

SWAT 51: Promoting group identity to improve questionnaire return rate

Objective of this SWAT

To assess whether the effects of an intervention based on self-categorisation theory to actively promote group identity in trial participants will improve rates of return of 6-month follow-up questionnaires.

Study area: Follow-up, Retention

Sample type: Participants, Patients

Estimated funding level needed: Low

Background

Retaining patients in clinical trials in order to obtain follow up after their treatment has finished is a significant challenge [1] and one that has been relatively under-examined in methodology research [2]. High levels of attrition can introduce bias and reduce the generalisability of a trial's results. According to self-categorisation theory [3], if a person identifies as a member of a particular group they are more likely to cooperate and pursue the joint interests of the group. By applying this theoretical framework to clinical trials, it may be possible to influence participant retention.

The aim of the SWAT will be to actively promote group identity for randomly selected participants using theory-informed study materials consisting of an adapted trial logo, thank you cards, promotional items and letters. We will also prospectively record the resource use associated with delivering the SWAT (e.g. additional study materials, promotional items, and trial team time input). The SWAT will be embedded in a randomised trials of treatments for patients in ICU (MARCH).

We have worked closely with our Patient and Family Advisory Group to discuss the nature and content of the materials for the SWAT, with particular emphasis on how to increase the salience of the host trial as a "group" and how to encourage participants to feel part of this group.

Interventions and comparators

The participants will be randomised to one of three arms (see Table) comprising two SWAT group identity intervention arms (S1 and S2) and one control arm (S3). S1 and S2 will receive the same correspondence but S2 will also receive a promotional item (e.g. reusable coffee cup or water bottle). Patients allocated to the SWAT control arm will receive the standard trial follow-up correspondence.

SWAT arms and schedule of events

Time point	SWAT group identity intervention arm 1 (S1)	SWAT group identity intervention arm 2 (S2)	SWAT control arm (S3)
2 weeks after discharge	Thank you card (theory-informed wording and logo)	Thank you card and promotional item (theory-informed wording and logo)	Nothing
60 days after randomisation	Letter and questionnaire (theory-informed wording and logo)	Letter and questionnaire (theory-informed wording and logo)	Letter and questionnaire (standard wording and logo)
6 months after randomisation	Letter and questionnaires (theory-informed wording and logo)	Letter and questionnaires (theory-informed wording and logo)	Letter and questionnaires (standard wording and logo)

Index Type: Participant Information

Method for allocating to intervention or comparator

Participants will be randomised (1:1:1) to S1, S2 or S3. The randomisation process will be separate from the randomisation for the host trial.

Outcome measures

Primary: Return rates for the 6-month questionnaires.

Secondary: Group identification scores (measured using the Single-item social identification instrument (SISI) [4] and another study specific question asking about group membership); cost per additional questionnaire returned; and total costs associated with embedding the SWAT in the MARCH host trial.

Analysis plans

Comparison of questionnaire return rates between SWAT groups. We will compare the combination of S1 and S2 versus S3 to assess the impact of increasing the salience of the MARCH trial as a “group” on the return rate. We will also compare S1 versus S2 to assess the additional impact of sending a promotional item on the return rate.

Possible problems in implementing this SWAT

The addition of questions to measure participant group identification may adversely affect the return rate for the questionnaires.

References

1. Brueton VC, Tierney J, Stenning S, et al. Strategies to improve retention in randomised trials. Cochrane Database of Systematic Reviews 2013;(12):MR000032.
2. Daykin A, Clement C, Gamble C, et al. 'Recruitment, recruitment, recruitment' – the need for more focus on retention: a qualitative study of five trials. *Trials* 2018;19(1):76.
3. Turner J. Introducing the problem: individual and group. *Rediscovering the Social Group: A Self-categorization Theory*. Oxford: Blackwell 1987.
4. Postmes T, Haslam SA, Jans L. A single-item measure of social identification: reliability, validity, and utility. *British Journal of Social Psychology* 2013;52(4):597-17.

Publications or presentations of this SWAT design

Examples of the implementation of this SWAT

The MARCH Trial (Mucoactives in Acute Respiratory failure: Carbocysteine and Hypertonic saline). National Institute for Health Research Health Technology Assessment Programme; NIHR130454. ISRCTN: TBC.

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