

**CHRISTIAN SERVICE UNIVERSITY COLLEGE**

**DEPARTMENT OF NURSING**

**KNOWLEDGE, PRACTISE AND ATTITUDE OF NURSES IN SURGICAL INFORM CONSENT AT  
THE KOMFO ANOKYE TEACHING HOSPITAL**

**JULIANA ASANTEWAA BEDIAKO**

**ESMIRANDA CHRISTABEL MENSAH**

**HARRIET AMOAKOWAAH OBENG**

**A PROJECTWORK SUBMITTED TO THE DEPARTMENT OF NURSING,  
CHRISTIAN SERVICE UNIVERSITY COLLEGE, IN PARTIAL FULFILLMENT OF THE  
REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE IN NURSING**

**JUNE 2016**

## DECLARATION

We declare that this project is our own work and that we have correctly acknowledged the work of others under the supervision of our supervisor Cynthia PomaaAkuoko, no part of it has been presented elsewhere.

Student's Name	Index Number	Signature	Date
----------------	--------------	-----------	------

Juliana AsantewaaBediako	10001897	.....	.....
--------------------------	----------	-------	-------

EsmirandaChristabelMensah	50000084	.....	.....
---------------------------	----------	-------	-------

Harriet AmoakowaahObeng	10001855	.....	.....
-------------------------	----------	-------	-------

## SUPERVISORS DECLARATION

I hereby declare that the prepared and presentation of this dissertation was supervised in accordance with the guidelines on supervision laid down by Christian Service University College.

CYNTHIA POMAA AKUOKO	.....	.....
----------------------	-------	-------

(Supervisor)	Signature	Date
--------------	-----------	------

ERNESTINA ARMAH	.....	.....
-----------------	-------	-------

(Head, Department Of Nursing)	Signature	Date
-------------------------------	-----------	------

## **DEDICATION**

This project is dedicated to God Almighty for his grace and mercies throughout the study.

## **ABSTRACT**

Patients have the legal and ethical right to direct what happens to them, and the healthcare providers have the ethical duty to involve patients in their health care. The informed consent is an important way in which the patient participates actively in choices about their health care. Historically informed consent forms have been developed for the purpose of educating patients before being used as a subject for research or yet to undergo surgery. Respecting the right of every client to self-determination is a basic ethical principle that every nurse should observe. This study reports on the general knowledge and practice of various categories of nurses in an informed consent process at Komfo Anokye Teaching Hospital Surgical ward. A total of 131 respondents between the ages of 11-50 were interviewed using a structured questionnaire. The specific objectives of the study were to find out the knowledge of nurse's in an informed consent process, to assess the practices of informed consent among nurses and to determine the attitude of nurses in an informed consent process. The study found out that, there is a very high rate of nurse's knowledge on informed consent practices among nurses. Also contrary to other studies, educational level of nurses did not determine the ability for nurses to recall the risks associated with the procedures or the indication of the procedure. Lastly most nurses link legal and ethical reasons as the purpose of signing the informed consent.

## ACKNOWLEDGEMENT

Our greatest appreciation goes to almighty God, the most high for extending His loving kindness towards us throughout this study.

We want to express our special thanks to our supervisor Cynthia Pomaa Akuoko for her supervision, insightful criticisms, tolerance and encouragement she gave us to successfully accomplish this research.

We also want to express our sincere gratitude to all the respondents, for without their participation this project would not have come into fruition.

We wish to appreciate the authors of the various books and journals from which information on the study was referred.

May God bless all who made contributions in making this study a success.

## TABLE OF CONTENT

FRONT COVER	....	.....	....	.....	I
DECLARATION	....	.....	....	.....	II
ABSTRACT	....	.....	....	.....	III
DEDICATION	....	.....	....	.....	IV
ACKNOWLEDGEMENT	....	.....	....	.....	V
TABLE OF CONTENT	....	.....	....	.....	VI
LIST TABLES & FIGURES	.....	.....	....	.....	IX
 <b>CHAPTER ONE</b>	....	.....	....	.....	 1
<b>INTRODUCTION</b>	....	.....	....	.....	1
1.1 Background to the study.	....	.....	....	.....	1
1.2 Problem statement....	.....	....	.....	.....	3
1.3 Main objectives	....	.....	....	.....	4
1.3.1 Specific objective	....	.....	....	.....	4
1.4 Research questions	.....	.....	.....	.....	4
1.5 Significance/ Justification	.....	.....	.....	....	4
1.6 Limitations of the study	.....	.....	.....	.....	6
1.7 Definition of terms	....	.....	....	.....	6

## **CHAPTER TWO**

<b>2.1 LITERATUREREVIEW .....</b>	<b>8</b>
-----------------------------------	----------

## **CHAPTER THREE**

<b>RESEARCH METHODOLOGY....</b>	<b>11</b>
3.1 Study design.....	11
3.2 Study area.....	11
3.3 Study Population.....	13
3.4 Sampling Size .....	13
3.5 Sample Techniques .....	14
3.6 Eligibility Criteria .....	14
3.6.1 Inclusive criteria....	14
3.6.2 Exclusive criteria...	14
3.7 Data collection technique.....	14
3.8 Data management/ analysis....	14
3.9 Validity and Reliability.....	15
4.0 Ethical clearance.....	15

## **CHAPTER FOUR**

<b>4.1 DATA ANALYSIS AND PRESENTATION...</b>	<b>16</b>
--	-----------

## **CHAPTER FIVE**

### **DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

5.1 Discussion....	27
5.1.1 Nurses knowledge on informed consent....	29
5.1.2 Practices on surgical informed consent....	31
5.1.3 Attitude on surgical informed consent.....	32
5.2 Conclusions.....	34
5.3. Recommendations.....	36
5.4 References.....	37
Appendices.....	41



## LIST OF TABLES

<b>TABLE 1: Terminologies use in the study.....</b>	<b>.....7</b>
<b>TABLE 4.2 Demographic characteristics of respondents .....</b>	<b>.....15</b>
<b>TABLE 4.3 Analysis on nurses knowledge on inform consent .....</b>	<b>.....19</b>
<b>TABLE 4.4 Determinant of nurses.....</b>	<b>.....22</b>
<b>TABLE 4.5Attitudes on Surgical Informed Consent.....</b>	<b>.....25</b>

## LIST OF FIGURES

**FIGURE4.1** Importance of knowledge of ethics..... 21

**FIGURE 4.2:** When SIC is sought..... . 22

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 BACKGROUND TO THE STUDY**

Informed consent has its roots in the 1947 Nuremberg Code and the 1964 Declaration of Helsinki and is now a guiding principle for conduct in medical research.(Mitscherlich et al, 1996) Within its ethical and legal foundations, informed consent has two specific goals in clinical research: (i) to respect and promote a participant's autonomy; and (ii) to protect participants from harm. Obtaining written informed consent from participants before enrolment in a study is an internationally accepted standard .(Thornton, 2000).

Furthermore in 1972, informed consent was widely recognised in public health research as well as the practise of medicine, in response to the public outcry regarding unethical practices in the Tuskegee research (1932- 1972). The Nuremberg Code of 1947 which arose from the bitter experience of the indiscriminate human experimentation of the Second World War, and the Helsinki Declaration of 1964 formalized these concepts of patient consent. (De bord, 2014); Polani, 1988).

