

RESEARCH CONSENT FORM

Study: Career Attitudes and Developmental Relationships of Low Wage Low Skilled Behavioral Healthcare Workers in Career Transition.

GW IRB number: #071115

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Faculty Advisor: Margaret Gorman (202) 425-7111

Introduction

You are being invited to participate as a subject in a research study. Before you decide to participate in the study, please carefully read this document which reviews the risks and benefits. Participation in this research is entirely voluntary. Your decision to take part or not to participate will not affect the services, benefits or your employment status in any way at anytime. If you decide to take part and then change your mind you can quit at anytime. If you agree to participate you will be asked to sign this consent form. Any information you provide will be kept confidential by the researcher and other reviewers. The reviewers will not include anyone affiliated with your current organization. You may choose not to participate or decide to withdraw from the study at any time. You may contact me at the above number at any time for additional information.

Purpose of the study

I am a doctoral student in the Graduate School of Education and Human Development of The George Washington University. Your organization has agreed to serve as the site of this doctoral dissertation research study. The purpose of this study is to expand and extend current knowledge regarding how frontline behavioral healthcare workers seek out relationships that assist in their career development. The research will be conducted on site at your organization, during either regular business or non-business work hours to meet the needs of the participants.

Involvement of study participant

If you choose to take part in this study, you may be asked to participate by taking a brief survey and possibly participating in an hour long interview and/or focus group with the researcher. The interviews and focus group will be audio taped subject to individual consent. Recordings, notes, and transcripts will be used for research purposes only and will not be released for any other purpose. The expected duration of participation for this study is approximately 3 – 6 months.

Risks of participating in this study

There are no physical risks associated with this study. You are free to skip any questions from the survey/interview/focus group or stop your participation in the survey, interview and/or focus group at

anytime. You may take a break at any time during the research. You may stop your participation in this study at any time.

Every effort will be made to keep your information confidential however please note that confidentiality is cannot be guaranteed. All notes, tapes, transcripts, and records will be coded to disguise your identity, and any specific information you provide will not be shared with any internal member of your organization, either before or after the research is concluded. The records of this study will be kept private. In any published articles or presentations, we will not include any information that will make it possible to identify you as a subject of this research project.

Benefits to taking part in this study

As a participant, you will not benefit directly from your participation in this study. The research benefit that might result from this study is to expand and extend the knowledge of the processes that frontline healthcare workers seek out relationships that assist in their career development.

Payment for being in this study

You will not be paid for taking part in this study. Your organization will not be paid for taking part in this study. The investigators for this study will not be paid for conducting this research.

Protection of Confidentiality and Privacy

Although measures to protect confidentiality and privacy are in place, confidentiality and privacy cannot be guaranteed. If results of this research study are reported in journals or at scientific meetings, neither the subjects who participated in this study nor the site of the study will not be named or identified. GWU will not release any information about your research involvement without your written permission, unless required by law.

Privacy for individuals will be protected by coding all responses and personal identifiers with pseudonyms to disguise participant identities, although organizational roles may be preserved. The pseudonyms will be secured by the research team, and not released. Recordings of the interviews and focus groups will be listened to only by members of the research team and will be transcribed. While we cannot guarantee the privacy of the focus group discussion, we request that all present respect the group by not telling anyone outside the group what is said. The organization itself will not be identified by name in any published report. A pseudonym for the organization will be used.

Your records for the study may be reviewed by departments of the University responsible for overseeing research safety and compliance. The research records will be confidential unless you approve their release, they are requested by the previously mentioned institutions, or they are required to be released by law.

Problems or Questions

The Office of Human Research of George Washington University can provide further information about your rights as a research participant. The office can be contacted at telephone number (202) 994-2715. If you think you have been harmed in this study, you may report this to

the Principal Investigator of this study. Further information regarding this study may be obtained by contacting Charlotte Lofton, Researcher, at (630) 460-1238.

Documentation of Informed Consent

Your signature indicates that you have discussed this study, its risks and potential benefits, and other choices with Charlotte Lofton, Researcher. You understand the information printed on this form and any questions so far have been answered. Your signature below indicates your willingness to participate in this study and understanding that you can withdraw at any time. After you sign the Consent form the research team will provide you with a copy. Please keep a copy of this document in case you want to read it again or call someone about the study.

If you agree to participate in this study, please sign below:

Subject's Name (printed) and Signature

Date

Researcher's Name (printed) and Signature

Date

DO NOT SIGN ON OR AFTER THE EXPIRATION DATE OF: 08/22/2012

