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Goldilocks Work in home health care organized in self-governing teams

Submission date
19/02/2026

Recruitment status
Recruiting

Registration date
20/02/2026

Overall study status
Ongoing

Last Edited
20/02/2026

Condition category
Other

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

Plain English summary of protocol

Background and study aims
This study looks at whether a new approach called the Goldilocks Work intervention can be used successfully in home health care teams that organise themselves. The goal is to help workers achieve a “just right” balance of physical, mental, and social tasks in their daily work. By making work tasks more balanced, the study aims to improve workers’ overall health and wellbeing.

Who can participate?
Teams can take part if they work as selfgoverning home health care teams and have at least two subgroups. All employees in those teams who work day shifts can participate. People who only work night shifts are not included. Participants must be aged between 18 and 70.

What does the study involve?
Teams in the intervention group will start by completing a questionnaire. They will then take part in two workshops. In the first workshop, they learn about the Goldilocks Work principle and the dialogue tool that helps teams talk about how their tasks are shared. In the second workshop, smaller subgroups create action plans for how they will use the tool in their daily work.
Over the next eight weeks, teams use the tool as planned to adjust how tasks are distributed. After this period, participants complete a followup questionnaire, and some will take part in interviews about their experience.
Teams in the control group will complete the questionnaires at the beginning and end of the study but will not take part in the workshops or use the tool.

What are the possible benefits and risks of participating?
A possible benefit is that workers may experience improvements in their physical, mental, and social wellbeing by creating a better balance of work tasks. The intervention may also help teams improve communication about workload and working conditions.
There are no significant risks expected from taking part, as the intervention focuses on discussions and small changes to daily work routines. Some workers might find it challenging to adjust to new ways of organising tasks, but support is provided during the workshops.

Where is the study run from?
The study is run in Denmark and led from the National Research Centre for the Working Environment in Copenhagen.

When is the study starting and how long is it expected to run for?
The first participants are expected to join the study on 24 February 2026. The study is planned to finish by 1 December 2026.

Who is funding the study?
The study is funded by the Danish Government through a grant to the FORSOSU programme and by the Independent Research Fund Denmark (Danmarks Frie Forskningsfond)

Who is the main contact?
The main contact for the study is Miss Kathrine Schmidt at the National Research Centre for the Working Environment in Copenhagen. Email: <kgs@nfa.dk>

Contact information

Type(s)
Principal investigator, Public, Scientific

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Study information

Scientific Title
Implementing the Goldilocks Work principle among home health care workers organized in self-governing teams: A feasibility study

Study objectives
Assess the feasibility of the newly developed Goldilocks Work intervention among home health care workers organized in self-governing teams.

Ethics approval required
Ethics approval not required

Ethics approval(s)

Primary study design
Interventional

Allocation
Non-randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Prevention

Study type(s)

Health condition(s) or problem(s) studied
Work-related physical and psychosocial health challenges among home health care (HHC) workers.

Interventions
The intervention is delivered at the team level (teams are divided into subgroups, each comprising approximately 12 workers) and aims to strengthen workers' physical, mental, and social well-being by supporting a "just right" distribution of physical, mental, and social aspects of work tasks, using a newly developed dialogue tool (the Goldilocks Work dialogue tool).

The purpose of the Goldilocks Work dialogue tool is to facilitate dialogue on HHC workers' distribution and performance of physical work tasks (i.e. sedentary tasks, physically active tasks, and shifts between sedentary and physically active tasks), mental work tasks (i.e. mentally demanding tasks, mentally less demanding tasks, and shifts between mentally demanding and mentally less demanding tasks), and social work tasks (i.e. tasks performed alone, tasks performed together with colleagues, and shifts between working alone and together with colleagues). Based on this dialogue, the teams identify opportunities to redistribute or perform work tasks differently to move towards a more "just right" balance of the physical, mental, and social aspects of work tasks, in order to promote HHC workers' health.

The intervention is initiated with a baseline questionnaire, followed by two workshops (Workshop 1 and Workshop 2). In Workshop 1, workers are introduced to the Goldilocks Work principle and the Goldilocks Work dialogue tool. In Workshop 2, workers, in their subgroups, collaboratively develop action plans specifying when and how the Goldilocks Work dialogue tool will be integrated into their daily work practices. During the subsequent eight-week period, the intervention teams integrate the Goldilocks Work dialogue tool into their daily work practices in accordance with the action plans developed in Workshop 2. The intervention concludes with a follow-up questionnaire and qualitative interviews with selected workers.

Intervention Type
Behavioural

Primary outcome(s)
1. Acceptability of the intervention measured using Theoretical Framework of Acceptability (TFA) questionnaire and semi-structured focus group interviews at 8-week follow-up. With results evaluated against predefined progression criteria

2. HHC worker participation rate measured using proportion of enrolled HHC workers attending Workshop 1 and Workshop 2 at during the intervention period. With results evaluated against predefined progression criteria

3. Teams participating measured using number of eligible teams agreeing to participate at baseline (prior to intervention start). With results evaluated against predefined progression criteria

Key secondary outcome(s)
1. Physical, mental and social well-being measured using questionnaires at baseline and 8-week follow-up

2. Health outcomes measured using questionnaire at baseline and 8-week follow-up

3. Work related factors measured using questionnaire at baseline and 8-week follow-up

Completion date
01/12/2026

Eligibility

Key inclusion criteria
Team level:
1. Self-reported to be organized as self-governing teams
2. Teams comprising at least two subgroups

Individual level:
All employees within eligible teams working day shifts

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
18 Years

Upper age limit
70 Years

Sex

All

Total final enrolment
0

Key exclusion criteria
Workers exclusively working night shifts.

Date of first enrolment
24/02/2026

Date of final enrolment
01/12/2026

Locations

Countries of recruitment
Denmark

Sponsor information

Organisation
National Research Centre for the Working Environment

ROR
https://ror.org/03f61zm76

Funder(s)

Funder type

Funder Name
The Danish Government through a grant to the FOR-SOSU program (SATS 2004)

Funder Name
Danmarks Frie Forskningsfond

Alternative Name(s)
Danish Council for Independent Research, Independent Research Fund Denmark, Det Frie Forskningsrad, DK Frie Forsk.fond, DFF

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Denmark

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available