Informed consent (IC) is a process requiring a competent medical personnel, adequate transfer of information and consent of the patient. It is not just a signature on a piece of paper Every patient needs IC prior to surgery as part of preoperative routine as a matter of hospital policy, legal requirement and ethical obligation IC in the clinical setting seeks permission to treat patients, who, by consenting, agree to accept risks related to treatment in light of the anticipated benefits they might receive through treatment. (Cordasco 2013).

Respecting the right of every client is self-determination, a basic ethical principle that every nurse should observe. It is also a legal right of each client to decide what can and cannot be done to his/her own body in the treatment process. Therefore, when providing nursing care or treatment, a nurse has

the legal and ethical obligations to obtain consent from client. Care or treatment without consent may amount to civil or criminal liability.(Thomas W. Kenneth, n.d.)

The surgical informed consent (SIC) has introduced a new element to modern medical treatment. It is no longer a simple matter for the patient to consent to an invasive procedure. Rather it has a new principle which requires a care giver who is sufficiently knowledgeable to explain the proposed treatment processes including the specific operation and alternatives if available, the likely outcome and any significant risk and failure of treatment or Emergency treatment in a life-threatening situation.(De bord, 2014).

Nurses may be the first to realize any potential problems in the SIC process. A nurse can identify that there is no signed informed consent document in the patient's record for upcoming surgery and make the physician aware of the lack of documentation. Nurses know their patients, relatives and may notice if SIC was not fully understood. A nurse should serve as a patient advocate when asked to obtain a signed IC document prior to surgery.(Olin Jennifer, 2012)

The nurse must consider the ethical and legal issues involved in order to ensure that patients and relatives understand the SIC process before they witness to the signing of a consent form,it is a matter of importance for the patient to do this so as to become part of the decision regarding his medical management at the hospital. The patient does this by signing or thumb-printing and stating the date on the consent form.(Brent, 2013).

Obtaining consent is not only an ethical obligation, but also a legal compulsion.(Satyanarayana Rao, 2008). The level of disclosure has to be case-specific. There cannot be anything called a standard consent form. No doctor can sit in comfort with the belief that the "consent" can certainly avoid legal liability.(Pryor, 1997).

## 1.2 PROBLEM STATEMENT

Historically informed consent forms have been developed for the purpose of educating patients before being used as a subject for research or yet to undergo surgery. Respecting the right of every client to self-determination is a basic ethical principle that every nurse should observe.(Gore, 2001)

Patients have the legal and ethical right to direct what happens to them, and the healthcare providers have the ethical duty to involve patients in their health care(.Selinger, n.d.). The informed consent is an important way in which the patient participate actively in choices about their health care.(“Informed Consent - ACOG,” 2009)

However, informed consent process can be very difficult to understand, despite the fact that taking consent is one of the task for surgeons, nurses have a role to play in reinforcing this education.(Rosse et al, 1999).

SIC is a process not done in isolation, its therefore requires a collaborative professionals approach to the process with expert knowledge and open communication. Unfortunately, nurses who are always with the patient do not have enough knowledge on informed consent.(Allen Feld, 1998) The situation is not different with the nurses involved in surgical practises as they are always faced with the challenges of preparing a patient for surgery.(Bonsall Lisa, 2015)

Surgeons are responsible for informing patients of the risk, benefits and alternatives of a proposed treatment or surgery, therefore the informed consent is a legal and ethical responsibility of the surgeon, nevertheless the nurse who is the patient’s advocator should also understand the legal guidelines and ethical considerations of the informed consent process.(Goldberger et al 2011).

At various times many nurses both seniors and juniors are found to be utterly confused, desperate, not knowing the exact procedure and the principles behind the process. Some of them have even wondered why they have to take consent from a patient for a procedure they were not taking part.(Olin 2012).

A study conducted in South Africa revealed that nurses do not have adequate knowledge as to who should administer consent as well as its ethical and legal implications. (Rafii et al, 2004).

Protecting patient's autonomy is a key nurse's role, therefore there is the need to assess the knowledge, practices and attitude of nurses in surgical informed consent process.

### **1.3 MAIN OBJECTIVE**

- ) To assess the general knowledge, attitude and practice of nurses in an informed consent process at Komfo Anokye Teaching Hospital Surgical ward.

#### **1.3.1 SPECIFIC OBJECTIVE**

- ) To find out the knowledge of nurse's in an informed consent process
- ) To assess the practices of informed consent among nurse's
- ) To determine the attitude of nurses in an informed consent process

### **1.4 RESEARCH QUESTIONS**

This research will be guided by the following questions

- ) What is the nurse's knowledge in surgical informed consent process?
- ) What are the practices of nurses in informed consent process?
- ) What is the nurse's attitude towards informed consent?

### **1.5 SIGNIFICANCE / JUSTIFICATION**

The knowledge, attitude and practices in an informed consent process is an issue for every nurse. The action of the nurses who act as agent of the patients may impose vicarious liability upon the hospital. Hence, experienced and knowledgeable nurses should take on the role of helping patients in the informed consent process. It serves as a legal document and also as a reference material.

Informed Consent as possible impediments toward optimal care. A poor knowledge base can create a barrier for nurses to be able to administer informed consent. Barriers to informed consent administration have been identified: patient-related barriers, Provider-related barriers and system-related barriers. System-related barriers to informed consent generally reflect a low priority given to informed consent within an institution(Holly .1999).

Patient-related barriers to informed consent include knowledge deficits of informed consent. Provider-related barriers to pain management include the misconception about the use of informed consent and not follow the standard guidelines provided by the World Health Organization.(Travaline et al 2000.)

And this study focused on the provider-related barriers encountered by nurses only. Nurses play a unique role in administering informed consent. Although medical doctors are accountable for surgeries, yet nurses are responsible for the comfort of the patient (Cohen, 1980). It is the nurse who twenty-four hours a day helps the patient to understand and know the implication of the surgery the patient is going to undergo.

The nurse plays a significant role in counselling the patient about the various procedures and strategies available, including their risks and benefits. Nurses also help patients to identify if the treatment may hinder the quality of life of the patients, educate patients about different aspects of their treatment. Nurses working with complex patients must draw their ability to advocate for patients and establish rapport with patients and families. Without adequate knowledge level and correct attitudes towards informed consent, nurses will severely hinder patients of their right and may impose vicarious liability upon the hospital. Nurses are the ideal persons to help in the administering of informed consent, thus it is imperative to assess the knowledge, attitudes, practices of nurses in order to facilitate effective administering of informed consent.This study is targeting solely on surgical nurses as subjects to investigate the knowledge, attitudes, and practices of administering informed consent. The surgical department of the hospital constitutes a large proportion of clinical service and manpower, this study

helped to find out the knowledge, attitudes, and practices of informed consent in this significant group of nurses.

Study findings will be used to help find solutions to overcome the barriers to informed consent encountered by nurses at Komfo Anokye Teaching Hospital.

It will also help to facilitate education of nurses about informed consent in the future.

