

Capella University
Informed Consent Form
Employed Family Caregivers Study

My name is Allison Goshorn and I am a doctoral student at Capella University. I am doing a research study that looks at how working caregivers take care of their own health and wellbeing. If you are an employed family caregiver, I invite you to take part in this study. This research is supervised by Dr. Sara Jarvis, Capella University. This form provides information about the research so that you can decide if you want to participate. Please read the information below. If you choose to take part, fill-in the information at the end of this form.

WHAT IS THE RESEARCH ABOUT?

This study looks at how employed family caregivers take care of their own health and wellbeing. Employed family caregivers work and provide essential care for a family member or friend. They may be relatives, partners, friends or neighbors. They provide unpaid but essential care to a sick, disabled, frail or impaired adult or child. Employed family caregivers may provide some or all of the care on either a part-time or full-time basis. They may or may not live with the care recipient.

WHAT DOES PARTICIPATION IN THIS RESEARCH STUDY INVOLVE?

- All employed family caregivers are invited to take part.
- Please visit the study website at www.EmployedFamilyCaregiverStudy.com You will find details about the study, the researcher and how to participate.
- Click on the Participants Tab
- Follow the directions for STEP #1 – Informed Consent.
- Follow the directions for STEP #2 Health Risk Appraisal. After returning the Informed Consent form, you will receive an email with directions for Step #2.
- For continued security, it is important to close your browser after completing the Health Risk Appraisal and/or sending email.
- Up to 14 employees will be selected for an interview. If selected, the researcher will contact you to schedule an interview. Interviews will take place at a time and place that is good for each of you. The interview will last about 60 minutes.
- Taking part in this study is voluntary, anonymous, and confidential. You have the right to withdrawal at any time.
- The interview will be audio taped. This tape will be kept in a confidential file in the researcher's office for seven years. Then, the tape will be destroyed. If you are interviewed, you will have the opportunity to review the study findings before they are finalized.

WHY ARE YOU BEING ASKED TO PARTICIPATE?

Employed family caregivers are invited to share their unique stories. These stories may help researcher know more about working and caregiving.

WHAT ARE THE RISKS INVOLVED IN THIS STUDY?

No study is completely risk-free; but we do not anticipate that you will be harmed or distressed by taking part in this research. If you become uncomfortable, you may stop at any time. Additionally, you will be given a list of caregiver resources.

ARE THERE ANY BENEFITS TO PARTICIPATION?

The health risk appraisal will help you learn more about your lifestyle strengths and risks. If you participate in the interview, you will receive a \$10 gift card and a copy of the study findings. Your story will help researchers learn more about working and caregiving.

WHAT HAPPENS IF THE RESEARCHER GETS NEW INFORMATION DURING THE STUDY?

The researcher will contact you if he/she learns new information that could change your decision about participating in this study.

HOW WILL THE RESEARCHER PROTECT PARTICIPANTS' CONFIDENTIALITY?

The results of the research study will be published, but your name or identity will not be revealed. Pseudonyms (assumed names) will be used to maintain your confidentiality. In addition, the researcher will create a composite profile of all employed family caregivers who participated in the interviews.

WHAT HAPPENS IF A PARTICIPANT DOES NOT WANT TO CONTINUE IN THE STUDY?

Taking part in this study is voluntary. You may choose not to participate or you may withdraw at any time. There will be no negative impact to you and it will not affect your job or membership.

WILL IT COST ANYTHING TO PARTICIPATE IN THE STUDY? WILL I BE PAID TO PARTICIPATE?

There is no cost to you to take part in this study. If you take part in the interview, you will receive a \$10 gift card.

WILL PARTICIPANTS BE COMPENSATED FOR ILLNESS OR INJURY?

You are not waiving any of your legal rights if you agree to be a part of this study; however, no funds have been set aside to compensate you in the event of harm. If you suffer harm because of this research project, you may contact me at agoshorn@capellauniversity.edu. You may also contact the Capella Human Research Protections Office at 1-888-227-3552, extension 4716.

VOLUNTARY CONSENT

By signing this form, you are saying:

- That you have read this form or have had it read to you.
- You understand the risks and benefits of this research study and that you know what you are being asked to do.

The researcher will answer any questions you may have. Contact Allison Goshorn at agoshorn@capellauniversity.edu, 260-341-1904, Post Office Box 882, Niles, MI 49120 or Allison's supervisor Sara Jarvis at Sara.Jarvis@faculty.capella.edu

Capella University will help you if you have any questions or concerns about:

- Your rights as a research participant
- The study or the researcher
- Any unexpected problems with the study

Please contact us if you have concerns. Your identity, questions, and concerns will be kept confidential.

Capella University, Human Research Protections Office
1-888-227-3552, extension 4716

PLEASE FILL-IN THE FORM ON THE NEXT PAGE!

Note: Your signature tells the researcher “Yes,” you want to participate in this study. You may choose to withdraw from the study at any time. Please keep one copy of this form. Return one copy to the researcher:

agoshorn@capellauniversity.edu or Post Office Box 882, Niles, MI 49120.

Your Name (please print): _____
Your Employer/Organization: _____
Employer/Org. Address: _____
Your Email: _____
Your Phone #: _____
Your Signature: _____
Date: _____

Investigator’s Statement

I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants, including the nature and purpose of this research, benefits, risks, costs, and any experimental procedures.

I have described the rights and protections afforded to human research participants and have done nothing to pressure, coerce, or falsely entice this person to participate. I am available to answer the participant’s questions and have encouraged him or her to ask additional questions at any time during the course of the study.

Investigator’s Signature: _____
Investigator’s Name: Allison Goshorn
Date:

Research Site(s) Approval

The following institution(s)/organization(s) has/have granted the researcher access to their participants and/or facilities:

Name: First Presbyterian Church of Niles
LaPorte County Government
Purdue Extension Northwest,
Reins of Life, South Bend

Capella’s IRB Approval

