**OGS IRB Application**

Dissertation Title: The Relationship Between Spiritual Engagement And The Need For Recovery From Work Among Adjunct Faculty At Online Higher Education Institutions

Candidate’s Name: David Moser

Candidate’s Email Address: dmoser@ogs.edu

**Recruitment Method**

☐ In-person recruitment at a research site

☐ Electronic recruitment requiring permission (ie, email to a specific organization/group)

**x** Social media snowball sampling

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ I have secured permission to conduct my study from my research site (if applicable).

**Verification of Ethical Procedures**

I assure the Institutional Review Board of the following:

**x** I have discussed the ethical considerations of my study with my chair.

**x** I will protect the confidentiality and rights of participants.

**x** My study does not involve vulnerable populations such as minors or the incarcerated.

**x** I will uphold the ethical standards of the Belmont Report (Justice, Beneficence, and Respect

for Persons) and OGS’s policies.

**x** I have completed the NIH/HHS certificate for protecting human subjects in research.

**x** I will ensure data are kept securely for up to three years and then destroyed.

**Attachments**

1. **x** Appendix B: Informed Consent
2. **x** Appendix C: Recruitment Letter/Email
3. **x** Appendix D: Instruments
4. **x** Appendix E: Validity Documentation
5. **x** Appendix F: IRB Application Form itself (for now); Approval Letter in the Appendix F in the dissertation
6. **x** Appendix G: HHS Certificate
7. **x** Candidacy Application

**Researcher’s Statement**

I hereby confirm that the information provided is accurate and that I will conduct the research following the ethical guidelines and policies of Omega Graduate School, including adherence to the details outlined in the attached informed consent document.

Researcher’s Signature: David P. Moser

Date: August 1, 2024

**Omega Graduate School (OGS) Informed Consent Form**

**Sent to Participants to Solicit Consent**

Dissertation Title: The Relationship Between Spiritual Engagement and the Need for Recovery from Work Among Adjunct Faculty at Online Higher Education Institutions

Candidate’s Name: David P. Moser

Candidate’s Email Address: dmoser@ogs.edu

Chair’s Email Address: president@ogs.edu

**Introduction**

This form is to provide you with information about the research study and to seek your informed consent to participate. Your participation is voluntary, and you can withdraw without penalty.

**Study Description**

**Brief Summary of Research**: The purpose of this study is to examine the impact of spiritual engagement, specifically Sabbath rest, on mitigating work-related stress and burnout among adjunct faculty in higher education institutions. The study employs a quantitative research design, utilizing surveys to measure levels of work-related stress, burnout, and spiritual engagement among adjunct faculty members. Statistical analysis will be conducted to assess the relationship between Sabbath rest and reduced work-related stress and burnout. This study aims to provide empirical evidence on the potential benefits of spiritual engagement for adjunct faculty, contributing to the broader literature on employee well-being and stress management.

**Duration of Participation**: The commitment of time is minimal. The entire survey will take five minutes to complete.

**Confidentiality**

☐ I understand that my data will be kept confidential and stored securely.

☐ I understand that my data may be used for future research or educational purposes but will remain anonymous.

**Risks and Benefits**

☐ I acknowledge that the researcher has explained the potential risks associated with this study.

☐ I understand that the research may not provide direct benefits to me.

**Voluntary Participation**

☐ I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without any negative consequences.

**Compensation**

☐ I understand that I will/will not (select one) receive compensation for my participation. [If applicable, describe the compensation].

**Participant Rights**

☐ I have been informed of my rights as a participant in this study.

☐ I understand that I can ask questions about the study anytime.

☐ I am 18 years or older and of sound mind.

**Contact Information**

If you have any concerns or questions about the research, please contact:

**Researcher**: David Moser, dmoser@ogs.edu

**IRB Office**: Omega Graduate School, Chief Academic Officer (cao@ogs.edu)

**Consent**

By checking the boxes and signing below, I confirm that I have read and understood this consent form and agree to participate in the research study.

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or electronic field)

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or electronic “I Consent” button)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or electronic field)