## **1.6 LIMITATIONS**

Inadequate time and financial resources resulted in the relatively small sample used in the study. It also resulted in our inability to afford the services of qualified enumerators that could have assisted in the interviewing of the study participants. Furthermore some of the nurses were reluctant in answering the questionnaire in order to hide their ignorance on the informed consent procedures

## **1.7 DEFINITION OF TERMS**

The terminologies used in the study have been clearly defined in the table below



**TABLE 1. TERMINOLOGIES USED IN THE STUDY**

<b>Term</b>		<b>Definition</b>
Patients Consent	Informed	A legal concept predicated on the duty of the practitioner to disclose to the patient information necessary to enable the patient to evaluate a proposed medical or surgical procedure before submitting to it (Pozgar, 2004)
Patients Consent Form		A written document required by regulators which serves as evidence or confirmation that patient “informed consent” has been obtained
Surgery		Medical treatment that involves operations on or manipulations of the patient's body and, usually, cutting the body open to perform these

## CHAPTER TWO

### 2.1 LITERATURE REVIEW

Ethics is taking an increasingly prominent place in nursing practice. It has been generally accepted that nurses are confronted with unique ethical problems that arise from their participation in patient care.

This chapter reviews relevant literature on nurse's knowledge, attitude and practise in an informed consent process

If a patient merely acquires and appreciates information, but does not publicly make his/her intention known to the world, that subjective knowledge would not amount to consent, even though that patient has complete understanding regarding the topic. It is required that the patient actively makes his/her will known, for example by, signing a consent form. The conduct of the patient in the light of the circumstances will indicate whether consent has been given (Brent, 2013).

A study was conducted among nurses and midwives in Kampala Uganda on knowledge in informed consent. Out of the nineteen (19) participants, sixteen (16) of them responded affirmatively to the question on whether they had ever sought consent from a patient or prospective research participant. Also, all of them admitted that it is important to seek consent from patients but the main reason given was on fear of legal action if something went wrong. Only three participants indicated respect for individual autonomy as a reason for seeking consent.(Ochieng et al., 2014)

A critical analysis of a survey conducted byElsayed and Kass (2007), revealed that out of 153 nurses whose knowledge and attitudes towards Informed Consent in health research were studied, only (12.6%) of the nurses obtained IC in research study/procedures. Factors that lead nurses not to obtain informed consent include cultural diversities, lack of communication due to language barriers and a high illiteracy rate. Content analysis of an exploratory study by (Won-Heeet *al.*, 2008) among 12 nurses who were selected from two different hospitals, on perceptions of IC and their roles indicated that nurses perceived a lot of problems in the process of obtaining IC. Most nurses found their role in IC to be insignificant in the process of obtaining informed consent. Knowledge on IC was inadequate.

In the United States of America each year, 25,000 nurse anaesthetists administered more than 65% of the anaesthesia/Surgical informed consent process to 26 million pre-surgery patients. The nurses were at greater risk for medical malpractice and litigation (Jordan, 1994). With proper informed consent, misinformation, dissatisfaction and subsequent legal action can be diminished.(McDonough et al 1995)

Peretti-wateiet *al.*, (2005) conducted a national survey of 602 district nurses' attitudes toward patient consent which revealed that there was inadequate communication (54%) between nurses and patients. Every professional nurse is accountable for his/her own practice and should always act in the best interest of patients/clients.

To participate effectively in informed consent processes, a nurse needs to have the knowledge, expertise and capability to give sufficient information and be able to answer any questions raised by potential patients.(Rosse & Krebs, 1999)

A descriptive cross sectional study of nurses in the medical and surgical department of lautech Teaching Hospital in OsogboOsun state Nigeria was conducted using a semi structured questionnaire.Sixty five nurses participated in the study. A high proportion of 60 nurses (92.3%) had heard of informed consent but only 26(40%) had correct and adequate knowledge of informed consent. Forty (40) of them (61.5%) had participated as witnesses to the procedure of seeking informed consent. Participation recorded 38 (58.5%) of respondents. Forty seven (86.2%) nurses wanted nurses to be involved in obtaining informed consent because it improves quality of patient care while 38(58.5%) nurses believed that involvement of nurses should be because it is the nurses statutory responsibility. .It appeared that the knowledge of informed consent among nurses was inadequate and nurses were not adequately carried along in the process. Training of nurses in this important procedure would greatly enhance the quality of patient care.(Md, Mo, & Pb, 2007)

A study population constituting of 165 nurses working in the services of Internal Medicine (75 nurses) and General Surgery and Specialties (90 nurses) in the Centro Hospitalar de Vila Nova de Gaia. Data was collected using self-handled questionnaire, which was divided in two different parts, the first part has questions aim to obtain data on the characteristics of respondents; the second part was related to the questionnaire itself. There is the recognition that the knowledge on the subject is good, According to the knowledge that the nurses claim to have, there is a clear attitude difference about the informed consent, which is confirmed both by the knowledge they show and the resulting practice.

A similar study conducted to assess the knowledge, attitude and practise of healthcare ethics among staff (doctors and nurses) at the Queen Elizabeth hospital in Barbados between April – May 2003. 159 responses was obtained. Among the variables studied was the frequencies of which the respondent encountered ethical and legal issues. The responses varied widely from daily to yearly, 20% of senior nursing staff had little knowledge of the pertinent to their work, quarter of the nursing population did not know the nurses code of practise. In conclusion the study clear shows the lack of knowledge of most nurses on the ethics of practise. They only concern themselves with avoiding legal battles than respecting the patient as a unique individual and the rights should be respected. (Hariharan, et al, 2006)

Another similar study conducted by Osingada et al assess the nurses' knowledge on informed consent in relation to their educational level. It was seen that respondent with diploma or higher education had more knowledge than their colleagues in with low educational level. (Osingada et al., 2015)

Finally, we can also confirm that where the informed consent is more frequently applied is where we find a clear “attitude” difference towards the informed consent process by nurses in most of the literature reviewed.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 STUDY DESIGN**

A descriptive cross sectional study was chosen to assess the knowledge, attitude and practise of nurses in an informed consent process at the Komfo Anokye Teaching Hospital surgical directorate between February and April 2016, The reason for choosing this design will help record information about participants without manipulating the study environment, it will also help to identify areas for further research., help in planning resource allocation where needed and to also provide informal information about informed consent..

#### **3.2 STUDY AREA**

In the 1940s, there was a hospital located on the hill over-looking Bantama Township called African and European, by 1952, the need to construct a new hospital to cater for the fast increasing population in Kumasi and therefore Ashanti Region arose. In 1954/55 the new hospital complex was completed and named the Kumasi Central Hospital. The name was later changed to the Komfo Anokye Hospital in honour and memory of the powerful and legendary fetish priest, Komfo Anokye. It gained a teaching hospital status in 1975 for the training of medical students from Kwame Nkrumah University of Science and Technology. KATH is the second largest hospital in Ghana under the auspices of Ministry of Health and has a bed capacity of 1500. A newly-established state of ultra-modern Accident and Emergency Centre with a bed capacity of 120 built in 2009. KATH is accessible to about 80% of the population of Ghana: Northern, Western, Central Brong/Ahafo and neighbouring countries such as La Cote d'Ivoire, Burkina Faso, and Togo due to its strategic location in the middle belt of Ghana The nursing strength is 1615 which are made up of all categories of nurses.

