Appendix 1 Barry university informed consent form

Your participation in a research project is requested. The title of the intervention is "Work-life balance issues among mental health professionals" The research is being conducted by Victor A Tejera, a doctoral student at Barry University, who is seeking information that will be useful in the field of human resource development. The aim of the research is to understand the personal and professional experiences that contribute to your work–life balance. In accordance with this aim, the following procedures will be used: completion of an online survey by yourself, which you will respond to anonymously. We anticipate the number of employees to be a minimum of 50. Your participation is requested with respect to the completion of the attached survey.

If you decide to participate in this research, you will be asked to do the following: participate in an interview that will last a minimum of 10minutes, in which you will be asked to detail which of your personal and professional experiences as a mental health professional have contributed to your work–life balance. At any time, you may refuse to answer any questions and may immediately withdraw from the intervention. Should you request to stop participating in this intervention and you have already contributed some data, those data will be destroyed upon your request. Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the intervention, there will be no adverse effects on your health care, employment, grades or personal life.

There are no risks in participating in this intervention. Although there are no direct benefits to you, your participation will help contribute to the body of human resource development knowledge. The information you provide as a research participant will be held in confidence to the extent permitted by law. Any published results of the research will refer to the responses you provide in your online survey. Data will be kept in a locked file in the consultant's office located in the consultant's home and will be destroyed 5 days after the completion of the intervention.

If you have any questions or concerns regarding the intervention or your participation in the intervention, you may contact me at (305) 215-8355 or my advisor, Dr. Jean McAtavey, at (305) 899-3724 or the Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary consent

I acknowledge that I have been informed of the nature and purposes of this experiment by Victor A Tejera and that I have read and understand the information presented above and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

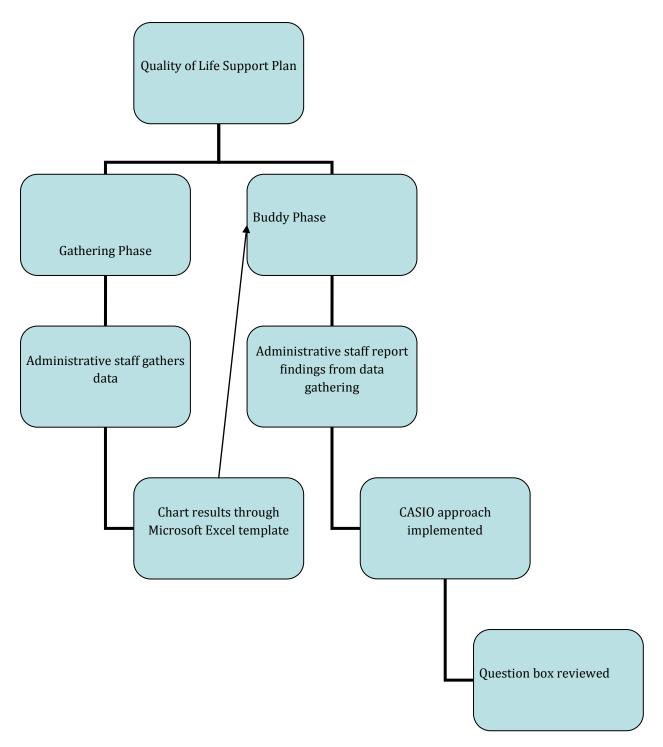
Signature of Participant Date

Consultant

Date

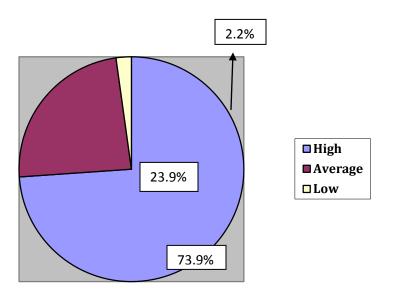
Witness

Date



Appendix 2 Performance improvement plan flowchart.

Quality of Life Classifcation



Appendix 3 Quality of Life Inventory Levels of Satisfaction Results.

Appendix 4 Template for the gathering phase of the performance improvement plan intervention Instructions to administrative staff:

- i. Use this template in the Gathering Phase of the Quality of Life Support Plan.
- ii. It is your choice to see how you would like to administer this.
- iii. For the purposes of anonymity, respondents can respond through anonymous websites like SurveyMonkey.com.
- iv. Data can then be inputted into this Microsoft Excel template and analyzed through the "chart" option to obtain visual data for reports to personnel.

Questions Yes No

My work environment is providing satisfaction. _____ ____ My home environment is providing satisfaction. ______ I am satisfied with my cases. ______ My work load is producing personal stress. ______ I wish to obtain further individual supervision. _____

Appendix 5 Performance plan evaluation

For administrative staff only:

- i. Please answer each question anonymously.
- ii. Do not provide any identifying information such as your name, birth date, or gender.
- iii. Your responses will be treated with respect and confidentiality.

Levels of evaluation

Level One: The interventions provided in the Quality of Life Support Plan are worth implementing with staff. YES NO

Level Two: The Quality of Life Support Plan contributes to my knowledge base. YES NO

Level Three: I will consider implementing the Quality of Life Support Plan. YES NO

Level Four: The Quality of Life Support Plan is effective for the workplace environment. YES NO

Appendix 6 Template for general pretest and posttest

The following inquiry is voluntary and will be considered for a possible future intervention via Victor A. Tejera of Barry University's doctoral HRD program.

Please respond to the items, should you be interested in doing so. The sole purpose of

- inquiry is research specific to work-life balance issues among mental health professionals.
 - Work–life balance issues are important YES NO
 - Participating in a intervention on work–life balance would be helpful YES NO
 - I would participate in work-related activity specific to addressing my life surrounding my personal and professional life. YES NO

Comments: