



## CAPELLA UNIVERSITY

My name is Daniel K. Dayton. I am a doctoral learner in the School of at Business and Technology at Capella University. I am also a member of the Cincinnati Choral Society. I am doing a research study called Organizational Quality: A Phenomenological Study of the Communication Processes. This research is being supervised by Dr. Linda Terry. I would like to invite you to participate in this research study. The main purpose of this form is to provide information about the research. This is so that you can make a decision about whether you want to participate. If you choose to participate, please sign in the space at the end of this form.

### **WHAT IS THE RESEARCH ABOUT?**

The purpose of the study is to understand your experiences with CCS. I am interested in the communication processes during rehearsal sessions. I am interested in how they led to the creation of a quality production. I am exploring the research question, *"How do the communication processes in which organizational members engage support organizational learning that leads to a shared vision of quality?"*

### **WHAT DOES PARTICIPATION IN THIS RESEARCH STUDY INVOLVE?**

If you decide to participate in this study, I will ask you to do a few things. First, you will participate in a one-hour to one and one-half hour recorded interview. In the interview you and I will explore your experiences of quality musical production. We will also talk about your experiences of communication in rehearsal. We will talk about quality musical production. The recorded interview will be transcribed. I will then provide a copy of the text to you for your review. We will check it for accuracy. Your participation will take about two total hours. I will listen to and transcribe the recordings. The recordings will be kept for seven years. I will use the data from the transcripts to develop themes. These essential themes are intended to represent the experience of the group. No individual identification will be indicated for individual participants. The transcripts will be coded and sanitized. I will use a code key to verify the accuracy of the transcriptions.

### **WHY ARE YOU BEING ASKED TO PARTICIPATE?**

You are a member of the Cincinnati Choral Society. You stated you have experienced quality production.

### **WHAT ARE THE RISKS INVOLVED IN THIS STUDY?**

The risks involved in this research project are minimal. The intent of the interviews is to bring out open and honest conversation about your experiences with CCS. It is possible that a troublemaker could obtain uncoded copies of the interview sessions. They could contain personally identifying information. That troublemaker could use that information to jeopardize your membership in CCS. To protect against that slim possibility, I will take several measures to protect your privacy. The interview recordings will be stored on flash drives. Those flash drives will be delivered via certified mail to the transcriptionist. She will transcribe the original recordings. She is sworn to return all materials to me. The transcripts will be coded to remove any personally identifying information. I will use a key that I will develop to code the transcripts. The key, the original recordings, and the original transcripts will be stored in a safe deposit box for seven years. After that they will be destroyed. Only the coded transcriptions will be used for analysis of the data and thematic coding. No personal information will be published. You can decide what experiences you will relay. You can stop the interview at any time. If you become uncomfortable, you may stop at any time.

### **ARE THERE ANY BENEFITS TO PARTICIPATION?**

There are benefits you may gain for participating in the study. You will have the chance to reflect on your experiences. You may gain insight into this experience. You may develop a deeper understanding of the communication in rehearsal and after concerts. So, you may gain deeper insight as to your positive contribution to CCS. You may better be able to contribute to quality musical production. The CCS may also benefit from these deeper understandings. As a group, the organization is able to develop better musical understanding. You may gain a deeper appreciation for performance of the music. You may gain insight regarding its impact on audiences. You will also receive a summary of the findings of the research study.

#### **WHAT HAPPENS IF THE RESEARCHER GETS NEW INFORMATION DURING THE STUDY?**

I will contact you if I learn new information that could change your decision about participating in this study.

#### **HOW WILL THE RESEARCHER PROTECT PARTICIPANTS' CONFIDENTIALITY?**

The results of the research study will be published. Your name or identity will not be revealed. The records of this study will be kept private. The records will be confidential. In any sort of report I publish, I will not include personal information. It will not be possible to identify you in any way. Research records and recordings will be kept in a bank safe deposit box. I am the only person who will have access to the records. The flash drives will be destroyed after seven years.

#### **WHAT HAPPENS IF A PARTICIPANT DOESN'T WANT TO CONTINUE IN THE STUDY?**

Your participation in this study is voluntary. Your decision will not affect your current or future relations with anyone associated with the study or Capella University. You may choose not to participate. You may choose to participate. You are free to withdraw at any time. There is no penalty. Should you decide to withdraw, data collected about you will be deleted. Any transcripts of the interview will be destroyed. There will be no consequence. It will not affect your membership in the Cincinnati Choral Society.

#### **WILL IT COST ANYTHING TO PARTICIPATE IN THE STUDY? WILL I GET PAID TO PARTICIPATE?**

There is no cost to you of participating in the study. There will be no compensation to the participant for participating in this research project.

#### **WILL PARTICIPANTS BE COMPENSATED FOR ILLNESS OR INJURY?**

You are not waiving any of your legal rights in this study. However, no funds have been set aside to compensate you in the event of harm. If you suffer harm because of this research project, you may contact me. I can be contacted at 513-234-4438, [DDayton@capellauniversity.edu](mailto:DDayton@capellauniversity.edu). You may contact the chairperson of my dissertation committee. Her name is Dr. Linda Terry at [Linda.Terry@capella.edu](mailto:Linda.Terry@capella.edu). You may also contact the Capella Human Research Protections Office. Their number is 1-888-227-3552, extension 4716.

#### **VOLUNTARY CONSENT**

By signing this form, you are saying that you have read this form. (Or you have had it read to you). You are also saying that you understand the risks and benefits. You are saying that you know what you are being asked to do. The researcher will be happy to answer any questions you have about the research. If you have any questions, please feel free to contact me at 513-234-4438, [DDayton@capellauniversity.edu](mailto:DDayton@capellauniversity.edu), or you may contact Dr. Linda Terry at [Linda.Terry@capella.edu](mailto:Linda.Terry@capella.edu).

If you have questions about your rights as a research participant, the Capella Human Research Protections Office is available to help. If you have any concerns about the research process or the researcher, please contact us at 1-888-227-3552, extension 4716. If there are any unexpected problems with the research please also be sure to contact us. Your identity, questions, and concerns will be kept confidential.

**Note: By signing below, you are telling the researcher “Yes.” You want to participate in this study.  
You may withdraw this consent at any time. Please keep one copy of this form for your records.**

Your Name (please print): \_\_\_\_\_

Your Signature: \_\_\_\_\_

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

### **INVESTIGATOR’S STATEMENT**

I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants. I certify that it includes the nature and purpose of this research. I certify that it includes the benefits. I certify that it includes the risks. I certify that it includes the costs and any experimental procedures.

I have described the rights and protections afforded to human research participants. I have done nothing to pressure, coerce, or falsely entice this person to participate. I am available to answer the participant’s questions. I have encouraged him or her to ask additional questions at any time during the course of the study.

Investigator’s Signature: \_\_\_\_\_

Investigator’s Name: Daniel K. Dayton

Date: January 14, 2011

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### **Research Site(s) Approval**

The following institution(s)/organization(s) has/have granted the researcher access to their participants and/or facilities:

Name: Cincinnati Choral Society, Approval Date: August 15, 2010, Approval Code/Number: Letter Dated August 15, 2010.

Name: Mason United Methodist Church, Approval Date: August 16, 2010, Approval Code/Number: Letter Dated August 16, 2010

### **Capella’s IRB Approval**

