

**Appendix B**  
**Informed Consent**

Teachers College, Columbia University  
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**Protocol Title:** The Lived Experience of Unjust Discipline among Registered Nurses in the US Workplace.

**Principal Investigator:** Aurora Kim Paradisis, RN EdD(c), Teachers College  
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**INTRODUCTION**

You are invited to participate in this research study called of “The lived experience of unjust discipline among registered nurses in the US workplace.” You may qualify to take part in this research study because you are a registered nurse with and active RN license who has had an experience in the workplace discipline process that was unjust. Approximately 12 people will participate in the study and it will take 2 hours of your time to complete. You will be asked to reserve an hour of your time for an interview and an hour of your time to validate interpretation of the data collected. The setting will be a quiet, private room at Teachers College on an agreed upon date and time between you and the researcher. If you are unable to meet in person, a telephone interview or video conference interview will be arranged. Telephone interviews will be audio recorded after you consent. Video conferencing interviews may be video recorded if you consent. If you do not wish to be video recorded, the interview will be audio recorded after you consent.

**WHY IS THIS STUDY BEING DONE?**

The study is being done to understand the lived experience of unjust discipline among registered nurses in the workplace.

**WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?**

If you decide to participate, you will be interviewed by the principal investigator. During the interview you will be asked to discuss your experience in the unjust workplace discipline process.

The interview will be audio-recorded and videotaped if you agree. These files will be password protected and audio-recordings will be transcribed by a transcription agency. You may not participate if you do not agree to be audio-recorded. You may however still participate if you do not agree to be video recorded. You will be given an alpha numeric code, for example MS6389, to keep your identity confidential. This alpha numeric code will be used during the interview

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process and will be listed on the transcripts. You will be able to review all transcription materials and comment on them for validation and/or alternate expression, which may take 20 minutes to 1 hour of your time. All participant identifying study materials will be destroyed seven years after the study completion.

All participants will be asked not to discuss what is being spoken about during the research study.

All of these procedures will be done at Teachers College, room to be determined, on a date and at a time that is convenient for you or via video conferencing should there be barriers to an in person interview. If neither an in person interview or video conferencing with you is possible, an audio recorded telephone interview will be arranged on a date and at a time that you are available.

### **WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

There are greater than minimal risks associated with this study and may include any emotions such as embarrassment and distress that may be caused by reflecting on past unjust workplace discipline experiences. **However, you do not have to answer any questions or divulge anything you don't want to talk about. You can stop participating in the study at any time without penalty.** You might feel concerned that things you say might get back to your supervisor.

In addition, audio and video recording pose a greater than minimal risk associated with this study that may include the ability to identify your image or unique voice features. These recordings will be maintained with safeguards to protect your identity, including use of an alphanumeric code not your name to identify you. The recordings will also be maintained if in hard copy within a locked box in a locked filing cabinet at the researcher's home office. In digital format these recordings will be password protected. Original recordings will be deleted after analysis, transcription and your review (member check) are complete.

Resource information is being provided in the eventuality mental health support is needed:

#### **National Alliance on Mental Illness (NAMI)**

- **For Free Support 24/7 in a Crisis** Text NAMI to 741-741
- **National Suicide Prevention Lifeline** – Call 800-273-TALK (8255)

The National Suicide Prevention Lifeline connects you with a crisis center in the Lifeline network closest to your location. Your call will be answered by a trained crisis worker who will listen empathetically and without judgment. The crisis worker will work to ensure that you feel safe and help identify options and information about mental health services in your area. Your call is confidential and free.

- **Call the NAMI helpline 1-800-950-6264 10 am-6pm M-F eastern standard time to discuss**

Symptoms of mental health conditions

Treatment options

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Local support groups and services  
Education programs  
Helping family members get treatment  
Programs to help find jobs  
Legal issues (the NAMI Legal Resource Service can connect individuals with attorneys in their area but does not have the resources to provide individual representation)

The principal investigator is taking precautions to keep your information confidential and prevent anyone from discovering or guessing your identity, such as using an alphanumeric code instead of your name and keeping all information on a password protected computer and locked in a file cabinet drawer.