## Directorates

) Clinical directorates

) Non – clinical directorates

### Clinical directorates

The hospital has nine (9) clinical directorates

1. Anesthesia and Intensive Care Unit (ICU)
2. Child health
3. Diagnostics
4. Medicine
5. Obstetrics and Gynecology
6. Oncology
7. Polyclinic
8. **Surgery**
9. Oral Health

### Non– clinical directorates

1. Domestic services
2. Security
3. Supply chain management
4. Technical service
5. Human Resource unit

The surgical directorate of the hospital where the study was conducted is divided into several specialty areasnamely;

1. Trauma and orthopedics,
2. General surgery,
3. Plastic Surgery,
4. Urology,
5. Pediatric surgery,
6. Neurosurgery
7. Cardiothoracic surgery

Nurses staff strength at the surgical directorate is 197, comprising of 150 registered general nurses and 47 enrolled nurses

### 3.3 STUDY POPULATION

The study participants were drawn from the nursing population at the Komfo Anokye Teaching Hospital (KATH) surgical directorate.

### 3.4 SAMPLE SIZE

Due to diverse number of nursing population at the KATH surgical directorate, a fraction of the population who were registered nurses were invited to participate in the study Using a proportion,  $p \times 50\%$  of nurses who volunteered to partake in the study, a bound of  $d \times 0.05$  from the estimate with a precision  $Z_{1.96}$ , and the population of the selected districts  $N = 200$ , a total sample size of 131 was used in the study, using the formula  $n = Z^2 \frac{p(1-p)}{d^2}$  (Lwanga, et al 1999), where;  $n$  = minimum sample size,  $z$  = precision given as 1.96 for 95% confidence level,  $d$  = rough approximation to the proportion of nurses involved in the study,  $a$  = allowable sampling error tolerated or accuracy of measurement and  $N$  = Population of the nurses at the surgical ward.

### **3.5 SAMPLING TECHNIQUES**

A non-probability sampling technique (convenient sampling) was used. The lists of the nurses in the directorates were obtained from the nurse manager. These lists served as sampling frames to identify the target population (registered nurses) among the diverse type of nurses in the surgical directorate

### **3.6 ELIGIBILITY CRITERIA**

All registered general nurses in the surgical directorate were part of the study

#### **3.6.1 INCLUSIVE CRITERIA**

All registered general Nurses at the surgical directorate were used in the study.

#### **3.6.2 EXCLUSIVE CRITERIA**

Other staff members who are not registered general nurses were excluded from the study.

### **3.7 DATA COLLECTION TECHNIQUES**

A standardized questionnaire was constructed to elicit the relevant information from the respondents. In achieving this, variables that can adequately assess their knowledge, attitude and practise in Surgical Informed Consent process were used. The questionnaire was structured into 2 parts, the part one dealt with the demographic characteristics of the respondent's whiles the last part considered the nurses roles in surgical informed consent process. Personal interview was adopted to administer the questionnaire

### **3.8 DATA MANAGEMENT**

Data collected from the survey was entered into Microsoft Access 2010 database and transported to epi-info 3.5.3. Continuous variables such as age and length of service were categorized and analysed. Chi-square test was used in order to determine relationships between the demographic characteristics of respondents' and role in Surgical Informed Consent process



### **3.9 VALIDITY AND RELIABILITY**

The research instrument was submitted to our supervisor for content validity and correction were made. Prior to the data collection, the questionnaire was pretested on ten nurses at Suntreso Government Hospital within the Kumasi Metropolis. Two research assistants who assisted in the collection of data were trained and equipped with interviewing skills on how to administer the questionnaire. The team met every day after the interviews to assess the data collected and made corrections of inconsistencies.

### **4.0 ETHICAL CLEARANCE**

Prior to conducting this study, an approval was granted by the School of Nursing, Christain Service University College, the Research & Development Unit of Komfo Anokye Teaching Hospital as well as the head of the surgical directorate, Nurse Manager and Ward in-charges of the various units of the surgical department. A written informed consent of all participants was administered before they were interviewed. Participation in the study was purely voluntary. During the interview confidentiality and anonymity was observed.

## CHAPTER FOUR

### 4.1 DATA ANALYSIS AND PRESENTATION

This chapter analysed data collected from the survey questionnaire. The analysis was done with reference to the objectives of the study. The research instrument distributed to the sample of 140 achieved a response rate of 93% representing 131 retrieved questionnaires. The chapter has been organized under four major sections namely –demographic characteristics of respondents, nurses knowledge on informed consent, practices on surgical informed consent and finally, attitude of nurses on surgical informed consent process..

**Table 4.2 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

#### DEMOGRAPHIC ANALYSIS

Variable	Category	Frequency(n=100)	Percentage (%)
Age	11-20	03	02
	21-30	62	47
	31-40	43	33
	41-50	13	10
	Above 50	10	08
Gender	Female	95	73
	Male	36	27

<b>Rank</b>	Staff Nurse / Midwife	47	36
	Nursing Officer	23	17
	Senior Nursing Officer	18	14
	Senior staff Nurse/Midwife	17	13
	Principal Nursing officer	14	11
	Deputy Director of Nursing Services	10	8
	Midwifery Officer	02	1
<b>Educational level</b>	Diploma	69	53
	Degree	46	35
	Masters	12	09
	Certificate	4	03
<b>How many years of practice</b>	Below 1 year	8	06
	1-5	56	43
	6-10	30	23
	11-15	9	07
	16-20	13	10
	Above 21 year	15	11

Source: Survey data 2016 KATH

The table 4.2 above shows that in terms of age of nurses majority (47) % of respondents fell within the age category 21-30yrs, followed by 43(33) % also between ages (31-40), also 13(10) % was within the age range of (41-50yrs), the least representation was recorded by respondents of age <20 years with just 3(2%).

With regards to gender, majority of respondents were females (73%) as opposed to (27%) males. In terms of ranks, staff nurse (36%) dominated, followed by nursing officer (17%), then (14%) and senior nursing officer, (13%) for Senior Staff Nurse/Midwife, and Principal Nursing Officer recorded 11%. However 8% and 1% of the respondents were of ranks Deputy Director of Nursing Services and Midwife officer respectively.

In terms of level of education of respondents, majority (53%) had attained diploma, next to that was degree with 35% while masters level was 9%. The least 3% in the category had certificate. Majority of the respondents (43%) had worked for 5 - 11 years, next to that was 23% for 6-10 years, 11% had worked above 21 years. The least among the years of service were 11-15 and below 1 year with readings of 7% and 6% respectively.

