

Consent Form for Participation in a Research Study
University of Massachusetts Amherst

Researcher(s): Emily Heaphy, PhD | Assistant Professor of Management
Emily Poulton | PhD Student
Study Title: Diverse Populations and Workplace Romances

WHAT IS THIS FORM?

This form is called a Consent Form. It will give you information about the study so you can make an informed decision about participation in this research. We encourage you to take some time to think this over and ask questions now and at any other time. If you decide to participate, you will be asked to sign this form and you will be given a copy for your records.

WHY ARE WE DOING THIS RESEARCH STUDY?

The purpose of this research study is to investigate how people with differing demographic backgrounds experience workplace romances through interviews with individuals who have been directly involved in a workplace romance. Specifically, we are interested in hearing your first-hand account of the formation, disclosure and outcomes associated with your workplace romance.

WHO CAN PARTICIPATE IN THIS RESEARCH STUDY?

Individuals interested in participating in this study must be over the age of 18 and have previously experienced or are currently experiencing a workplace romance, defined as mutually desired relationships involving sexual attraction between employees of the same organization (Pierce and Aguinis, 2001). Anyone who is currently or was previously engaged in a workplace romance is eligible to participate in this study. This includes heterosexual white people, as well individuals who fall into one or more of the following categories: sexual minority (LGBTQI+), racial minority, or currently or previously involved in an interracial workplace romance. Additionally, it is imperative that the workplace romance was initiated while both members of the relationship were working at the same organization.

WHAT WILL I BE ASKED TO DO AND HOW MUCH TIME WILL IT TAKE?

The interview is expected to last approximately one hour. Your participation is completely voluntary. You may choose, without penalty, to skip any questions or discontinue the interview at any time. Additionally, you may use pseudonyms to disguise the name or your organization or the names of people who you choose to discuss.

If you agree to take part in this study, you will be asked to answer questions related to your experiences within your personal and professional lives as they relate to your workplace romance. Additionally, we will ask you to complete a short, written questionnaire at the conclusion of your interview, which will ask questions about your demographic and background information. Interviews will be held in person at mutually agreed upon locations, via telephone, or video chat. We ask to record our interviews with all participants so we can recall information later in our analysis. If you would like to turn the recording off at any time during the interview, please notify the researcher.

<p>IRB OFFICE USE ONLY</p> <p>University of Massachusetts Amherst-IRB Protocol #: 2019-5322 IRB Signature: <i>Nancy C. Swett</i></p>

By initialing below, I agree to allowing the research team to audio record my interview (check one).

- I agree
 - I do not agree
- Initials _____

This is a research study that involves questions related to sensitive topics that may cause distress. As researchers, we do not provide mental health services and we will not be following up with you after this study. However, we want to provide every participant in this study with contact information for available clinical resources, should you decide you need assistance at any time. *For studies with the UMass community:* You can contact the Center for Counseling and Psychological Health (CCPH) at (413) 545-2337 (Mon-Fri from 8-5pm) - on weekends or after 5pm, call (413) 577-5000 and ask for the CCPH clinician on call. You can also contact the Psychological Services Center at 413-545-0041 (Monday-Friday 8am-5pm) or psc@psych.umass.edu.] In a serious emergency, remember that you can also call 911 for immediate assistance.

BENEFITS AND RISKS

Participants may not directly benefit from participating in this study. However, participants benefit from the time and guidance in their reflection of their workplace romance and the effects that the relationship has previously had or currently has on their personal and professional lives. We expect that this research will benefit society by helping to understand how organizational culture, organizational identity, and personal identity, among other things, influence the formation, disclosure, and outcomes of workplace romances. Risks include potential discomfort from recalling these events, however, we expect these risks to be minimal. Additionally, a risk of breach of confidentiality always exists and we have taken the steps to minimize this risk as outlined below.

HOW WILL MY PERSONAL INFORMATION BE PROTECTED?

Your privacy and confidentiality are important to us. The following procedures will be used to protect the confidentiality of your study records. The researchers will keep all study records, including any codes to your data, in a secure and locked electronic device. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure file. The master key and audiotapes will be destroyed three years after the close of the study. All electronic files containing identifiable information will be password protected. Any computer hosting such files will also have password protection to prevent access by unauthorized users. Additionally, signed consent documents will be stored securely and separately from other research files. Only the members of the research staff will have access to all passwords. At the conclusion of this study, the researchers may publish their findings. Information will be presented in summary format and you will not be identified in any publications or presentations. Additionally, your privacy will be protected by conducting the interview in a private location or via telephone or video chat with authorized research team members only.

Identifiers will be removed and the de-identified information may be used for future research without additional informed consent from you.

By initialing below, I agree to allowing the research team to use my de-identified data for future research without additional informed consent (check one).

- I agree
 - I do not agree
- Initials _____

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Additionally, we may want to use direct quotes that you provide in your interview as de-identified examples in presentations and publications.

By initialing below, I agree to allowing the research team to use my de-identified direct quotations for future academic purposes, such as in publications and presentations, without additional informed consent (check one).

- I agree
 - I do not agree
- _____ Initials

WILL I BE GIVEN ANY MONEY OR OTHER COMPENSATION FOR BEING IN THIS RESEARCH STUDY?

As a participant, you will be given a \$25 Amazon.com gift card as a token of appreciation for participating in our study. You will receive this gift card upon completion of the interview and questionnaire.

WHO CAN I TALK TO IF I HAVE QUESTIONS?

This study is being conducted through the Isenberg School of Management at the University of Massachusetts Amherst. We will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the researchers, Emily Poulton (epoulton@umass.edu) or Emily Heaphy (eheaphy@isenberg.umass.edu).

If you have any questions concerning your rights as a research subject, you may contact the University of Massachusetts Amherst Human Research Protection Office (HRPO) at (413) 545-3428 or humansubjects@ora.umass.edu.

WHAT HAPPENS IF I SAY YES, BUT I CHANGE MY MIND LATER?

Please note, you do not have to be in this study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

VOLUNTARY CONSENT

When signing this form I am agreeing to voluntarily enter this study. I have had a chance to read this consent form, and it was explained to me in a language which I use. I have had the opportunity to ask questions and have received satisfactory answers. I have been informed that I can withdraw at any time. A copy of this signed Informed Consent Form has been given to me.

Participant Signature:

Print Name:

Date:

By signing below I indicate that the participant has read and, to the best of my knowledge, understands the details contained in this document and has been given a copy.

Signature of Person
Obtaining Consent

Print Name:

Date:

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University of Massachusetts Amherst-IRB
Protocol #: 2019-5322
IRB Signature: *Nancy C. Swett*