**Supplemental 1. Informed Consent Form for Qualitative Assessment of Pediatric Cardiac Critical Care Nurse Satisfaction**

This informed consent form is for pediatric cardiac critical care nurses at Cincinnati Children’s Hospital who are invited to participate in research entitled “Qualitative Assessment of Pediatric Cardiac Critical Care Nurse Satisfaction.” Julie Stark is the primary investigator (PI) working only with nurses at Cincinnati Children’s Hospital. This work is unfunded, and participants will not receive compensation for their time. You will be given a copy of the full Informed Consent Form.

**Part 1: Information Sheet**

**Introduction**

I am a fourth year fellow in the Cincinnati Children’s Cardiac Intensive Care Unit (ICU) from June of 2019 through July of 2020. I also completed pediatric critical care fellowship at Cincinnati Children’s and have been working towards a Master’s Degree in Medical Education. During my time at Cincinnati Children’s, nurses have served as my valued mentors and teachers. I have also been witness to a great deal of turnover in ICU nurses. For my Master’s program, I will be completing a qualitative study, and I have chosen to focus on causes of pediatric critical care nurse satisfaction (and turnover).

I am going to give you information and invite you to participate in this research. You are welcome to talk about the research with anyone with whom you feel comfortable. You are encouraged to take time to consider whether or not you wish to participate. Please, ask questions about anything that is unclear in this consent form.

**Purpose of the research**

The primary objective of this research is to identify themes in regards to causes of nursing satisfaction or intent to leave in pediatric CICU nurses in the United States.

**Type of research intervention**

This research will involve a single 30-minute interview.

**Participant selection**

You are being invited to participate because I feel that your experience in the pediatric cardiac intensive care unit will provide valuable insight into causes of nursing satisfaction.

**Voluntary participation**

Your participation in this research is entirely voluntary. The choice that you make has no bearing on your job or evaluations. You may decide to stop participating at any time.

**Procedures**

I am asking you to help me understand your day-to-day work. During the interview, you will be asked to sit in a quiet place at Cincinnati Children’s or another agreed upon location. If you do not wish to answer questions during the interview, you may say so, and I will move to the next question. No one else will be present unless you want someone there. With your permission, I will record audio only from the interview. The entire interview will be recorded, but no one will be identified by name on the recording. All transcripts made from recordings will be stored securely and destroyed at the end of the study.

**Risks**

I am asking you to share personal, confidential information with me. Any questions can be skipped during the interview, and all provided information will be kept confidential. The interview can be stopped at any time. Additionally, information that you share may bring up unpleasant memories, which can cause distress. If you feel distressed, please info me, and I will provide resources for support.

**Benefits**

The only direct benefit to you may be the ability to share your story, but your participation will help me learn more about ways in which to enhance pediatric critical care nurse satisfaction as a whole.

**Reimbursement**

You will not be provided any incentive to take part in this research.

**Confidentiality**

I will not share information about your interview with anyone outside the research team. Only I will hear your voice on the recording in order to transcribe a record of the interview. The recording will be kept securely until it is destroyed at the end of the study. The rest of the research team will review a de-identified transcription only. Any information about you will be kept with a number instead of your name.

**Sharing the results**

The knowledge that I obtain from this study will be compiled and shared through a published manuscript. Since all results will be a compilation of multiple interviews, you will not receive results individually following the study.

**Right to refuse or withdraw**

You do not have to take part in this research if you choose not to do so. Choosing not to participate will not negatively impact your job or evaluations. You can choose to withdraw from the research at any time.

**Who to contact**

If you wish to learn more about this project or report any negative effects of the study, please contact Julie Stark:

* Email: Julie.stark2@cchmc.org
* Cell: (765) 427-0916

**Part II: Certification of Consent**

**I have read the preceding information, and I have had the opportunity to ask questions. All questions have been answered to my satisfaction. I understand all risks and benefits of the study. I consent voluntarily to participate in this study.**

Printed name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement by researcher taking consent: I have accurately reviewed the information sheet, and I have ensured, to the best of my ability, that the participant fully understands the study. He/she has been given opportunity to ask questions, and all questions have been answered correctly. Consent has been given freely.**

Signature of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_