

Information for Participation in Research

Fast-track program for newcomer nurses: workplace integration and registration, the EMPOWER study

Introduction

Dear Sir /mevrouw,

We are inviting you to participate in a scientific study. Participation is voluntary. However, to take part, we need your (written) consent.

You are receiving this letter because you are participating, or will soon participate, in the fast-track program for newcomer nurses within the UMCG or collaborating hospitals. In this program, nurses with a foreign background (for example, as refugees or migrants) work toward registration as a nurse in the Netherlands (BIG registration). Occasionally, participants with a different paramedical background also take part.

The purpose of this study is to gain insight into how the fast-track program works, what participants think about it, and which factors are important for success. We will also examine the costs and benefits of the program. This will help us better explain why, for example, government investment in the program is important. The knowledge gained will not only help improve the program itself but may also be useful for other hospitals that want to start a similar program.

Before you decide whether you want to participate in this study, this letter provides an explanation of what the research involves. Please read this information carefully and ask the researcher if you have any questions. The researcher's contact details are provided at the end of this information letter. You may also discuss it with your partner, family, or friends.

This study is conducted by the Department of Surgery at UMCG. The Central Ethics Review Committee of UMCG has assessed the study for compliance with current Dutch legislation and the additional regulations of UMCG.

1. Background, purpose and design of the study

In the Netherlands, an increasing number of nurses have a foreign background, such as refugees and migrants. They often already have considerable knowledge and experience, but it is not always easy to quickly integrate into the Dutch healthcare system or work in a new language. For this reason, the program EMPOWER program has been established.

The aim of this study is to better understand how this program works. We ask participants and supervisors about their experiences to learn what is going well and what could be improved. We also examine the costs and benefits. The results will be used to further improve the program. Additionally, we aim to study the extent to which the work environment is inclusive—where you feel welcome—or whether there is room for improvement. This may involve, for example, (unconscious) microaggressions, exclusion, or negative comments, including discriminatory or racist remarks. By identifying such behaviors, it becomes easier to address them and implement improvements. Furthermore, we will publish scientific articles so that other hospitals can also learn from these insights.

Who can participate? We invite newcomer nurses who are already participating or will soon participate in the program to take part in the study. Occasionally, participants with a different paramedical background also take part. For this study, we expect that over a period of 9 years, approximately 160–230 participants will take part, of whom 120–150 are from the northern Netherlands. This number is not strict but gives us the opportunity to closely examine how the program is progressing, what works well, and where improvements are possible. This way, we gain a complete picture of the program and can use the results to make the program better for new nurses.

2. What participation involves and what we expect from you

Participating in this study means that you will complete a few tasks and occasionally have a short conversation.

- At enrollment: You completed two online questionnaires. This took approximately 20 minutes. The questionnaires asked about your personal information and skills. This allowed us to get an impression of whether you were eligible for the program and later to assess whether the skills scores indicate a need for additional guidance.
- During the program: We will ask you to complete an online questionnaire about any unconscious offenses, exclusion, or negative comments from colleagues, for example of a racist nature. Additionally, after you have completed the program, you will be asked to complete a new questionnaire. This helps us gain a complete picture of your development during and after the program, and identify potential areas for improvement. Each questionnaire takes approximately 15 minutes. Occasionally, a short interview of about 20 minutes may also take place.
- Program data: During the program, the researcher will record information about important milestones, for example when you achieve your BIG registration.

There is little risk associated with this study. Everything you provide will be treated confidentially and used only for this research.

You have 7 days to consider whether you want to participate. Within this time, we would like to hear from you if you wish to take part. You can indicate your consent at the end of this document.

3. Possible advantages and disadvantages

It is important that you carefully consider the possible advantages and disadvantages before deciding to participate.

You will not gain any direct personal benefit from participating in this study. However, your participation can contribute to more knowledge about the Newcomers Empowerment program. This helps improve the program for future participants and can also be useful for other hospitals.

Possible disadvantages may include the extra time required to complete questionnaires and occasionally participate in a short interview (10 to 20 minutes each time).

Everything you provide or share will be treated confidentially and used only for this research.

