

SWAT 243: Monetary incentives for increasing participant retention rates in the ComEx Pain feasibility trial

Objective of this SWAT

1. To evaluate the effectiveness of an unconditional €25 gift voucher incentive versus no monetary incentive for increasing participant retention at the primary outcome follow-up time-point in the ComEx Pain randomised feasibility trial
2. To evaluate the cost-effectiveness of the monetary incentive strategy.
3. To undertake a process evaluation to explore the ethics, acceptability, and future implementation of the monetary incentive strategy in the full feasibility trial.

Additional SWAT Details

Primary Study Area: Retention

Secondary Study Area: Incentives and engagement

Who does the SWAT intervention target: Participants

Estimated resources needed to conduct the SWAT: Medium

Estimated cost of the SWAT (£): Cost of the vouchers per participant (€25 per participant x 75) and of staff to run the SWAT.

Findings from Implementation of this SWAT

Reference(s) to publications of these findings:

Primary Outcome Findings:

Cost:

Background

Poor participant retention rates can have adverse consequences on the internal validity of randomised trials. There is a lack of evidence on efficient ways to retain participants in trials. One solution is to use a randomised Study Within a Trial (SWAT) design, where a randomised trial is embedded within another trial, to test potential strategies. This method, done within a single host trial or across several trials in a coordinated way, can produce rapid, high-quality evidence.

Monetary incentives consisting of either shopping/gift vouchers or cash are commonly used by trial teams to encourage participants to complete follow-up questionnaires. The Cochrane methodology review of strategies to improve retention in trials found monetary incentives may improve retention compared with no incentive; but the certainty of the evidence was low [1]. Another Cochrane methodology review focused on increasing response rates to postal and electronic questionnaires in all trials and other types of research studies, found that offering unconditional incentives (i.e., giving participants the incentive without requiring them to complete the questionnaire first) is more effective than conditional incentives, which are contingent on participants completing and returning questionnaires [2]. The Cochrane review of retention strategies in trials, the James Lind Alliance retention priority setting exercise [3], and work undertaken by Implement SWATs and the Trial Forge SWAT Network have all highlighted monetary incentives as a priority for evaluation [4].

Assessment of the effectiveness and cost-effectiveness of monetary incentives versus no incentive on retention rates would help trial teams to make evidence-informed decisions about whether to use monetary incentives. We will do this in this SWAT, embedded in the ComEx Pain feasibility trial (NCT06535633) [5].

Host Trial Population: Adults

Host Trial Condition Area: Anaesthesia and Pain Management

Interventions and Comparators

Intervention 1: €25 shopping voucher incentive, given unconditionally (sent by post) before the 8-week follow-up questionnaire.

Intervention 2: No monetary incentive

Method for Allocating to Intervention or Comparator: Randomisation

Outcome Measures

Primary Outcome: Retention rate (proportion of participants enrolled into the trial for whom outcome data are obtained at the 8-week follow-up).

Secondary Outcomes: 1) Cost-effectiveness (cost per participant retained)

2) Time to collection of outcome data (days from scheduled date)

3) Number of reminders sent to participants before completion of follow-up assessment

4) Questionnaire completeness (e.g., primary outcome measure obtained for the host trial)

Analysis Plans

1) Cost-effectiveness (cost per participant retained)

2) Time to collection of outcome data (days from scheduled date)

3) Number of reminders sent to participants before completion of follow-up assessment

4) Questionnaire completeness (e.g., primary outcome measure obtained for the host trial)

Where possible, the effects of the strategies in different patient populations will be explored, including sex, age, ethnicity, level of education, household income, and occupation.

Possible Problems in Implementing This SWAT

Funding will be required to provide the voucher incentive. Also, the need for ethical approval before using the incentives as well as logistical difficulties in administering the shopping voucher incentive may pose challenges.

References Cited in This Outline

1. Gillies K, et al. Strategies to improve retention in randomised trials. *Cochrane Database of Systematic Reviews* 2021;(3):MR000032.

2. Edwards PJ, et al. Methods to increase response to postal and electronic questionnaires. *Cochrane Database of Systematic Reviews* 2023;(11):MR000008.

3. Brunsdon D, et al. What are the most important unanswered research questions in trial retention? A James Lind Alliance Priority Setting Partnership: the PRioRiTty II (Prioritising Retention in Randomised Trials) study. *Trials* 2019;20:593.

4. Parker A, et al. WP1: Identifying and prioritising trial recruitment and retention strategies. OSFHOME <https://osf.io/cz829/> (Accessed 21 May 2025).

5. Conneely M, et al. Community-based exercise (ComEx Pain) for older adults with chronic musculoskeletal pain: a protocol for a randomised controlled feasibility trial [version 1; peer review: awaiting peer review]. *HRB Open Research* 2024;7:72 <https://hrbopenresearch.org/articles/7-72> (Accessed 21 May 2025).

References to This SWAT

1. Parker A, et al. WP1: Identifying and prioritising trial recruitment and retention strategies. OSFHOME <https://osf.io/cz829/> (Accessed 21 May 2025)

2. Parker A, et al. OSF PRESS. <https://osf.io/xfkgP/> (Accessed 21 May 2025)

Source of This SWAT

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