**CONSENT FORM**

You are invited to participate in a research study called *The Effects of Support Groups on Hospice Staff*. Before signing this consent form please read the following information for a full explanation of the research.

Who is in Charge of this Study?

This study is being done by Imelda Crothers, graduate student at Texas State University, with the approval of the Veterans Associations’ Chief SWS, Joy Duran, LCSW, and Texas State University. If you have any questions about this study, at any time, you can call Imelda at 254-654-0055. You can also call Imelda’s professor, Dave Henton, LMSW, at 512-245-8876.

Funding Source

Funding is not needed for this research study as all efforts by Imelda Crothers, the person doing the research, are voluntary.

The Purpose of this Study

You are being asked to participate in this study because you will be participating in a support group for hospice staff. I am doing this study to learn how support groups affect hospice workers, like you.  The information from this study might help your program coordinator in ensuring that hospice staffs are provided with the support needed during employment with the hospice program.  The information from this study might also be used to help improve support services for hospice staff in other programs within the Austin – Temple area. Currently, the hospice staff conducts monthly debriefings with one of the VA’s chaplains. The hospice program coordinator is working towards creating a support group for the staff, which will meet approximately twice a week.

What Will Be Done if You Take Part in This Study?

Your participation in this research study will not require any more of your time, other than the time it will take to answer a questionnaire before the first session and 6 weeks after the sessions begin. If you agree to participate you will fill out a questionnaire that will be used for this study and which will be made available to you at the beginning of the first session and then again at the end of the sixth week session. The questions asked in the questionnaire will relate to stress and anxiety relating to hospice work. The questionnaire will take approximately 5 minutes to complete and you do not have to answer any questions that make you feel uncomfortable.

Possible Risks and Discomforts of Participating in this Study

Your participation in this research will in no way effect your participation in the support group. There will be no risks or discomforts in participating in this study; but you may encounter some for participating in the support group, such as anxiety or increased depression. Any discomforts or risks that you or the facilitator of the group foresees will be addressed with the facilitator.

Possible Benefits

First, your participation may help improve the services you provide your patients.  The information will help the program coordinator understand the needs of her hospice staff that may need more support to continue their employment as hospice workers.

 Your participation in this study could potentially benefit other people as well.  Based on the information I get from you, I will use the information to educate other service providers in the Austin - Temple area about the potential benefits of support groups for not only hospice workers but other program staff as well.

The Cost of Participating

You do not have to pay anything to participate in this study.  The only thing participating in this study will cost you is your time.  You can expect to spend about **5 to 10 minutes** completing the questionnaire at the beginning of the first session and once again six weeks into the sessions.

Injury Due to the Study

I do not believe that participation in this study poses any physical risks, and I will not be responsible to provide or reimburse treatment for any physical injuries.

Withdrawing from This Project and Contact Information

If you wish to stop participating in this study for any reason and at any time, you are able to do so.  Once you sign this consent form, you are free to withdraw your consent and stop participation in this study.   If you decide to withdraw your consent and stop your participation, please contact Imelda Crothers at 254-654-0055.

In addition, if you have questions about your rights as a research participant or research-related injuries, you can contact IRB chair, Dr. Jon Lasser at 512-245-3413/[lasser@txstate.edu](mailto:lasser@txstate.edu), or Ms. Becky Northcut, Compliance Specialist, at 512-245-2102.

**Refusing to participate in this study will not eliminate your participation in the support group.**

Your Privacy and the Confidentiality of Your Research Records

The questionnaire that you will fill out will not ask questions that will link you to any answers you give because the questionnaire will not require your name nor will it ask questions such as age, nationality, etc. The only person who will see your answers will be Imelda Crothers and she will not be involved in the group sessions. Her only involvement will be to present the questionnaire before the first session and at the six week mark.

Researcher’s Benefit from Your Participation in the Study

The person in charge of this study may write reports and articles based on the findings from this study.  The researcher will not receive any financial benefits from your involvement in this study.

How Can I Get Information About this Study Once it’s Completed?

Once this study is completed, you will be able to get a copy of any findings.  To get a copy of findings, you can call Imelda Crothers at 254-654-0055.

***SIGNATURES:***

**As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study.**

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PRINTED NAME OF PERSON OBTAINING CONSENT 

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SIGNATURE OF PERSON OBTAINING CONSENT   DATE 

**As a participant in the study of** *The Effects of Support Groups on Hospice Staff***, I have been informed about the purpose, procedures, possible benefits and risks of the study, and I have received a copy of this form which was read to me.  I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.  I have voluntarily agreed to participate in this study and understand that I may end my participation at any time if I do not wish to continue.  By signing this form, I am not waiving any of my legal rights.**

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PRINTED NAME OF STUDY PARTICIPANT 

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SIGNATURE OF STUDY PARTICIPANT     DATE