### **WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

Participation in the research study is voluntary. There are no direct financial or proprietary benefits to you. All research study materials and work product are owned by the researcher. Participation may benefit the profession of nursing to better understand the lived experience of an unjust workplace discipline process among nurses.

**WILL I BE PAID FOR BEING IN THIS STUDY?** You will not be financially or otherwise compensated for your participation in this study. There are no costs to you for taking part in the study. American Express (AMEX) gift cards may be provided to all participants of the study to a maximum value of \$25.00 per participant, by a preferred method of receipt identified by the participants, for inconveniences associated with transportation, parking, and meals on the participant's interview day.

### **WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?**

The study is over when you have completed the interview and transcript validation/expressive process. However, you can leave the study at any time even if you haven't finished.

### **PROTECTION OF YOUR CONFIDENTIALITY**

To maintain confidentiality and protect the privacy of the research participants, the investigator will keep all written materials stored in a locked file cabinet in my home or password protected computer file. This includes audiotapes, video recordings, transcripts, written notes, informed consents and demographic information. Participants will be assigned an alpha numeric code, for example MS6389, after their informed consent is completed. This alpha numeric code will be used during the interview process and will be listed on the transcripts. A locked box within the locked file cabinet will contain a hard copy of the participant's real name and alphanumeric code. All participant information will be shredded and destroyed after seven years.

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**HOW WILL THE RESULTS BE USED?**

The results of this study will be published in journals and presented at academic conferences. Your name or any identifying information about you will not be published. This study is being conducted as part of the publications and dissertation of the principal investigator.

**CONSENT FOR AUDIO AND OR VIDEO RECORDING**

Audio recording and video recording is part of this research study. You can choose whether to give permission to be recorded. If you decide that you don't wish to be audio recorded, you will not be able to participate in this study. If you don't wish to be video recorded you will be able to participate in this research study.

I [ ] consent to be audio recorded. I [ ] do NOT consent to be audio recorded.

Signature: \_\_\_\_\_

I [ ] consent to be video recorded. I [ ] do NOT consent to be video recorded.

Signature: \_\_\_\_\_

**WHO MAY VIEW MY PARTICIPATION IN THIS STUDY**

\_\_I consent to allow written, video and/or audio taped materials viewed at an educational setting or at a conference outside of Teachers College \_\_\_\_\_  
Signature

\_\_I **do not** consent to allow written, video and/or audio taped materials viewed outside of Teachers College Columbia University \_\_\_\_\_  
Signature

**OPTIONAL CONSENT FOR FUTURE CONTACT**

The investigator may wish to contact you in the future. Please initial the appropriate statements to indicate whether or not you give permission for future contact.

I give permission to be contacted in the future for research purposes:

Yes \_\_\_\_\_ No \_\_\_\_\_  
Initial Initial

I give permission to be contacted in the future for information relating to this study:

Yes \_\_\_\_\_ No \_\_\_\_\_  
Initial Initial

## **WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**

If you have any questions about taking part in this research study, you should contact the principal investigator, Aurora Kim Paradisis, at 914-562-0952 or at [rn.unjust.discipline.study@gmail.com](mailto:rn.unjust.discipline.study@gmail.com).

If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email [IRB@tc.edu](mailto:IRB@tc.edu). Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120<sup>th</sup> Street, New York, NY 1002. The IRB is the committee that oversees human research protection for Teachers College, Columbia University.

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## **PARTICIPANT'S RIGHTS**

- I have read and discussed the informed consent with the researcher. I have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
- I understand that my participation is voluntary. I may refuse to participate or withdraw participation at any time without penalty.
- The researcher may withdraw me from the research at his or her professional discretion for unprofessional behaviors or an assessment of discomfort beyond what is experienced in normal everyday life.
- If, during the course of the study, significant new information that has been developed becomes available which may relate to my willingness to continue my participation, the investigator will provide this information to me.
- Any information derived from the research study that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- I should receive a copy of the Informed Consent document.

**My signature means that I agree to participate in this study**

**Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_