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## PARTICIPANT INFORMATION SHEET AND CONSENT FORM

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### **A Qualitative Study Exploring the Lived Experiences of Shift Work, Sleep Loss, and Fatigue in Australian Paramedics**

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#### **Description of the study**

This project will investigate the lived experiences of early and mid-career paramedics working shift work (2-15 years occupational experience). The project aims to fill a much-needed gap in understanding the way shift work, sleep, and fatigue impact job function, mental health, and wellbeing in young paramedic workers. Importantly, from these findings, the research team will develop shift work, sleep education, and support toolkits which can be used for education purposes in both higher education and the paramedic sector in Australia. This project is supported by the College of Medicine and Public Health at Flinders University and is funded by Safe Work SA through the Augusta Zadow Award.

**Purpose of the study**

This project will explore what early and mid-career paramedics know about sleep disorders, what they perceive to be the primary causes and consequences of poor sleep, their experiences of stressful jobs during periods of fatigue versus when they do not feel fatigued, and what strategies paramedics use to manage fatigue, and how this impacts their wellbeing.

**Benefits of the study**

Sharing of your experiences will help us to better understand sleep and fatigue in Australian paramedics and will allow for the development of education and training related to sleep health to support the transition to shift work for young paramedic workers.

**Participant involvement**

If you agree to participate in the research study, you will be asked to:

- attend a one-on-one interview (in person or via teleconference) with a researcher which will be audio recorded
- respond to questions regarding your experience of shift work, sleep loss, and fatigue

The interview will take between 60 and 90 minutes, and participation is entirely voluntary. Interviews will be recorded and transcribed, and you will be given the opportunity to review your transcript.

The researchers do not expect the questions to cause any risk of harm or discomfort to you. However, we recognise that discussing the process of diagnosis and management of a health condition including sleep disorders may be distressing or uncomfortable for some participants. If you experience feelings of distress as a result of participation in this study, please let the research team know immediately. You can also contact the following services for support:

- Lifeline – 13 11 14, [www.lifeline.org.au](http://www.lifeline.org.au)
- Beyond Blue – 1300 22 4636, [www.beyondblue.org.au](http://www.beyondblue.org.au)

**Recognition of Contribution / Time / Travel costs**

If you would like to participate, in recognition of your contribution and participation time, you will be provided with a \$50.00 AUD voucher. This voucher will be provided to you face-to-face on completion of the interview.

**Withdrawal Rights**

You may, without any penalty, decline to take part in this research study. If you decide to take part and later change your mind, you may, without any penalty, withdraw at any time without providing an explanation. To withdraw, please contact the Chief Investigator or, you may decline to answer any questions or not participate in exercises at any time. If requested, any data collected up to the point of your withdrawal will be securely destroyed.

**Confidentiality and Privacy**

Only researchers listed on this form have access to the individual information provided by you. Privacy and confidentiality will be assured at all times. The research outcomes may be presented at conferences, written up for publication, or used for other research purposes as described in this information form. However, the privacy and confidentiality of individuals will be protected at all times. You will not be named, and your individual information will not be identifiable in any research products without your explicit consent. No data, including identifiable, non-identifiable and de-identified datasets will be shared or used in future research projects without your explicit consent.

**Data Storage**

The information collected may be stored securely on a password protected computer and/or Flinders University server throughout the study. Any identifiable data will be de-identified for data storage purposes unless indicated otherwise. All data will be securely transferred to, and stored at, Flinders University for five years after publication of the results. Following the required data storage period, all data will be securely destroyed according to university protocols.

**How will I receive feedback?**

On project completion, a short summary of the outcomes will be provided to all participants via email or published on Flinders University's website.

**Ethics Committee Approval**

The project has been approved by Flinders University's Human Research Ethics Committee (Project ID 4668)

**Queries and Concerns**

Queries or concerns regarding the research can be directed to the research team. If you have any complaints or reservations about the ethical conduct of this study, you may contact the Flinders University's Research Ethics & Compliance Office team via telephone 08 8201 2543 or email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au).

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## CONSENT FORM

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### Consent Statement

- ☐ I have read and understood the information about the research, and I understand I am being asked to provide informed consent to participate in this research study. I understand that I can contact the research team if I have further questions about this research study.
- ☐ I am not aware of any condition that would prevent my participation, and I agree to participate in this project.
- ☐ I understand that I am free to withdraw at any time during the study.
- ☐ I understand that I can contact Flinders University's Research Ethics & Compliance Office if I have any complaints or reservations about the ethical conduct of this study.
- ☐ I understand that my involvement is confidential, and that the information collected may be published. I understand that I will not be identified in any research products.

I further consent to:

- ☐ participating in an interview
- ☐ having my information audio recorded
- ☐ being contacted about other research projects
- ☐ my de-identified data being used for future research in this area

**Signed:**

**Name:**

**Date:**

If you would like a summary of the research findings provided at the conclusion of the study, please provide your email address.

**Email Address:**

Please click on the below submit button to provide your written consent to participate in an interview with a member of our research team.

**SUBMIT BUTTON**

**I do not wish to participate in this study (button below)**