

Understanding and using self-generated validity to promote behaviour change: increasing uptake of the seasonal flu jab for the over 65s

Submission date 17/08/2011	Recruitment status No longer recruiting	☒ Prospectively registered
Registration date 17/08/2011	Overall study status Completed	☐ Protocol
Last Edited 21/03/2017	Condition category Infections and Infestations	☐ Statistical analysis plan
		☐ Results
		☐ Individual participant data
		☐ Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

Protocol serial number

10736

Study information

Scientific Title

Understanding and using self-generated validity to promote behaviour change: a randomised trial on increasing uptake of the seasonal flu jab for the over 65s

Study objectives

To further our understanding of a phenomena called Self-Generated Validity (SGV) or the Mere Measurement Effect, and use it to promote attendance for the flu jab amongst the over 65s. The SGV refers to the fact that when people are asked to report their intentions to perform a behaviour, they are subsequently more likely to perform the actual behaviour than if they didn't report their intentions. This study investigates the optimum conditions needed to produce the strongest effect. These can then be incorporated into future campaigns.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Bradford REC, 27/07/2011, ref: 11/YH/0229

Study design

Randomised; Interventional; Design type: Prevention

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Topic: Primary Care Research Network for England; Subtopic: Not Assigned; Disease: All Diseases

Interventions

The interventions relate to patients being assigned to one of eight conditions and receiving one set of the following:

Group 1: standard invite materials only (control 1)

Group 2: short questionnaire to tap demographics (age, ethnicity, social class) (control 2)

Group 3: intention and attitude items (experimental 1) plus demographics

Group 4: as Group 3 but with post-it (intervention to increase return rate) (experimental 2) plus demographics. Post-it refers to the sticky notes which will be attached to some of the questionnaires to see if there is a difference in return rates between those questionnaires which have them and those which do not.

Group 5: regret, intention and attitude items (experimental 3) plus demographics

Group 6: regret, intention and attitude items with post-it (experimental 4) plus demographics

Group 7: beneficence, intention and attitude items (experimental 5) plus demographics

Group 8: beneficence, intention and attitude items with post-it (experimental 6) plus demographics

It is predicted that there will a 'dose response' effectiveness of SGV as detailed below:-

1. Conditions 3-8 will be more effective than conditions 1-2
2. Condition 5 will more effective than condition 3 (adding anticipated regret)
3. Condition 6 will more effective than condition 5 (use of post-it will promote return rate and therefore the engagement with the questionnaire necessary for the optimum effect)

4. Condition 4 will be more effective than condition 3 (as above)
5. Condition 8 will be more effective than condition 7 (as above)
6. Condition 7 will be more effective than condition 3 (adding beneficence)
7. SGV effect will not vary depending on socio-economic status

The research hopes to identify the best way to maximise uptake of the flu jab using SGV.

Intervention Type

Other

Phase

Phase I

Primary outcome(s)

Uptake of flu jab for over 65s; timepoint(s): between September 2010 and March 2011

Key secondary outcome(s)

Duration from invite to uptake in days. Differences in attendance rates by condition, social class and their interaction will also be analysed, as well as the impacts on time delay to uptake. Given that SGV effects may only operate in those completing questionnaires, secondary analysis will examine differences in condition among those who returned completed questionnaires. Analysis will also examine the impact of questionnaire responses on attendance rates within conditions (e.g., is attendance higher among those with stronger intentions to attend).

Completion date

30/03/2012

Eligibility**Key inclusion criteria**

All patients over 65 registered with participating general practitioners (GPs) who are being sent their annual flu jab invite

Target Gender: Male & Female; Lower Age Limit 65 no age limit or unit specified

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

12/09/2011

Date of final enrolment

30/03/2012

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Leeds

Leeds

United Kingdom

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Sponsor information

Organisation

University of Leeds (UK)

ROR

<https://ror.org/024mrxd33>

Funder(s)

Funder type

Research council

Funder Name

Economic and Social Research Council (ESRC) (UK) Grant Codes: RES 062 23 2220

Alternative Name(s)

Social Science Research Council, ESRC, SSRC, UKRI ESRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary