Plan Overview

A Data Management Plan created using DMPonline

Title: Perceived barriers and facilitators to use of mental health and wellbeing services in workplaces

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Project abstract:

This project seeks to explore the perceived barriers and facilitators influencing employee utilization of mental health and well-being services in the workplace. Despite the availability of these services, there exists a notable gap between their provision and actual utilization by employees. Some groups of employees are more likely to use them than others, and it is important to discover why this is to ensure equal outcomes. In this research, a behavior change and implementation framework such as the Behavior Change Wheel (Michie et al.) or r Consolidated Framework for Implementation Research (Damschroder, 2022) will be applied to understand the reasons why some groups of employees do or do not use mental health and well-being services in workplaces. The characteristics of the workplace intervention or 'innovation' will be specified and delineated from the implementation context, with features of the context described in detail in order to understand what works, why, and in what contexts, as well as for whom (Pawson & Employees) and the context whom (Pawson & Employees) are included in the context of the context described in detail in order to understand what works, why, and in what contexts, as well as for whom (Pawson & Employees) are included in the context of the context described in detail in order to understand what works, why, and in what contexts, as well as for whom (Pawson & Employees).

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Perceived barriers and facilitators to use of mental health and wellbeing services in workplaces

Data description

What types of data will be used or created?

The qualitative component (Aim 2) of this research will generate primary data through semi-structured interviews and focus groups with approximately 25–30 participants recruited via Prolific Academic. The data will include audio recordings of interviews and focus groups, verbatim transcripts, and anonymised demographic information (e.g., age range, gender, job sector, and years of experience). During analysis, qualitative data will be coded and organised using NVivo (or equivalent software), producing coded data sets, thematic maps, and researcher memos that capture emerging barriers and facilitators related to workplace mental health interventions. Personally identifiable information (e.g., participant contact details) will be collected only for recruitment and consent purposes, stored securely, and removed prior to analysis to ensure full anonymisation of the research data. Synthesised themes and illustrative quotes will be retained for reporting and publication purposes, while raw audio recordings will be securely deleted once transcription and verification are complete.

How will the data be structured and documented?

The data will be systematically organised to ensure traceability, consistency, and compliance with ethical requirements. Each participant will be assigned a unique anonymised identifier (e.g., P01, P02) used across all files, including transcripts, coded datasets, and analysis notes. Raw data (audio recordings) will be stored in a dedicated folder and linked to corresponding transcripts, which will be saved in DOCX or TXT format and imported into NVivo for coding. Metadata such as participant demographics and recruitment details will be stored in a separate, password-protected spreadsheet (CSV/XLSX format), ensuring no direct identifiers are linked to the research data. Coding files and thematic maps generated during analysis will follow a clear hierarchical structure (e.g., Theme → Subtheme → Coded Excerpts). Documentation will include a data dictionary detailing variables, coding frameworks, and any changes made during analysis.

Data storage and archiving

How will your data be stored and backed up?

All research data will be stored securely in compliance with the University of Birmingham's data management policies and GDPR requirements. Raw audio recordings, transcripts, anonymised demographic data, coding files, and related documentation will be stored on the University's secure, password-protected OneDrive and/or Research Data Store, ensuring encrypted cloud-based storage with restricted access limited to the research team. No data will be stored on personal devices or unencrypted portable media.

Is any of the data of (ethically or commercially) sensitive nature? If so, how do you ensure the data are protected accordingly?

The qualitative data collected in Aim 2 may include ethically sensitive information, as participants may share personal experiences, opinions, or challenges related to workplace mental health. While the data is not anticipated to be commercially sensitive, it may contain information that, if disclosed in a non-anonymised form, could potentially identify individuals or organisations. To mitigate this, all data will undergo strict anonymisation before analysis, with any direct identifiers (e.g., names, job titles, email addresses, organisational references) removed or pseudonymised. Raw data, including audio recordings and identifiable metadata, will be stored separately from research datasets in encrypted, password-protected folders with access restricted to the research team. Any published outputs will include only anonymised, aggregated, or paraphrased quotations to prevent re-identification.

Where will your data be archived in the long term?

Data will be shared through the University of Birmingham's eData repository (https://edata.bham.ac.uk/) which makes the datasets discoverable through search engines like Google. Publications will include a data access statement, linking to the dataset deposited in the University of Birmingham's data repository, where the data can be accessed by anyone, and access conditions will be provided if the data cannot be shared openly.

Data sharing

Which data will you share, and under which conditions? How will you make the data available to others?

Anonymised datasets, including coded qualitative data and thematic summaries from Aim 2, will be shared through the University of Birmingham's eData repository (https://edata.bham.ac.uk/). This platform ensures datasets are discoverable via search engines and allows flexible licensing options, including open, embargoed, or restricted access where necessary. Personally identifiable information and raw audio recordings will not be shared to protect participant confidentiality. Metadata such as dataset title, data type, creators, publication date, and related publications will be provided to ensure transparency and enable others to understand and cite the dataset appropriately.

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