**Table 4.3NURSES KNOWLEDGE ON INFORMED CONSENT**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Legal and ethical problems at workplace	Never	66	50.
	Daily	20	15
	Monthly	19	15
	Annually	18	14
	Weekly	8	06
Valid age for surgical inform consent form	Patient above 18	112	86
	Depending on the individual intellect	10	09
	Depending on the clinical judgment	9	06
Do you inform patient on the following	All	60	46
	The surgical procedures	40	31
	Likely complications	11	08
	Alternative treatments	10	08
Does SIC have an impact on patient wellbeing	Yes	125	95
	No	6	06
If yes, why	Helps patient make informed decision	37	30

	Allays fears , calms and bring confidence to the patient	29	23
	Right of patient is protected	25	20
	Encourages cooperation among patient, relative and staff	19	15
	Patient feels involved in the planning of care	15	12
If no, why	Has no correlation to the clients wellbeing	3	60
	Makes the patient scared	2	40
Any formal training of SIC process	Yes	98	75
	No	33	25
Ethicality of Patient knowledge on treatment process	Yes	128	98
	No	13	2

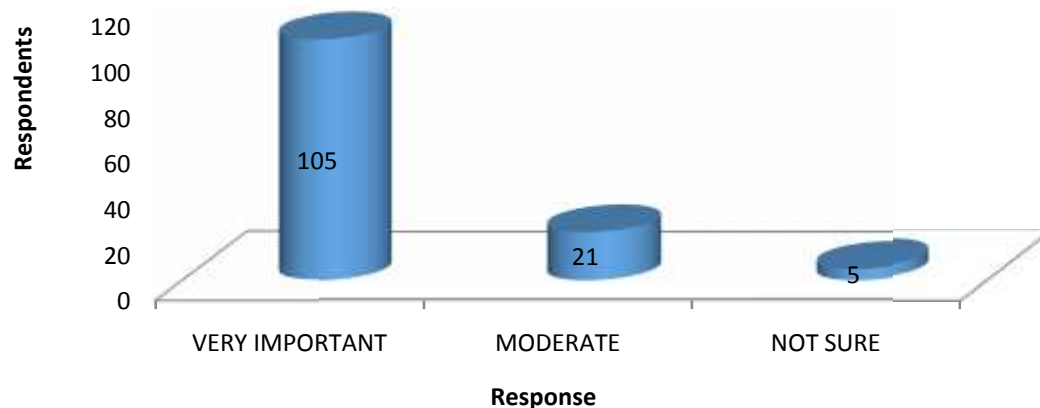
**Source: Survey data 2016 KATH**

Table 4.3 above shows the knowledge of nurses on informed consent forms. Majority of respondent 66(50%) had never met a legal or ethical problem at the workplace, 20(15%) daily, then 19(15%) monthly. 18(14%) and 8(6%) of nurses usually meet legal or ethical problem at the workplace annually and weekly respectively. Majority (38%) of respondent had knowledge on informed consent process from courses and seminars, 36 (28%) from experience, 23 (18%) had it from themselves and the least 22 (16%) at the university. Majority (86%) agreed that patient above 18 years can give valid

surgical informed consent, 10(9%) thought it depended on the individual intellect with 9(6%) on the clinical judgment of medical staff. Most respondent 60 (46%) informed patient of all procedures, 40 (31%) on only surgical procedures, 11(8%) on likely complications and 10 (8%) on alternative treatment. On the aspect of whether SIC has any impact on wellbeing of patient majority 125(95%) were of the view that yes with just 6% disagreeing. out of the yes,(30%) thought it helps patient make informed decision, 23% think it allays fears, calms and bring confidence to the patient, 20% also think right of patient is protected, whilst 15% and 12% think it encourages cooperation among patient, relative and staff and that patient feels involved in the planning of care respectively but out of the no's majority 60% think it has no correlation to the clients wellbeing and also 40% of the view that it makes the patient scared.

Majority (75%) have received formal training, only 25% with no training on surgical informed consent 98%of respondents think it is ethical for patient to be aware of whatever treatment he/she is receiving

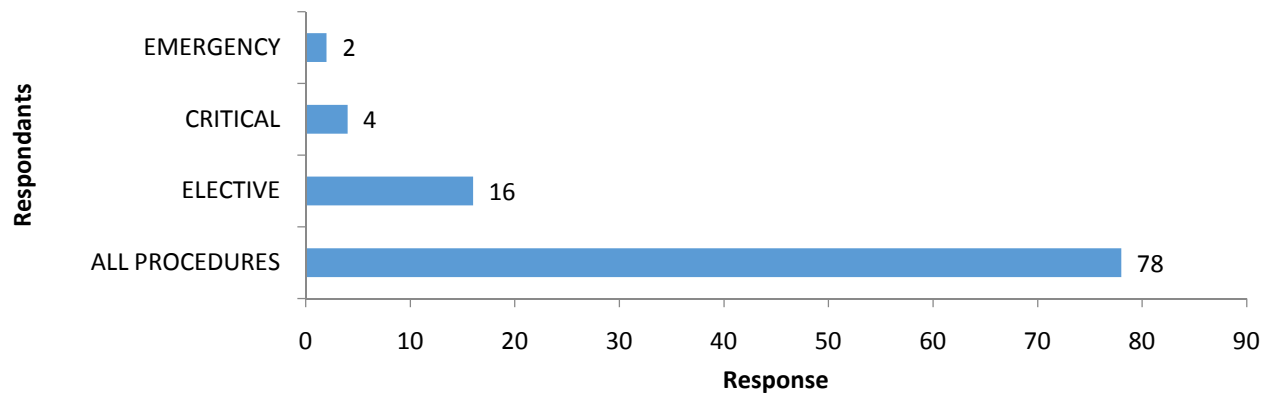
**Chat 4.1: Importance of Knowledge of Ethics**



whilst 13(2%) declined.

The bar chat above shows that, in terms of importance of ethics at work place most of them answered 105 (80%) very important, whilst 21(16%) moderate with the least 05(4%) not been sure.

**Chat 4.2: When should SIC Be Administered**



The bar chart above shows that amongst respondents who thought which surgical procedure should surgical informed consent to sought, most of them 102(78)% said all procedures, elective 21(16)%, critical cases only 06(04%) and last emergency case (2%)

**Table 4.4 PRACTICES ON SURGICAL INFORMED CONSENT**

Variable	Category	Frequency	Percentage (%)
Have you administered an SIC to a pre surgical patient	Yes	108	82
	No	23	18
Witness or taken part of SIC	Yes	116	89
	No	15	11
Does respondents know their role in SIC process	Yes	121	92
	No	10	8



What role do you play in SIC to patient	Patient advocator	63	48
	Witness	40	30
	Administrator	18	13
	All	13	9
Do you know the Ethical and legal implications of signing SIC	Yes	124	95
	No	07	5
Do you know the Implications of nurses administering the ICF	Yes	123	94
	No	08	6
Who is responsible for taking SIC	Surgeons	66	50
	Nurse	48	37
	Anaesthetist	10	7
	Midwives	5	4
	All	2	2
Purpose of signing SIC	For legal and ethical reasons	50	38
	Help patient make informed decision	30	23
	Gives care givers and patients confidence for the process to continue	20	15

	For protection of medical staffs		
	For patients surgical records	16	12
	It is mandatory	10	8
		5	4

**Source: Survey data 2016 KATH**

The table 4.4 above talks about the practices on surgical informed consent. According to the table, 82% of respondents have administered informed consent to a pre surgical patient before with only 23(18%) responding no. 89% have witnessed part of surgical informed consent before and 11% have not. Majority 92% know their role on the surgical informed consent process whilst 8% do not. Majority (48%) played the role of patient advocator, (30%) as witness, (18%) as administrator role and just (9%) performing all the roles. Majority 95% know the ethical and legal implications of patients signing the informed consent whilst 8(5%) did not. Most respondent (94%) also know the implications of nursing signing the forms with just (6%) declining. Majority (50%) of respondents believe surgeons are responsible for taking informed consent, (37%) believe nurses are responsible, (7%) think anaesthetist are responsible, midwives accounted for 4% with only (2%) believing its everybody's responsibility. Most respondents 50(38%) think legal and ethical reasons as the purpose of signing the informed consent, 30(23%) think it helps patient make informed decision, 20(15%) are of the view that it gives care givers and patients confidence for the process to continue. Also 16(12%) think it protects medical staffs from legal action, 10(8%) agreed it for patients surgical records with just 5(4%) thinking it's mandatory.

