Consent Form for Participation in a Research Project

Texas State University, Department of Psychology

Study Title: The Effects of a Guided Relaxation Exercise on Perceived Stress and Physiological Stress Indicators in Medical-Surgical Nurses

Principal Investigator: Caitlin Batcheller, Texas State University

Phone: 512-673-0331

Email: cbatch@txstate.edu

Invitation:

You are invited to participate in a research project examining the effects of a guided relaxation exercise on stress in medical-surgical nurses. You have been asked to participate because you are a full-time nurse that works on the medical-surgical unit at Seton Medical Center Hays.

In order to decide whether or not you want to participate in this study you should be aware of the potential risks and benefits to make an informed decision. This consent form is intended to give you detailed information about the research study, which the principal investigator (listed above) will also discuss with you. This discussion will cover all aspects of this research: its purpose, the procedures that will be performed, any risks resulting from the procedures and possible benefits. Once you have been informed about the study, you will be asked whether you wish to participate or not; if so, you will be asked to sign this form.

Purpose:

The primary goal of this study is to understand whether a short relaxation exercise has an effect on perceived stress levels and physiological stress indicators in nurses.

Description of Procedures:

This study requires two weekly sessions, for three consecutive weeks. Each session will occur around the middle of the shift, between 12:00 and 2:00.

The first two sessions (first week) will involve the completion of self-report and physiological measures. You will be asked to report on current feelings and recent stressors. Following completion of the surveys, you will have your blood pressure and heart rate measured. These two sessions should take no more than 10 minutes in total.

The second two sessions (second week) will involve completion of self-report scales (on current feelings and recent stressors) prior to having your blood pressure and heart rate measured. You will then participate in a 12-15 minute guided relaxation exercise. Following completion of the relaxation exercise, you will again be administered an assessment of your current feelings. After completing this scale, you will have your blood pressure and heart rate recorded again. These two sessions should take no more than 20 minutes in total.

The third and final week (final two sessions) will involve completion of the self-report scales (on current feelings and recent stressors) prior to having your blood pressure and heart rate measured. Again, these two sessions should take no more than 10 minutes in total.

Risks and Inconveniences

In the case that patient demands accumulate while participating in the relaxation exercise, you may experience an increase in stress or anxiety while trying to make up for time spent away from patients. As you will not put your name on any other identifying information on the self-report scales, threats to your confidentiality and privacy will be minimal. There is minimal risk associated with having your blood pressure and heart rate measured.

If you feel you need additional help, the Seton Employee Assistance Program provides confidential therapy at no charge for all full-time Seton employees (512-504-5000).

Benefits

You may experience a reduced level of stress and an increased level of well-being following completion of the guided relaxation exercise. This could have a positive influence on the manner in which you interact with patients and other hospital associates during the remainder of your shift. The benefits to society include a clearer understanding of the effects of a relaxation exercise on professionals in high-stress environments, such as that of a hospital. This knowledge may help implement behavioral programs in occupations characterized by high-stress, in which the ability to think clearly and experience empathy are crucial to both the person delivering care and to the person receiving care.

Confidentiality

Every effort will be made to ensure your confidentiality. Any information you provide will only be accessible to the principal investigator and her faculty sponsor (Dr. Ty Schepis, Department of Psychology; 512-245-6805; Schepis@txstate.edu). You will receive a participant number that is not related to any personal information that will be used to identify all self-reported data and physiological measures.

Voluntary Participation:

You should understand that participation in this study is voluntary and you have the right to withdraw from the study at any time. If you decide to withdraw from the study, your decision will not affect your standing with Texas State University, the Seton Family of Hospitals, and/or any other associated organization.

Study Findings:

A summary of the findings of this study will be made available to participants, following completion of the study. If you would like a copy of the study findings, please send an email request to the Principal Investigator, Caitlin Batcheller, at cbatch@txstate.edu.

Questions:

Feel free to ask questions about anything you do not understand. Please consider this research study and the consent form very carefully before you decide whether or not to participate. You may take as much time as you need to make your decision.

Authorization:

I have read this form and decided that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of participant)

will participate in the study described above. The general purposes, the involved procedures, the potential risks and potential benefits have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Signature of Principal Investigator Telephone

If you have any further questions regarding this study, including questions about your rights as a research participant or research-related injuries, please contact either the Chair of the Texas State University Institutional Review Board, Dr. Jon Lasser (512-245-3413 or lasser@txstate.edu) or university Compliance Specialist, Ms. Becky Northcut (512-245-2102).