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Official study title: Effectiveness of a nurse-led, culturally adapted palliative and end-of-life training program (N-PELTP) for oncology nurses: A quasi-experimental controlled study

NCT number: Not yet assigned (pending PRS review)

Document date: 01April 2025

Participant Information Sheet and Informed Consent Form

For Nurses Participating in the N-PELTP Study

Document date: 01 March 2026

Study Title

Effectiveness of a nurse-led, culturally adapted palliative and end-of-life training program (N-PELTP) for oncology nurses: A quasi-experimental controlled study

Invitation to Participate

You are invited to take part in a research study that evaluates a palliative and end-of-life care training program for oncology nurses. Please read this information carefully and ask any questions you may have before deciding whether to participate.

Purpose of the Study

The purpose of this study is to evaluate whether a nurse-led, culturally adapted palliative and end-of-life care training program (N-PELTP) improves nurses' attitudes toward caring for dying patients, self-reported palliative care practices, and communication outcomes. The study also assesses palliative care knowledge.

Why You Have Been Invited

You are being invited because you are a registered nurse working in an oncology/cancer care setting and providing direct patient care.

What Participation Involves

If you agree to participate, you will be asked to:

- Complete a questionnaire at baseline (before the intervention).
- Participate in the N-PELTP training program if you are allocated to the intervention group.
- Complete follow-up questionnaires after the intervention (knowledge immediately after the program; attitudes, practice, and communication outcomes about 2 weeks after the program).
- Provide basic demographic and professional information (e.g., years of experience).

Your total time commitment will depend on the training schedule and the time needed to complete the questionnaires.

Voluntary Participation and Right to Withdraw

Your participation is voluntary. You may refuse to participate or withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Your decision will not affect your employment, performance appraisal, or relationship with your workplace or the university.

Risks and Discomforts

This study involves minimal risk. Some questions may make you feel uncomfortable when reflecting on end-of-life care. You may skip any question you do not wish to answer. If you feel distressed, you may pause, stop participation, or seek support through your workplace support services.

Benefits

You may benefit from gaining knowledge and skills related to palliative and end-of-life care. The findings may help improve palliative care training and support for nurses in oncology settings. However, benefits cannot be guaranteed.

Confidentiality and Data Protection

All information collected will be kept confidential to the extent permitted by law and institutional policy. Your questionnaires will be coded with a study ID number. Your name or any identifying information will not be included in reports, publications, or presentations. Data will be stored securely (password-protected electronic files and/or locked cabinets) and accessed only by the research team. Results will be presented in aggregate form.

Compensation and Costs

There is no payment for participation. Participation will not involve any additional costs to you beyond the time required to complete the study activities.

Questions or Concerns

If you have questions about the study, please contact:

- Principal/Corresponding Investigator: Dr. Asma Al Yahyaei, College of Nursing, Sultan Qaboos University, Muscat, Oman. Email: yhyaei@squ.edu.om. Tel: +968 24145405.

If you have concerns about your rights as a research participant or wish to raise a complaint, you may contact the relevant ethics committee(s) that approved this study.

Ethics Approval

This study was approved by the Research and Ethics Committee, College of Nursing, Sultan Qaboos University (CON/MSN/2025/8); the Institutional Review Board and Ethics Committee of the Sultan Qaboos Comprehensive Cancer Care and Research Centre

(SQCCCR-IRB&EC-2025-28-1); and the Scientific Research Committee, Ministry of Health, Oman (MoH/CSR/25/29653).

Informed Consent Form

Please initial each box to indicate your agreement:

___ I have read and understood the Participant Information Sheet.

___ I have had the opportunity to ask questions, and my questions have been answered satisfactorily.

___ I understand that my participation is voluntary and that I can withdraw at any time without penalty.

___ I understand that my data will be kept confidential and reported in aggregate form.

___ I agree to take part in this research study.

Participant name: _____

Signature: _____

Date: ___ / ___ / ____

Researcher name: _____

Signature: _____

Date: ___ / ___ / ____