REK) determined that the project did not need ethics approval in Norway (reference 777006). The project was however assessed by the Norwegian Agency for Shared Services in Education and Research, which concluded that the project complies with the General Data Protection Regulation (GDPR) and the Norwegian Personal Data Act (reference 881988).

Primary study design
Interventional

Study design
Multicenter cluster randomized controlled trial, including 30 clusters each with healthcare workers within homecare services in two countries (Finland and Norway)

Study type(s)
Quality of life, Safety, Efficacy

Health condition(s) or problem(s) studied
Mental wellbeing

Interventions
The intervention used in the treatment arm is a Support4Resilience toolbox for leaders in elderly care. However, it is not possible at this stage to provide a complete description of the intervention, as it will be developed in the first stages of the project using input received from the different end users, including leaders, healthcare professionals and informal caregivers. Participants in the control group will receive support from their leaders as usual ("treatment as usual group").

Intervention Type
Other

Primary outcome(s)
Mental wellbeing measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) at 12 months

Key secondary outcome(s)
The following secondary outcome measures are assessed at 12 months:
1. Resilience at an individual level, measured using the Connor-Davidson Resilience Scale (CD-RISC)
2. Resilience at a systems level, measured using the Resilience Capacity Scale (RCS)
3. Burnout measured using the Copenhagen Burnout Inventory (CPI)
4. Intention to leave their job measured using the Michigan Organizational Assessment Questionnaire (MOAQ)
5. Subjective measure of a person's health measured using the Self-Assessed Health (SAH)

Completion date
31/08/2027

Eligibility

Key inclusion criteria
Healthcare professional working in homecare services

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
75 Years

Sex
All

Key exclusion criteria
Not meeting the participant inclusion criteria

Date of first enrolment
01/01/2026

Date of final enrolment
31/03/2026

Locations

Countries of recruitment
Finland

Norway

Study participating centre
SHARE Centre for Resilience in Healthcare, Faculty of Health Sciences, University of Stavanger
Postboks 8600 Forus
Stavanger
Norway
4036

Study participating centre
NTNU Gjøvik
Postboks 191
Gjøvik
Norway
2802

Study participating centre
Turku University of Applied Sciences
ICT-City, Joukahaisenkatu 3
Turku
Finland
20520

Sponsor information

Organisation
University of Stavanger

ROR
https://ror.org/02qte9q33

Funder(s)

Funder type
Government

Funder Name
European Health and Digital Executive Agency

Alternative Name(s)
Health and Digital Executive Agency, Agencia Ejecutiva Europea en el Ámbito Sanitario y Digital, Europäische Exekutivagentur für Gesundheit und Digitales, Agence exécutive européenne pour la santé et le numérique, Agenzia esecutiva europea per la salute e il digitale, HaDEA

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location

Results and Publications

Individual participant data (IPD) sharing plan
Support4Resilience will use appropriate metadata to assist in finding the relevant data. Data will be stored in a shareable data storage (a link will be provided as soon as established). Existing open-access repositories will be used, and appropriate digital object identifiers (DOI) will be provided, e.g., EU Open Data Portal Zenodo, figshare for data, arXiv for research publications. A dedicated glossary will be created to label datasets.

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes