This protocol has regard for the HRA guidance

Work Ability-Productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy

IRAS 318557

The undersigned confirm that the following protocol has been agreed and accepted and that the Chief Investigator agrees to conduct the study in compliance with the approved protocol and will adhere to the principles outlined in the Declaration of Helsinki, the Sponsor's SOPs, and other regulatory requirement.

I agree to ensure that the confidential information contained in this document will not be used for any other purpose other than the evaluation or conduct of the investigation without the prior written consent of the Sponsor.

I also confirm that I will make the findings of the study publicly available through publication or other dissemination tools without any unnecessary delay and that an honest accurate and transparent account of the study will be given; and that any discrepancies from the study as planned in this protocol will be explained.

For and on behalf of the Study Sponsor:

Signature: Date:

22/02/2023

Name (please print): Dr Raluca Matei

Position: Supervisor

Chief Investigator:

Signature: Date:

12/02/2023

Name: (please print): K. Thomas Vedat

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Joint-sponsor(s)/co-sponsor(s)	Dr Caroline Kamau-Mitchell c.kamau@bbk.ac.uk (Address as above)
Funder(s)	Independently funded
Key Protocol Contributors	Krystle Thomas Vedat
Committees	School of Business. Economics and Informatics Ethics BEI-ethics@bbk.ac.uk For information about Birkbeck's data protection policy please visit: http://www.bbk.ac.uk/about-us/policies/privacy#9 School Ethics Officer School of Business, Economics and Informatics Birkbeck, University of London London WC1E 7HX You also have the right to submit a complaint to the Information Commissioner's Office https://ico.org.uk/

STUDY SUMMARY

Study Title	**Work A**bility-Productivity among **C**linical **H**ealth **W**orkers **E**ndometriosis **S**tudy
Internal ref. no. (or short title)	**Work ACHES**
Study Design	Exploratory Qualitative Multicentre
Study Participants	Clinical Health Workers (nurses, nurse associates, health care assistants, doctors, physician associates, midwives, midwifery assistants) working in a clinical setting, with a diagnosis of endometriosis and experiencing regular endometriosis pain.
Planned Size of Sample (if applicable)	20
Follow up duration (if applicable)	N/A
Planned Study Period	September 2023-May 2024
Research Question (s)	1. How does endometriosis pain impact Clinical Health Workers' (CHW) work ability-productivity (WAP)? 2. How do CHWs manage endometriosis pain at work? 3. What could help CHWs with endometriosis pain, increase WAP?

FUNDER(S) & SPONSOR (S) (Names and contact details of ALL organisations providing funding and/or support in kind for this study)	**FINANCIAL/NON-FINANCIAL SUPPORT GIVEN & ROLES**
Krystle Thomas Vedat Kthoma12@student.bbk.ac.uk	Chief investigator on Self-funded doctoral study. Responsible for the study design, conduct, data analysis, interpretation, manuscript writing and dissemination of results. All aspects and final decisions of the study are the responsibility of the CI.
Dr Raluca Matei, r.matei@bbk.ac.uk Department of Organizational Psychology Birkbeck, University of London Clore Management Building Malet Street Bloomsbury London WC1E 7HX	Sponsor proving non-financial support as a doctoral supervisor. Dr Matei is limited to a supervisory and review position only and is not responsible for any aspect of the study.
Dr Caroline Kamau-Mitchell c.kamau@bbk.ac.uk (Address as above)	Sponsor providing non-financial support as a 2nd doctoral supervisor. Dr Kamau-Mitchell is the director of the Professional Doctorate in Occupational Health, Psychology, and Management. Dr Kamau-Mitchell is not responsible for any aspect of the study beyond supervision.

ROLES AND RESPONSIBILITIES OF STUDY MANAGEMENT COMMITEES/GROUPS & INDIVIDUALS

The study has been reviewed by department's ethics committee.

School of Business. Economics and Informatics Ethics
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For information about Birkbeck's data protection policy please visit: http://www.bbk.ac.uk/about-us/policies/privacy#9
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PROTOCOL CONTRIBUTORS

There are no other contributors who hold responsibility for any aspect of the study design, conduct, date analysis and interpretation, manuscript writing and dissemination of results. The sponsor does not control the final decision regarding any aspect of the study. Due to time constraints of the Professional Doctorate, no aspects of the protocol design have involved members of the public or clinical health workers.

KEYWORDS

Endometriosis, Pain, Work Ability, Work Productivity, Clinical Health Workers.

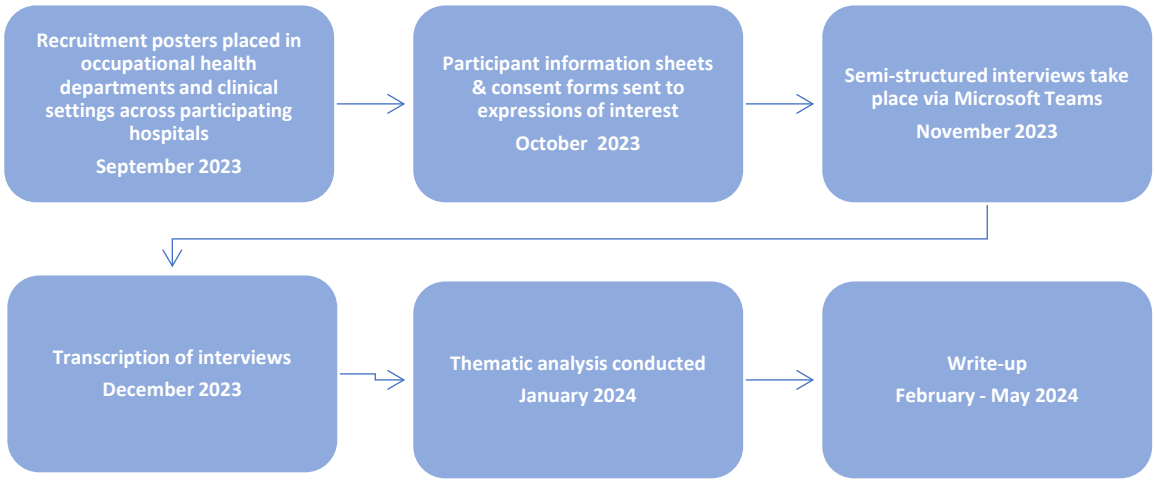

Figure 1 Work ACHES Study

Work Ability-Productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy (**Work ACHES**)**:** Protocol

IRAS 318557

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ABSTRACT

Introduction Endometriosis has a significant impact on women at work physically, psychologically, and socially. Notably, pain is the most common reported concern, and considerably reduces work ability and productivity. However, previous research has principally focused on general workers, discounting the varied nature of work roles. Health workers appear to have an increased occupational risk of developing the condition, when compared with other shift workers and the general working population. Taking these findings into account, the prospective WORK ACHES study explores the relationship between clinical health workers' regular endometriosis pain, and their perceptions of work ability-productivity during such events.

Methods and Analysis This qualitative study will invite employees with a diagnosis of endometriosis and working in clinical settings, to participate in the study. Recruitment will be carried out through study posters displayed in staff areas and occupational health departments, LinkedIn, and snowballing methods. Semi-structured interviews will take place via Microsoft Teams to discuss participants' experiences of endometriosis pain at work and their work ability-productivity while symptomatic. Thematic analysis will be performed to interpret the data.

Ethics and Dissemination The study has sought ethical approval from Birkbeck University of London's ethics Committee, the Integrated Research Application System, and the Health Research Authority. Following the completion of the study, a summary of findings will be shared with participants and agreed hospitals. The full study report will also be disseminated to all parties involved and accessed through the University of London's library thesis collection and published in relevant specialty journals.

Keywords

Endometriosis
Pain
Clinical Workers
Nurses
Midwives
Doctors
Work Ability
Work Productivity

INTRODUCTION

Endometriosis is an inflammatory chronic disorder characterised by the growth of endometrial style tissue, glands, and stroma, located beyond the uterus (Ballard, Seaman, de Vries & Wright, 2008). Typically, adhesions can develop between reproductive organs, such as on one or both ovaries, urinary tract, and bowel (Pugsley & Ballard, 2007). In rare cases, the disease can advance to areas of the body beyond the pelvic region. Patients have presented with thoracic spinal endometriosis lesions (Nezhat et al, 2019), lungs, occipital cavities, and cerebellum (Thibodeau et al, 1987). Women with endometriosis often present with hallmark symptoms such as, pelvic pain in or around their period, menorrhagia, dysuria, fatigue, dysmenorrhea, dyspareunia, and infertility (Young et al, 2017).

To date, there is no consensus surrounding the aetiology of endometriosis. However, the most widely accepted view is that it is caused by retrograde menstruation whereby menstrual fluids travel in the wrong direction up into the fallopian tubes and out through the peritoneum (Child and Tan, 2001). However, more recent research discovered the disease in a 25-week-old foetus which suggests there may be other reasons for the disease development. There is some evidence for genetic predisposition to developing the disease, having a lower body mass index (Darrow et al, 1993), early menarche (Missmer et al, 2004) and shorter number of menstrual flow days (Matalliotakis et al, 2008). An estimated one in ten women suffer from endometriosis (Wullschleger et al., 2015). Notably, studies have also shown that this figure may be underestimated, due to surgical diagnostic delays (presently the only definitive method of diagnosis) and a lack of general public and clinician awareness of the condition (Parasar et al, 2017; Greene et al., 2009).

The condition significantly impacts upon the social, physical, and emotional wellbeing of those who live with this incurable disease (De Graff et al., 2013). Sperschneider et al (2018) found that chronic pain appeared to be the overarching variable associated with higher rates of distress at work. The researchers also reported that certain endometriosis lesions, such as those located on the sacrouterine ligaments was positively related to work disruption. In contrast, lesions found surgically within the vaginal fornix do not have the same influence. Altogether, women with a DxE requested 7 days more sick leave. A further 75.5% asserted that they had continued to work despite experiencing significant pain, and 89.9% of respondents said that work productivity had been greatly reduced by endometriosis within the last year. Fourquet et al (2011) examined work ability and work productivity (WAP) and found that women with a DxE reported 64% productivity losses compared with 13% absenteeism. 41% of women explained: they experienced mobility issues (could not walk); 63.5% could not accomplish work tasks; 66.2% were limited to certain activities; and 62.7% said emotions interfered with work demands. This demonstrates that more women are working whist sick, as opposed to taking sick leave. Still, Hansen et al (2013) found differing results, mentioning that work ability was lower due to high absenteeism levels.

Moradi et al (2014) explored women's' experiences of living with the condition and noted age-related impact challenges. They reported that participants aged 16-24 years experienced educational disruption, whereas participants aged 25-34 years felt that their life opportunities and employment were impeded, and those aged 35 years and over suffered financially. These results clearly demonstrate the plight of working aged with women with DxE. Young et al (2017) attempted to understand the effect of this menstrual disorder on women's lives with their own systematic review, the researchers' reflections on work impact were that sufferers were, *"...severely affected endometriosis, with some women taking numerous sick days and others being unable to fulfil their job requirements."* (Young et al, 2017, p. 229). The researchers also emphasised how fatigue, acute pain, and treatment side effects compromised sufferers' ability to work.

Moradi et al (2014) facilitated focus group discussions of women aged between 17 and 53 years. A participant explained, "*I left my part-time job because I was not able to work due to severe symptoms and undergoing two surgeries…having two surgeries within a year its kind of hard to find a job if you think that that's going to be ongoing, not many people are going to employ you to have time off*". (P22, Moradi et al, 2014, p.9). A further participant showed that work ability measures should not be limited to women actively in work, as she indicated that endometriosis also caused long-term absenteeism andloss of income. Soliman et al (2017) concluded similar results, reporting that presenteeism caused a loss of 5.3 hours per week. Moreover, when symptoms were severe, productivity losses equated to 15.8 hours per week. Interestingly, younger women in their sample (aged between 18-29 years) reporter higher productivity losses when compared to older women in the sample. Nnoaham et al (2011) results showed high presenteeism results and 10.8 hours of productivity losses per week cross-culturally. While the aforementioned studies illustrate the large impact endometriosis has on work ability-productivity across general workers, they do not look at particular

sectors or job types with varying work demands. That is, a secretary may have different tasks compared to a cleaner, or a nurse to a teacher etc, as such the impact of endometriosis could be experienced differently.

Rationale

A limited yet growing body of evidence suggests that certain occupations are associated with a higher incidence of endometriosis. The research suggests that there is a relationship between shift workers and a diagnosis of endometriosis (DxE). Marino et al (2009) studied the lifetime occupational history of women DxE and healthy women. The researchers found that nurses were more likely to develop endometriosis. This was closely followed by other general hospital workers, as well as flight attendants. While the sample was small, it still demonstrated a difference between shift-oriented roles, moreover the heightened risk in nurses. A larger population-based cohort study evaluated whether nurses were at an increased risk of developing endometriosis, ovarian and breast cancers. The 3 cohorts consisted of 143,096 women without a diagnosis of any cancer or endometriosis, 11.973 general hospital personnel, and 23,801 nurses. Although they found no significant relationship between breast cancer, they did report a slightly increased risk of ovarian cancer following DxE in nurses with endometriosis. Particularly nurses were at higher risk of developing endometriosis compared with other cohorts (nurses 4.23 per 100, n=966, other hospital staff 3.74 per 100, n=427, and the control cohort 3.06 per 100, n=4193). These findings were echoed by Lawson et al (2011) research on a sample of 894,000 women. Their 16-year follow-up revealed that nurses who worked nights for five years had a higher rate DxE. In a recent systematic review, researchers exploring the environmental and occupational exposure as risk factors for DxE, asserted, “Risk of night work, in the case of long service seems to play an etiological role” they proceeded to explain that melatonin was inversely associated with oestrogen levels (Caporassi et al, 2021).

The research above provides an insight as to why shift workers, moreover nurses are at an increased risk of developing endometriosis. The debilitating nature of endometriosis symptoms and the impact on WAP forms the foundation of the proposed doctoral research study. While there are no qualitative studies to date which examine nurses with endometriosis pain and WAP, some discuss other ailments. Rainbow, Dudding & Bethel (2022) explored how nurses’ pain impacted work performance. The pain discussed related to emotional, psychological, and musculoskeletal pain. Nine categories were identified: Their dream work environment; stigma and its impact on management; ‘supernurse’ culture; career consequences; pain recovering at home; tools at work; hiding pains impact; avoiding pain a work; and pain provocation. The researchers concluded that nurses’ pain altered work performance and careers. While the nurses discussed limiting their symptoms effect on patient care, they did assert that pain altered ‘teamwork and thinking’ which may have been associated with poor patient outcomes. They proceeded with the notion that there was a wider acceptance of working with pain among the nursing community and occupational tools to prevent injury/pain were not utilised. The findings of this study demonstrate the clinical relevance of pain, and personal and professional consequences for health workers. It also highlights the pain management styles adopted by health personnel. In a recent 2022 study, researchers found that Covid-19 remote and flexible working modes increase work productivity for women with endometriosis. These positive outcomes were attributed to improved ability to self-manage working patterns and rest breaks. That said, clinical health workers are less likely to deliver care remotely. Therefore, the proposed research would explore endometriosis pain management and WAP specific to women who have the highest occupational risk and who continue to care for others.

Aims and Research Questions

The aim of Work ACHES is to explore the impact of endometriosis pain on WAP in Clinical Health Workers (CHW) who work in clinical settings. The following research questions will be addressed:

- How does endometriosis pain impact CHWs WAP?
- How do CHW manage endometriosis pain at work?
- What could help CHW with endometriosis pain, increase WAP?

Research objectives

- To assess the relationship between endometriosis associated pain and WAP among participants through interviews.
- To determine the nature of managing pain whilst working in clinical settings.
- To explore which factors could support WAP in this population of interest.

METHODS

Work ACHES is an exploratory qualitative study. A London based hospital Trust providing clinical care, will be approached to participate as a recruitment site. A4 Posters inviting all CHW to the study will be laminated to allow for disinfection and maintain infection control (see Appendix A). Such posters will be displayed within staff rooms, staff kitchens, staff toilets, and in Occupational Health department waiting areas. Posters may be more visible to CHW with DxE in such locations.

Semi-structured interviews (see Appendix B) will be conducted via Microsoft Teams by the chief investigator, at an agreed suitable time for the participant. Offering a remote method enables greater geographic flexibility, it saves time for participants who may work shifts, eliminates concerns of confidentiality if the chief investigator were to perform the interviews in a public area or the participant's workplace, and it also affords continuity of the study should an outbreak occur on a ward. Interviews have been selected to yield rich data through in-depth discussions concerning their lived experiences of working with endometriosis pain. The interviews will be recorded by the chief investigator, as outlined in the participant information sheet (see Appendix C) and agreed during the consenting process. All recordings will be stored securely in a password protected file, within a password protected laptop. Any data will only be accessible to the chief investigator and doctoral supervisor.

Following the semi-structured interviews, the participants will be emailed a debrief sheet (see Appendix D) which will thank them for their participation, reiterate the purpose of the study, research questions, confidentiality assurance, and contact details to report concerns or seek emotional support. All recordings will be transcribed using NVivo software. Thereafter, thematic analysis will be conducted to summarise key features of the in-depth discussions in a rigorous systematic way. This interpretive method has been selected due to its flexibility. King (2004) asserted that thematic analysis is effective for examining the viewpoints of different respondents, emphasising similarities and variations, as well as generating unforeseen perceptions. The chief investigator alone will be

responsible for every phase of thematic analysis. That is, familiarisation of the data, code generation, noting themes, review of themes, defining themes, and lastly reporting findings. Nevertheless, to maintain objectivity and avoid bias, the chief investigator's doctoral supervisor will also review the findings prior to final write-up.

Inclusion criteria

- Women aged between 18-65 years.
- Employed working within a clinical setting health role.
- English speaking (as I cannot facilitate a translator).
- Currently working full or part time hours.
- Diagnosis of endometriosis (as reported by participant, as medical records will not be accessed for the purpose of this study).
- Experiences regular endometriosis associated pain.

Exclusion

- Painful comorbidities.
- Unemployed women.
- Pregnant women.

Sampling

The sample number for Work ACHES has a target of 20 participants. As a qualitative study, this number is considered sufficient to explore thoughts of CHW with DxE and answer the research questions. Setting a high recruitment target has been avoided due to the proportion of CHW who may suffer with endometriosis pain *and* also want to discuss this sensitive topic. A London hospital Trust Research and Development department will be invited to support the study. Once the target has been reached, recruitment will close. As mentioned, posters will be the used to invite CHW to the study. Posters will be displayed in clinical staff areas and Occupational Health departments, by the chief investigator or the hospital's Research and Development staff (if access is not permitted). Snowballing will also be accepted as colleagues may share information with other members of staff. While this method does not guarantee representativeness, it does increase the probability of access to the susceptible population.

Consent

Once the prospective participant has been screened and deemed eligible to be on the study, they will be sent an information sheet (see Appendix B). This will outline the reasons for the study and what participation will entail, such as a semi- structured recorded video via Microsoft Teams. An opportunity to ask the chief investigator or any questions will follow. The discussion will include a review of the information sheet to ascertain whether they understand the study nature and objectives, as well as any potential risks associated with their participation. During this conversation, the chief investigator will gauge whether the potential participant has capacity. That is, to ensure consent is ethical and legal, the researcher must ensure the participant is able to provide consent for themselves. Nevertheless, given the population of interest, it is not anticipated that a lack of capacity is a likely barrier. The volunteers should

be given no less than 10 minutes to read the participant information sheet and up to 72 hours to decide whether they would like to proceed. During this reflection period, the prospective participant will be given an opportunity to ask study related questions. Upon their agreement, a consent form (see Appendix E) will be sent via email. There are two copies of the consent form, one for participants to keep and another for the study records. The participant should sign, scan, and return the researcher's copy (see Appendix F) to the chief investigators email address. From this point, all participant identifiable information will be anonymised and replaced with a participant number.

ETHICS AND DISSEMINATION

Ethics

The initial research study plan was developed using the British Psychological Society's Code of Human Research Ethics. The full plan was reviewed as part of upgrade to the Professional Doctorate in Occupational Health, Psychology, and Management. The proposal was accepted as a feasible study. The study has been approved by Birkbeck, University of London's research ethics committee. An application will be made via the Integrated Research Application System (IRAS) and Health Research Authority (HRA) for the study protocol, informed consent forms and other relevant documents such as patient information sheet and study poster. Any substantial amendments will be reviewed and not implemented until approved, and all mechanisms are in place to execute at the site. All correspondence with the research ethics committee will be retained and the chief investigator will produce annual reports as required within 30 days of the anniversary date on which the favourable opinion was given. Additionally, the chief investigator will notify the committee at the end of the study. Within one year after the end of the study, the chief investigator will submit a final report inclusive of results, abstracts, publications etc. to the research ethics committee.

Prior to enrolment of any participants into the study, the chief investigator will ensure that all necessary approvals from participating hospital sites are in place and comply with the relevant guidance. The chief investigator will submit proposed changes to the university, who will decide whether an amendment is non-substantial or substantial. In the event of a substantial amendment to the study, the chief investigator will collaborate with the university and submit information to the research ethic committee and IRAS, then HRA to issue approval for the study change. Thereafter, the chief investigator will communicate changes via email and work with the hospital research and development departments to action amendments within study activities. As no data collection will take place at the hospitals, we do not anticipate such updates. Nevertheless, participants may express a preference for interviews, or posters may be deemed more suitable in alternative locations etc. A record of protocol updates and versions will be documented by the chief investigator and shared with participating organisations. All significant deviations should be reported to the chief investigator. A record will be maintained. However, if breaches occur repeatedly, this may be classified as a serious breach.

In accordance with ethical guidelines, the chief investigator and university sponsor will remain compliant with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR). All identifiable information will be stored securely to uphold the confidentiality and dignity of participants. No details of places of work or positions will be included in published findings, to further maintain their anonymity. All names will be replaced with participant numbers. Raw data will only be accessible to the chief investigator (data custodian) and stored within a password protected file, within a secure password protected laptop. Data will be stored up to 3 years following thematic analysis. While we do not anticipate any physical risk in taking part in the study, due to the sensitive nature of endometriosis, details of support organisations have been included in the patient information sheet for emotional support. Should any safeguarding issues arise, appropriate signposting to expert

professionals will be advised. Thereafter, the issue will be escalated to the chief investigator's doctoral supervisor for further guidance. As mentioned, all interviews will be held via Microsoft Teams, whereby participants will have the option to have the camera switched on or off for comfort when discussing their experiences. While every effort will be made to maintain participant's wellbeing throughout the course of the study, indemnity to meet potential legal liability for harm to participants arising from the management or design of the study, will be the responsibility of the Birkbeck, University of London. Details of persons to contact in the event of a concern/complaint can be found on the participant information sheet.

Dissemination

The chief investigator will retain ownership of all data arising from the study. Upon completion of all interviews, the data will be analysed and tabulated. The chief investigator and doctoral supervisors will review drafts, abstracts, and any publications collaboratively for quality assurance. Subsequently, a final study report will be prepared. Thereafter, this will be disseminated to participating hospitals, participants and accessible via Birkbeck's library doctoral thesis collection, as well as potential publication within occupational health, women's health, and medical journals. A simplified summary of findings will also be shared to notify participants and participating organisations of the study outcomes.

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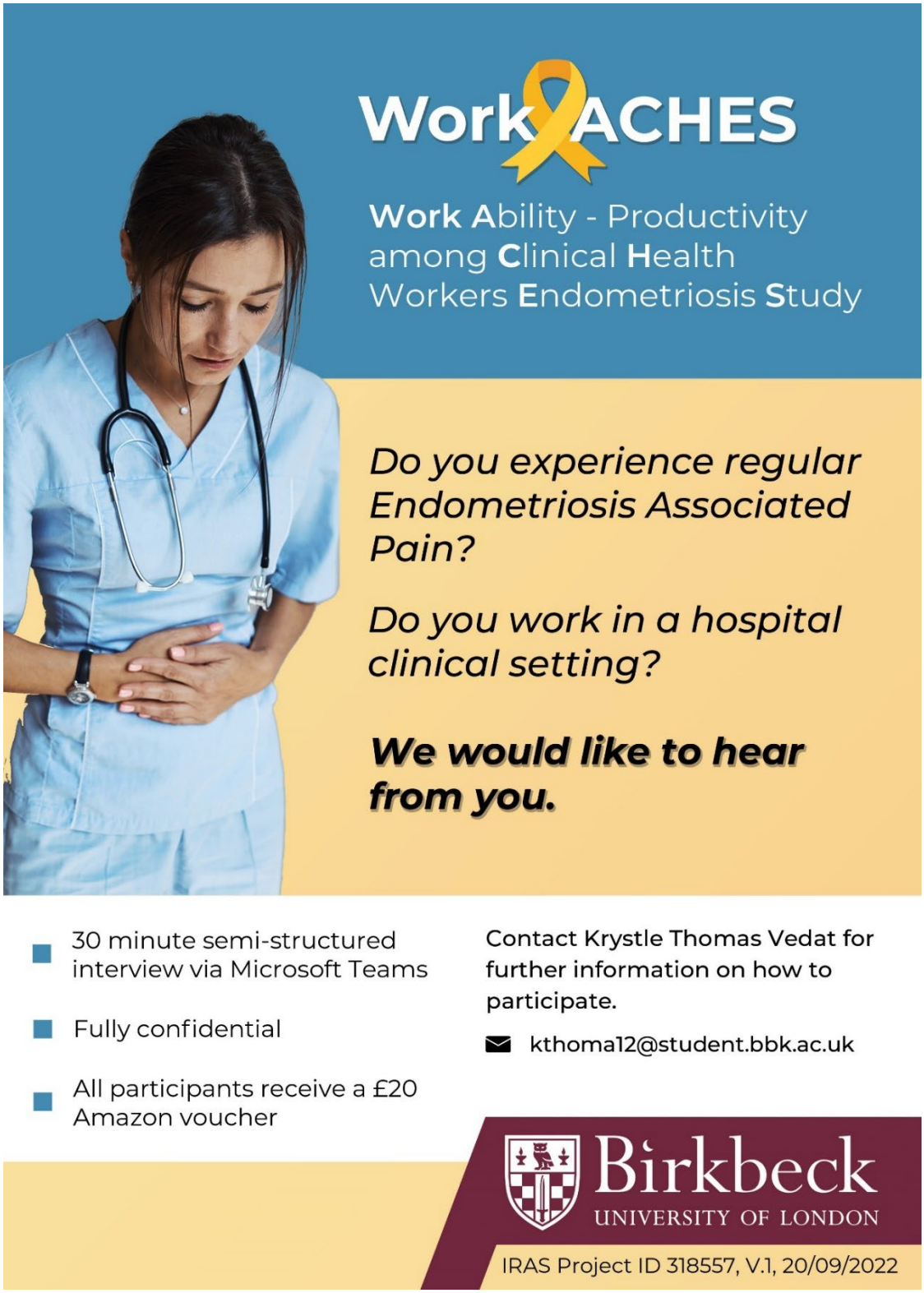
Appendix A

STUDY POSTER



Appendix B

SEMI-STRUCTURED INTERVIEW QUESTIONS

Work Ability-productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy

1. Tell me a bit about your experience of living with endometriosis generally.
2. Could you describe your usual day at work and duties?
3. During a working day, how does endometriosis pain impact you?
4. How would you describe your current work ability-productivity with endometriosis?
5. Do you ever take time off due to endometriosis pain? If yes, how do you feel about that?
6. Do you ever go to work with endometriosis pain? Describe how you are affected by this pain personally and in terms of fulfilling your role at work?
7. Tell me how you manage endometriosis pain while working?
8. Would you like to manage pain differently at work? If so, how?
9. If you did not have endometriosis pain, what would your work ability- productivity look like?
10. Do you receive any support with endometriosis pain at work?
11. What would improve your work ability-productivity during endometriosis pain?
12. If you were the director of your organisation, how would you support employees experiencing endometriosis pain, to increase their work ability-productivity?
13. Is there anything else you would like to share which could help me understand more about working with endometriosis pain?

Appendix C

INFORMATION SHEET FOR PARTICIPANTS

Work Ability-productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy

I would like to invite you to participate in this research project, which is part of my Professional Doctorate in Occupational Health, Psychology, and Management, at Birkbeck, University of London. This project has received ethical approval. To make an informed decision on whether you want to take part in this study, please take a few minutes to read this information sheet.

Who is conducting this research?

The research is conducted by Krystle Thomas Vedat, an Occupational Health, Psychology, and Management DOHPM student, under the guidance of supervisors Dr Raluca Matei and Dr Caroline Kamau-Mitchell, both from Birkbeck, University of London.

What is the purpose of the study?

The aim of the study is to explore the impact of endometriosis pain on work ability-productivity in clinical health workers.

Why have I been invited to take part?

I am inviting clinical health workers (nurses, midwives, doctors, healthcare assistants, associates etc.) with a diagnosis of endometriosis, who experience endometriosis pain and who are currently employed to take part in this study.

What are the procedures of taking part?

If you decide to take part, you will be invited to attend an interview over Microsoft Teams with myself for approximately 30 minutes. We will discuss your experiences of working in a clinical setting with endometriosis pain, what impact that has on your work ability-productivity, and possible ways work ability-productivity could be improved. The interview will be recorded, but all data will be stored in a password protected device. Thereafter, you will receive a £20 Amazon voucher for your time and effort. You and all participating organizations will also receive a summary of findings after study completion.

What are my participation rights?

Participation in this research guarantees the right to withdraw, to ask questions about how your data will be handled and about the study itself, the right to confidentially and anonymity (unless otherwise agreed), the right to refuse to answer questions, to have tape recorders turned-off and to be given access to a summary of the findings.

What if I want to withdraw my information?

If you wish to withdraw responses or any personal data gathered during the study, you may do this without any consequences. You can ask for your data to be removed up until the point of analysis, 1st January 2024. If you would like to withdraw your data, please contact the researcher or doctoral supervisor Dr Matei (details below).

What will happen to my responses to the study?

Data collected in this study will be analysed and used for the research student dissertation. Data may also be used for academic publications and no identifiable information would be released.

Will my responses and information be kept confidential?

All information will be treated with the strictest confidence throughout the study. All information will be kept in secure folders on a password protected computer. Access to such information will only be allowed to the researcher and researcher supervisor. During the marking process, external examiners of my project may also have access.

What are the possible risks to taking part?

The risks associated with taking part may be related to discomfort discussing a sensitive subject. There are no other expected risks involved in taking part in this research. However, if you need to speak to someone, you can contact, Samaritans 116 123 jo@samaritans.org, Mind UK 0300 123 3393 info@mind.org.uk, or Endometriosis UK 0800 808 2227.

Any further questions?

If you have any questions or require more information about this study before or during your participation, please contact either:

Krystle Thomas Vedat
kthoma12@student.bbk.ac.uk

Dr Raluca Matei
r.matei@bbk.ac.uk

Department of Organizational Psychology,
Birkbeck, University of London,
Clore Management Building,
Malet Street, Bloomsbury,
London.
WC1E 7HX

For information about Birkbeck's data protection policy please visit: http://www.bbk.ac.uk/about-us/policies/privacy#9
If you have concerns about this study, please contact the School's Ethics Officer at: BEI-ethics@bbk.ac.uk.

School Ethics Officer
School of Business, Economics and Informatics
Birkbeck, University of London
London WC1E 7HX

You also have the right to submit a complaint to the Information Commissioner's Office https://ico.org.uk/

Appendix D

DEBRIEF FOR PARTICIPANTS

Work Ability-productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy

Thank you very much for taking part in this research project, which is exploring the impact of endometriosis pain on work ability-productivity in clinical health workers as part of my thesis in fulfilment of the Professional Doctorate in Occupational Health, Psychology, and Management at Birkbeck, University of London.

The research questions of my research are, how does endometriosis pain impact Clinical health workers work ability-productivity? How they manage endometriosis pain at work? What could help them with endometriosis pain, or increase work ability-productivity?

The results of this research will provide an important contribution to my dissertation and will be practically useful or theoretically beneficial in that it will help further the knowledge on how clinical health workers work ability-productivity is impacted by endometriosis pain and management of it. Furthermore, it may aid the design of future work-endometriosis interventions and be useful to organisations in relation to supporting staff.

I would like to thank you and affirm that your data will be treated confidentially, and your name/personal details will be anonymised. If you have any further questions about this study, please do not hesitate to keep in touch with me. Following the study completion, I will send you a summary of the results. Your organizations will also receive a summary of the results (after anonymization).

If you have any concerns about the way that this study was conducted, please do not hesitate to contact the research supervisor Dr Raluca Matei r.matei@bbk.ac.uk. You may withdraw your data up until 1st January 2024 without providing a reason by emailing myself or Dr Matei.

Further emotional support can be found at Samaritans 116 123 jo@samaritans.org, Mind UK 0300 123 3393 info@mind.org.uk, or Endometriosis UK 0800 808 2227.

Thank you.

Krystle Thomas Vedat kthoma12@student.bbk.ac.uk

For information about Birkbeck's data protection policy please visit: http://www.bbk.ac.uk/about-us/policies/privacy#9 If you have concerns about this study, please contact the School's Ethics Officer at: BEI-ethics@bbk.ac.uk.

School Ethics Officer
School of Business, Economics and Informatics
Birkbeck, University of London
London WC1E 7HX

You also have the right to submit a complaint to the Information Commissioner's Office https://ico.org.

Appendix E

INFORMED CONSENT FORM

Work ACHES

Work Ability-productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy

PARTICIPANT COPY

Please read the following items and tick the appropriate boxes to indicate whether you agree to take part in this study.

- ☐ I have read the information sheet in full. I understand the purpose of this research is to explore the experiences of clinical health workers endometriosis pain and the impact it has on work ability-productivity.
- ☐ Any questions I had have been answered, and I understand I may ask further questions at any time.
- ☐ I understand what is involved in participating, that it is voluntary, and that I may withdraw without reason by 1st January 2024.
- ☐ I agree/do not agree to the interview being audio recorded by Krystle Thomas Vedat
- ☐ I understand that I have the right to ask for the audio/video recording to be turned off at any time during the interview.
- ☐ I understand the data will be transcribed word-by-word by NVivo.
- ☐ I understand the results may be used for academic publications, such as dissertation, thesis, or journal articles.

Name _____ Email _____

Signed _____ Dated: _____

Appendix F

INFORMED CONSENT FORM

Work ACHES

Work Ability-productivity among **C**linical **H**ealth Workers **E**ndometriosis **S**tudy

RESEARCHER COPY

Please read the following items and tick the appropriate boxes to indicate whether you agree to take part in this study.

- ☐ I have read the information sheet in full. I understand the purpose of this research is to explore the experiences of clinical health workers endometriosis pain and the impact it has on work ability-productivity.
- ☐ Any questions I had have been answered, and I understand I may ask further questions at any time.
- ☐ I understand what is involved in participating, that it is voluntary, and that I may withdraw without reason by 1st January 2024.
- ☐ I agree/do not agree to the interview being audio recorded by Krystle Thomas Vedat
- ☐ I understand that I have the right to ask for the audio/video recording to be turned off at any time during the interview.
- ☐ I understand the data will be transcribed word-by-word by NVivo.
- ☐ I understand the results may be used for academic publications, such as dissertation, thesis, or journal articles.

Name _____ Email _____

Signed _____ Dated: _____