**TABLE 4.5 ATTITUDES ON SURGICAL INFORMED CONSENT**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Importance of detailed information about patient condition	Strongly agree	103	79
	Agree	26	19
	Disagree	1	8
	Neutral	1	8
Nurses need to ensure patient understand IC before signing	Strongly agree	99	76
	Agree	29	21
	Neutral	02	2
	Disagree	01	8
Nurses play important role in administering consent	Strongly agree	64	49
	Agree	60	45
	Neutral	05	4
	Disagree	02	2
Nurses identify patients understanding of SIC	Strongly agree	59	46
	Agree	50	38
	Neutral	12	9
	Disagree	7	5
	Strongly disagree	3	2
Nurses act as advocators between the patient and surgeon	Strongly agree	72	55

	Agree	43	34
	Neutral	7	5
	Strongly disagree	6	4
	Disagree	3	2

**Source: Survey data 2016 KATH**

This section deals with the attitude of nurses in an informed consent process. The table above shows that majority (79%) strongly agreed that it is important to give detailed information about the patient's condition 26%) agreed and only 1% each either disagree or was neutral.

With regards to patient understanding of informed consent form before signing, (76%) strongly agreed, (21%) also agree whilst (2%) and (1%) respectively were neutral and declaim was well.

(49%) of nurses were of the view that nurses play important role in administering the informed consent. Only (2%) declined with that idea. Some agree and were neutral with (45%) and (5%) respectively.

Most nurses 59(46%) strongly agreed with the fact that they are the first person to identify a problem with patient in regards to understanding of inform consent process. (38%) were in agreement whilst only (2%) disagreed.

Lastly 77(55%) of respondents believe nurses act as an advocator between the patient and the surgeon. (34%) believe in such advocacy whilst (5%) were neutral. (2%) and (4%) of nurses disagreed and strongly disagreed with the view that they act as advocates.

## **CHAPTER 5**

### **DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 DISCUSSION**

Over the years the World Health Organization WHO (2003) has specifically emphasized that respecting the right of every client is a basic ethical principle that every nurse should observe. It is also a legal right of each client to decide what can and cannot be done to his/her own body in the treatment process. Therefore, when providing nursing care or treatment, a nurse has the legal and ethical obligations to obtain consent from client. Care or treatment without consent may amount to civil or criminal liability.

This study was conducted to assess the general knowledge, attitude and practice of nurses in an informed consent process at Komfo Anokye Teaching Hospital Surgical ward.

In this study the general knowledge, attitude and practice of nurses in an informed consent process at Komfo Anokye Teaching Hospital was investigated. The modal age was 21-30 category representing 47.0% of the respondent population. This also means that the respondents were predominantly under the age 40.

The age bracket (31-40) also recorded 43 respondents representing (33.0%) of the population whilst 13(10.0%) of respondents was (41-50) years, the study also recorded the (10) respondents who were aged >50 and they represented (8.00%). The least in the age category was respondents who were aged (11-20) years 03(2.0%) and this figure was recorded by the nurses' respondents. This is so because in Ghana the age for retirement is 60 years and since the study population is dominated by health professionals, such a trend is expected. The study involved 131 health workers, specifically nurses and midwives to be precise.

Out of the 131 respondents, most 95(73.0%) were female nurses and 36(27.0%) were male nurse. This was also expected by the researchers because in the hospital settings, majority of the workers are females.

In a study that was conducted among nurses and midwives in Kampala Uganda on knowledge in informed consent. Out of the nineteen (19) participants, sixteen (16) of them responded affirmatively to the question on whether they had ever sought consent from a patient or prospective research participant. Also, all of them admitted that it is important to seek consent from patients but the main reason given was on fear of legal action if something went wrong. Only three participants indicated respect for individual autonomy as a reason for seeking consent.(Ochieng et al., 2014)

There was a statistically significant difference between the respondents in regards to informed consent of the current study.

Even though all the respondents are nurses but they are at different levels in terms of their ranks in the hospital. The rank that saw significant majority of the respondents 47 (36.0%) as staff nurse/midwives, with nursing officers 23(17.0%) as the second significant majority of the respondents. Senior Nursing officers were also represented with 18 respondents representing (14%). 17(13.0%) of the respondents were senior staff nurse/midwife members while 10 (8.0%) represent the deputy director of nursing services. The least of the respondents were the midwifery officers who were 2 in number and also represent 1%.

WHO (2003) observed among other things that the educational level among nurses particularly female, were of a special interest due to the legal job requirement without the hospitals.

Knowledge could be very high but as to whether respondents patronize and practice its use effectively is another issue. Therefore, once there is no knowledge of, or use of consent forms is inconsistent among the nurses, the result will be not administering informed consent.

### 5.1.1 NURSES KNOWLEDGE ON INFORMED CONSENT

The broad perception of informed consent among the study population is acceptable. A considerable 92% of nurses perceiving the consent form as giving power of decision to patients. On the top of that, 89% considered that informed consent is a proof that they agreed to undergo a clinical treatment and surgery procedure. This is in line with the objectives of informed consent which nurses use to help patients to participate in the decision-making process. The study records a very high rate of participant's knowledge on informed consent practices among nurses. That is, as many as 125 respondents representing (96%) admitted to the practice as part of their responsibilities.

From the study we realize that nurses have knowledge on informed consent. In table 4.2 we see that out of the 131 participants interviewed 112 (93%) knew the right age valid for patients to seek surgical consent. The researcher also found out that 124 out of 131 nurses understood the nature of the consent form.

Peretti-wateiet *al.*, (2005) conducted a national survey of 602 district nurses' knowledge toward patient consent which revealed that there was adequate communication between nurses and patients. Every professional nurse is accountable for his/her own practice and should always act in the best interest of patients/clients.

To participate effectively in informed consent processes, a nurse needs to have the knowledge, expertise and capability to give sufficient information and be able to answer any questions raised by potential patients.(Rosse et al, 1999)

The reason for nurses administering informed consent in their practices has further been confirmed in the study when it was recorded that most 45(34%) respondents has had legal and ethical problems at their various work places, simply because they did not administer informed consent to patients.

On the other hand, only 25(20%) were able to say that they were moderate and not sure about the importance of the knowledge of ethics in the signing of the consent form for patient healthcare, while the vast majority 105(80%) saw the importance of the knowledge of ethics in healthcare delivery. the operation meant that they understood what would happen to them. Bhurgri and Qidwai got different findings in a survey of 80 nurses, 45% of them graduates, at Aga Khan University hospital, in Karachi, Pakistan. Only 20% of the respondents, all graduates, were aware of the process of informed consent.

As many as 24% admitted, even after signing the consent form, that they did not know the importance of the consent form Understandably, when nurses were asked to say the meaning of informed consent, some nurses still held ideas like: informed consent is to allow access to theatre, or informed consent form serves to allow the doctor to do what he thinks is the right thing for the patient. . The case of Komfo Anokye was different because majority of the nurses interviewed were graduates.