4. If You Do Not Want to Participate or Wish to Withdraw from the Study

You decide for yourself whether to participate in the study. Participation is voluntary. If you do participate, you can change your mind and stop at any time, even during the study. You do not need to provide a reason for stopping. However, you should inform the researcher immediately so that you are not contacted unnecessarily. You can withdraw your participation by telling the researcher in person or by sending an email. The data collected up to that point will still be used for the study.

5. Collection, Use, and Storage of Your Data

For this study, your data will be collected, used, and stored. This includes information you provide in questionnaires, responses during any interviews, and data about your program, such as when you achieve your BIG registration. Each participant will be assigned a code that will be linked to their data. Your name and other personal information that can directly identify you will be stored separately. This ensures that no one can easily link your data to you.

Confidentiality of Your Data

To protect your privacy, your data will be assigned a code. Your name and other identifying information will be removed. The researcher knows which code belongs to you. Only with the code key can your data be linked back to you. The code key is securely stored at UMCG.

Any data sent to other parties involved (such as Regioplan or Social Finance NL) will include only the code and cannot be traced back to you by the recipient. For an interview conducted by Regioplan to understand your experience in the program and what you consider important, it is necessary to share your name and email address with Regioplan.

In reports and publications about the study, your data will not be traceable back to you. Only if you give separate consent will your name and email address be shared with Regioplan, so they can send you a direct invitation for an anonymous questionnaire.

Access to Your Data for Monitoring

Some individuals may have access to all your data at the research site, including data without codes. This is necessary to check that the study is conducted properly and reliably. People who are granted access for monitoring purposes include authorized monitors, auditors, and regulatory authorities such as the Dutch Healthcare and Youth Inspectorate. They are required to keep your data confidential. We ask for your permission to allow this access.

Data Retention

By law and regulations, the researcher must keep the collected data for the study for 15 years. After this period, the data will be destroyed.

More information about your privacy rights can be found in the UMCG privacy statement at: <http://uwprivacy.umcg.nl>.

By signing the consent form, you give permission for the collection, storage, and use of your data, including personal data, as described in this information letter. If the information from this study leads to improvements in the program, you may be informed about these changes. Whether you are informed depends on the stage you are at in the program.

6. Compensation for Participation

You will not receive any reimbursement for participating in this study. Travel costs are not applicable because the questionnaires are completed online, and the researcher will either call you or visit you for any possible interview.

7. Do You Have Any Questions?

If you have questions, you can contact Arthur Wijsmuller

If you have any complaints about the study, you can discuss them with the researcher, Arthur Wijsmuller. If you prefer to speak with someone not involved in the study, you can contact the UMCG complaints officer.

Phone: +31 50 361 22 20

Email: klachtenfunctionaris@umcg.nl

For questions or complaints regarding the processing of your personal data, we recommend contacting the Data Protection Officer of UMCG.

Phone: +31 50 361 61 61

Email: privacy@umcg.nl

Contact information

Dr. A.R. Wijsmuller, MD, surgeon, researcher, Department of Surgery

Phone: +31 6 25646662

Email: a.r.wijsmuller@umcg.nl

Attachment: Participant Consent Form

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- I have read the information letter (version 2, 18/11/25). I was also able to ask questions. My questions have been sufficiently answered. I had enough time to decide whether to participate.
- I understand that participation is voluntary. I also know that I can decide at any time not to participate or to withdraw from the study. I do not need to provide a reason for doing so.
- I give permission for the collection, use, and storage of my data in the manner and for the purposes described in the information letter.
- I understand that, for monitoring the study, some people may have access to all my data. These people are listed in the information letter. I give permission for them to view my data.
- I understand that my data will be stored at UMCG for 15 years.

Optional: (giving consent for these is not required to participate in the current study)

- I give permission for my data to be stored and used after this study for other research or follow-up research related to this study, as described in the information letter:
O Yes
O no
- I give permission for my name and email address to be shared with Regioplan so they can directly send me an invitation for an anonymous questionnaire or interview:
O Yes
O no
- I give permission to be re-contacted for possible participation in follow-up research, as described in the information letter:
O Yes
O no
- **I want to participate in this study**

Participant Name:

Signature:

Date: <dd-mm-yyyy>

Researcher:

I declare that I have fully informed this participant about the study mentioned above.

If, during the study, information arises that could affect the participant's consent, I will inform them in a timely manner.

Researcher Name (or representative):

Signature:

Date: <dd-mm-yyyy>
