Title: Working conditions of healthcare workers and clients' satisfaction with care: a cluster-randomised workplace intervention

Supplementary file 2

In this supplementary file, the CONSORT checklist for cluster-randomised trials is provided.

Table S1. CONSORT 2010 checklist of information to include when reporting a cluster randomised trial (1).

Section/Topic	Item No	Standard Checklist item	Extension for cluster designs	Page number and section
Title and abstract				
	1a	Identification as a randomised trial in the title	Identification as a cluster randomised trial in the title	Introduction, p.1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)		Abstract, p. 2
Introduction				
Background and objectives	2a	Scientific background and explanation of rationale	Rationale for using a cluster design	Study design, p. 4
	2b	Specific objectives or hypotheses	Whether objectives pertain to the the cluster level, the individual participant level or both	Background, p. 3
Methods				
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Definition of cluster and description of how the design features apply to the clusters	Participants, p. 5;Randomisation and implementation, p. 8-9
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons		Not applicable
Participants	4a	Eligibility criteria for participants	Eligibility criteria for clusters	Participants, p. 4-5
	4b	Settings and locations where the data were collected		Outcomes, p. 7-8
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Whether interventions pertain to the cluster level, the individual participant level or both	The intervention, p. 5-7
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Whether outcome measures pertain to the cluster level, the individual participant level or both	Study design, p.4;Participants, p. 4-5; Outcomes, p. 7-8

Section/Topic	Item No	Standard Checklist item	Extension for cluster designs	Page number and section
	6b	Any changes to trial outcomes after the trial commenced, with reasons		Not applicable
Sample size	7a	How sample size was determined	Method of calculation, number of clusters(s) (and whether equal or unequal cluster sizes are assumed), cluster size, a coefficient of intracluster correlation (ICC or k), and an indication of its uncertainty	Sample size, p. 8
	7b	When applicable, explanation of any interim analyses and stopping guidelines		Not applicable
Randomisation:				
Sequence generation	8a	Method used to generate the random allocation sequence		Randomisation and implementation, p. 8-9
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Details of stratification or matching if used	Randomisation and implementation, p. 8-9
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Specification that allocation was based on clusters rather than individuals and whether allocation concealment (if any) was at the cluster level, the individual participant level or both	Allocation concealment mechanism, p. 9-10
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Replace by 10a, 10b and 10c	Randomisation and implementation, p. 8-9
	10a		Who generated the random allocation sequence, who enrolled clusters, and who assigned clusters to interventions	Randomisation and implementation, p. 8-9
	10b		Mechanism by which individual participants were included in clusters for the purposes of the trial (such as complete enumeration, random sampling)	Randomisation and implementation, p. 8-9
	10c		From whom consent was sought (representatives of the cluster, or individual cluster members, or both), and whether consent was sought before or after randomisation	Participants, p. 4-5
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assess-		Not applicable; complete blinding is not feasible in this study

Section/Topic	Item No	Standard Checklist item	Extension for cluster designs	Page number and section
		ing outcomes) and how		
	11b	If relevant, description of the similarity of interventions		Not applicable
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	How clustering was taken into account	Statistical methods, p. 10-11
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses		Statistical methods, p. 10-11
Results				
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	For each group, the numbers of clusters that were randomly assigned, received intended treatment, and were analysed for the primary outcome	Results, p. 11-12; Figure 1: Flow diagram
	13b	For each group, losses and exclusions after randomisation, together with reasons	For each group, losses and exclusions for both clusters and individual cluster members	Results, p. 11-12; Figure 1: Flow diagram
Recruitment	14a	Dates defining the periods of recruitment and follow-up		Study design, p. 4
	14b	Why the trial ended or was stopped		Not applicable
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Baseline characteristics for the individual and cluster levels as applicable for each group	Results, p. 13, Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	For each group, number of clusters included in each analysis	Results, p. 12, Figure 1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Results at the individual or cluster level as applicable and a coefficient of intracluster correlation (ICC or k) for each primary outcome	Results, p. 12
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended		Not applicable
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory		Results, p. 15-16, Tables 2 and 3
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)		Not applicable

Section/Topic	Item No	Standard Checklist item	Extension for cluster designs	Page number and section
Discussion				
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses		Discussion, p. 18
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Generalisability to clusters and/or individual participants (as relevant)	Discussion, p. 18
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence		Discussion, p. 17-18
Other information				
Registration	23	Registration number and name of trial registry		Abstract, p. 3
Protocol	24	Where the full trial protocol can be accessed, if available		Not applicable
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders		Funding, p. 19

References

[1] Campbell MK, Piaggio G, Elbourne DR, Altman DG. Consort 2010 statement: extension to cluster randomised trials. BMJ. 2012;345 (sep04 1):e5661-e5661. https://doi.org/10.1136/bmj.e5661.