The nurses had a fair knowledge on the importance of informed consent and how to administer them to patients.

Quite similar to the observation made by Knapp van Bogaert and Ogunbanjo. They stated that there is a persistent risk to give more importance to a mere completion of a piece of paper called consent form than a better understanding of what actually happens.(Ogunbanjo et al, 2013)

This inappropriate perception of informed consent process is in part a reflection of the background of patients, particularly the level of health education.

The assumption was that the degree at which the principle of informed consent for medical care has been publicized through mass education by the related government institutions has probably contributed to this situation.

Many underdeveloped countries still struggle with the fact that patients don't know their rights with regards to consenting or not for any medical treatment or surgical procedure. In Ghanaian



communities, this duty is sometimes left to the family to decide. Others even leaving it up to the doctor to do what, he/she thinks, could be the right thing for the patient.

### **5.1.2 PRACTICES ON SURGICAL INFORMED CONSENT**

Studies done to evaluate nurses' understanding of the process of informed consent have generally come to the conclusion that it is very difficult to evaluate nurses' understanding. Minnies et al. acknowledged that there were difficulties in measuring understanding of informed consent process. These difficulties were encountered also in this study when trying to determine ways of assessing appropriate understanding. The notion of understanding of informed consent is not one that is easy to evaluate.

Considering elements of information and decision-making on the informed consent process, it was requested that nurses tell their experiences of informed consent process. The respondents told what actually happened when they approach people to give consent for surgical procedures. Out of the 131 respondents 108(82%) said that they had administered an informed consent to a pre-surgical patient before whilst 23(18%) had never administered one before. Asked whether they knew their roles in administering those forms, majority 121(92%) said yes with only 10(8%) not knowing their role in the process. These were the roles demonstrated by respondents that they will be performing in the process of administering consent forms to patients. Out of the 131 respondents 63 of them believed that their role in the process was to serve as patient advocator, whilst 40 believed they were to serve as witness for the process, 18 believed they are supposed to act like administrators whilst the least of the respondents believes they are supposed to serve all the above mentioned purposes. Clearly showing high level of nurses' involvement in the decision making process.

For one to be considered having adequate understanding, he or she should be able to state at least what the indication of the procedure is, how it will benefit the patient, what risks the patient is likely to encounter, what are the alternatives to the procedure. Tested through questionnaires, the majority of

this sample faired very well. For instance, 124(95%) were aware of the ethical and legal implications of signing SIC, while 8(6%) are unaware of the ethical and legal implications and risks associated to the procedure. This study has found that, contrary to other studies, the education level did not determine the ability for nurses to recall the risks associated with the procedures or the indication of the procedure. The most likely assumption for this situation is that nurses did not systematically mention the risks of the operation and other elements of a valid informed consent to patients.

The people responsible for taking SIC were also asked, and out of the 131 respondents 66(50%) believed it was the responsibility of surgeons, while 48(37%) believed it was the responsibility of the nurses, 10(7%) think that is the duty of the Anaesthetist also 5(4%) believed it was the duties of the midwives while 2(2%) of the respondents believe it was the responsibility of all the health workers above and therefore anyone could administer it at any given point in time.

Surgeons are responsible for informing patients of the risk, benefits and alternatives of a proposed treatment or surgery, therefore the informed consent is a legal and ethical responsibility of the surgeon, nevertheless the nurse who is the patient's advocator should also understand the legal guidelines and ethical considerations of the informed consent process.(Goldberger et al 2011)

Most nurses 50(38)% link legal and ethical reasons as the purpose of signing the informed consent, 30(23)% think it helps patient make informed decision, 20(15)% are of the view that it gives care givers and patients confidence for the process to continue. Also 16(12) % think it protects medical staffs from legal action, 10(8) % agreed it for patients surgical records with just 5(4)% thinking its mandatory.

### **5.1.3 ATTITUDE ON SURGICAL INFORMED CONSENT**

This section deals with the attitude of nurses in an informed consent process. The table below shows that majority 79%strongly agreed that it is important to give detailed information about the patient's condition, 26% agreed and only 1% each either disagree or was neutral. Clegg-Lamptey and

Hodasi support this assumption. They observed that a possible explanation for poor patients understanding could be that consenting nurse had less communication skills, did not have the proper knowledge or experience or did not make time to speak properly to patients

With regards to patient understanding of informed consent form before signing, 76% strongly agreed, 21% also agree whilst 2% and 1% respectively were neutral and decline was well. Similar trend was observed in the study by Clegg-Lamprey and Hodasi, where 87% of patients operated at Korle-Bu teaching hospital did not know the complications of their surgery. It is not clear why surgeons seemed not to talk much about the risks of the procedures. It was however noticed in the study by Aoori and Spence that only few resident surgeons could list correctly all risks, benefits and alternative treatment. It is not obvious whether to avoid talking about risks was to allay patients fear and anxieties. (Clegg-lamprey et al 2005).

Oduro et al. working on understanding and retention of informed consent process among parents in rural northern Ghana, confirmed the fact that understanding of informed consent in underdeveloped countries was low. (Oduro et al., 2008)

49% of nurses were of the view that nurses play important role in administering the informed consent. Only 2% declined with that idea. Some agree and were neutral with 45% and 5% respectively.

Most nurses 59(46) % strongly agreed with the fact that they are the first person to identify a problem with patient in regards to understanding of informed consent process. 38% were in agreement whilst only 2% disagreed. This is in line with a prior study by Krosin et al. in Mali. They found that participants had less difficulty understanding many concepts relevant to informed consent like withdrawal criteria, side effects, investigation or therapy. When correlating the level of understanding of the process with nurses characteristics, one finding stood out, despite the general fair understanding of the process of informed consent. In most clinical trials, nurses with higher formal education happened to do better than others. This study also found similar result on the meaning attached to signing of consent form

for operation. The more educated a nurse, the more likely he/she was linked to the understanding of the informed consent process. In fact, all nurses having a diploma or a degree made the said connection.(Krosin, et al, 2006)

Moreover, contrary to findings in this study, Minnies et al. in Cape Town, had a higher percentage of patients with adequate understanding. Seventy five percent of the sample had a high level of understanding of informed consent process in a vaccine trial. Despite the fact that the context of the study was different, these findings are likely explained by the observation made earlier. The fact that researchers spent a lot of money in the training of field workers whose job is to explain the trial to patients until they understand it well enough to participate. Lastly 72(55%) of respondents strongly believe nurses act as an advocator between the patient and the surgeon. (34%) believed in such advocacy whilst 5% were neutral. 2% and 4% of nurses disagreed and strongly disagreed with the view that they act as advocates.(Minnies et al., 2008)

## **5.2CONCLUSIONS**

The informed consent process is a very important aspect of both research and clinical experiments. Nurses are accountable for their professional practice and should always act in the best interests of patients, clients and research participants. The key principle in obtaining informed consent to patient healthcare is to put the potential participant's needs first.

To participate effectively in informed consent processes, the nurse should have the knowledge, expertise and capability to give sufficient information and be able to answer any questions raised by patients.

The nurse should also have knowledge of the relevant law and, when necessary, be able to assess a potential participant's capacity to give informed consent. The nurse must be open and honest, and ensure that the participant understands all they need about the surgery or the treatment, then truly informed consent will be obtained.

In this guidance document it has only been possible to offer the briefest of insights into informed consent in health and social care research.

It promotes the rights of a participant as autonomous beings, to ensure that they are treated with justice, beneficence, and respect. For this to occur, the patient must fully understand the nature of the procedure. In practice, however, this does not always occur. The process can be taken very lightly by both nurses and patients.

In order for the consent process to be valid, nurses need to realize and understand its importance. Neglecting its importance can lead to unethical behaviour and the loss of participants rights.

One of the major problems with the informed consent process in practice is the occurrence of misunderstandings between the patients and the nurses. Such misunderstandings can occur due to factors such as language barriers, conflicts with religious dogma, and false expectations.

These factors can affect the quality of patient-nurse interaction. Thus, nurses should pay greater attention to this issue so that patients can be better informed and have greater comprehension about the informed consent documents that they are required to sign.

Furthermore, nurses should take all the steps necessary to ensure that participants fully understand what is being stated in the consent form. For example, nurses can make demographic analysis to anticipate potential language barriers, they can hire professionals to translate all required information, they can take extra time to explain confusing information in detail, and they can administer small quizzes assessing the level of comprehension about the consent form.

Implementing such methods can prevent unintended behaviours that are unethical by ensuring that patients have full autonomy over their decisions. In conclusion, the quality of the current SIC process is optimal in the Ghana. Surgical nurses require training aimed at improving awareness and skills. The SIC process is ideally supported using modern tools including web-based interactive programs.

Improvement of the SIC process may enhance patient satisfaction and may possibly reduce the number of complains.

### **5.3 RECOMMENDATIONS**

Guidelines should be compiled for nurses about elements of informed consent process that have to be covered with each patient booked for surgical procedure. Documentation of such should specify time spent and the presence of interpreter, if applicable.

The health department should obtain and make available an official translation of the consent form in local languages. This simplified and clear version of consent form should be read by or to the patient prior to signature.

Regular feedback on patient's satisfaction with the process of informed consent should form part of quality assurance for public hospitals. Future surgical nursing should require optimized training in SIC using specific courses supported by supervision in daily practice. An option would be to incorporate an educational SIC programme in the early phase of the surgical nursing.

Structuring SIC process will improve its quality, completeness and legal solidity. Moreover, it will improve patient satisfaction, safety and prevent high impact malpractice claims.

## . REFERENCES

- Allen Feld. (1998, September). The Purpose of Informed Consent. Maryland University in Pennsylvania. Retrieved from <http://www.fmsfonline.org/links/therapyfeld.html>
- Bonsall Lisa. (2015). Informed Consent: An Ethical Way of Nursing | NursingCenter. Retrieved from [http://www.nursingcenter.com/ncblog/may-2015-\(1\)/informed-consent-an-ethical-way-of-nursing](http://www.nursingcenter.com/ncblog/may-2015-(1)/informed-consent-an-ethical-way-of-nursing)
- Brent, J. N. (2013, May). WHO CAN GIVE INFORMED CONSENT AND WHAT IS THE NURSE'S ROLE IN OBTAINING CONSENT FOR TREATMENT? Retrieved March 23, 2016, from <http://www.cphins.com/blog/post/who-can-give-informed-consent-and-what-is-the-nurses-role-in-obtaining-consent-for-treatment>
- Christain P.Selinger. (n.d.). The right to consent: Is it absolute? | British Journal of Medical Practitioners. Retrieved from <http://www.bjmp.org/content/right-consent-it-absolute>
- Clegg-Lampthey, J., & Hodasi, W. (2005). An Audit of Aspects of Informed Consent and Pain Relief in General Surgical Units of Korle Bu Teaching Hospital. *Ghana Medical Journal*, 39(2), 63–67.
- De bord, J. (2014, March 7). Informed Consent: Ethical Topic in Medicine. Retrieved March 23, 2016, from <https://depts.washington.edu/bioethx/topics/consent.html>
- Goldberger, J. J., Kruse, J., Kadish, A. H., Passman, R., & Bergner, D. W. (2011). Effect of informed consent format on patient anxiety, knowledge, and satisfaction. *American Heart Journal*, 162(4), 780–785.e1. <http://doi.org/10.1016/j.ahj.2011.07.006>
- Gore, D. M. (2001). Ethical, professional, and legal obligations in clinical practice: a series of discussion topics for postgraduate medical education Topic 2: consent and legal competence. *Postgraduate Medical Journal*, 77(907), 318–319. <http://doi.org/10.1136/pmj.77.907.318>

- Hariharan, S., Jonnalagadda, R., Walrond, E., & Moseley, H. (2006). Knowledge, attitudes and practice of healthcare ethics and law among doctors and nurses in Barbados. *BMC Medical Ethics*, 7, 7. <http://doi.org/10.1186/1472-6939-7-7>
- Holly .A.Taylor. (1999). Barriers to informed consent, *15*(2), 89–95.
- <http://www.rncentral.com>, Rnc. com |. (2012, February 1). Do You Understand “Informed Consent?” Retrieved from <http://www.rncentral.com/blog/2012/do-you-understand-informed-consent/>
- Informed Consent - ACOG. (2009, August). *Second edition 2004*. Retrieved from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Ethics/Informed-Consent>
- Krosin, M. T., Klitzman, R., Levin, B., Cheng, J., & Ranney, M. L. (2006). Problems in comprehension of informed consent in rural and peri-urban Mali, West Africa. *Clinical Trials (London, England)*, 3(3), 306–313.
- Lwanga, S. K., Tye, C. Y., & Ayeni, O. (1999). *Teaching health statistics* (2nd ed.). Geneva.
- McDonough, J. P., McMullen, P., & Philipsen, N. (1995). Informed consent: an essential element of safe anesthesia practice. *CRNA: The Clinical Forum for Nurse Anesthetists*, 6(2), 64–69.
- Md, D., Mo, O., & Pb, O. (2007). Informed consent in a tertiary hospital in Nigeria: how involved is the nurse? *The Nigerian Postgraduate Medical Journal*, 14(3), 209–212.
- Minnies, D., Hawkrigde, T., Hanekom, W., Ehrlich, R., London, L., & Hussey, G. (2008). Evaluation of the quality of informed consent in a vaccine field trial in a developing country setting. *BMC Medical Ethics*, 9, 15. <http://doi.org/10.1186/1472-6939-9-15>
- Mitscherlich A, Mielke f. (1996). The Nuremberg Code. *British Medical Journal*, 313, 1448.



- Ochieng, J., Ibingira, C., Buwembo, W., Munabi, I., Kiryowa, H., Kitara, D., ... Mwaka, E. (2014). Informed consent practices for surgical care at university teaching hospitals: a case in a low resource setting. *BMC Medical Ethics*, 15, 40. <http://doi.org/10.1186/1472-6939-15-40>
- Oduro, A. R., Aborigo, R. A., Amugsi, D., Anto, F., Anyorigiya, T., Atuguba, F., ... Koram, K. A. (2008). Understanding and retention of the informed consent process among parents in rural northern Ghana. *BMC Medical Ethics*, 9, 12. <http://doi.org/10.1186/1472-6939-9-12>
- Ogunbanjo GA, & Bogaert van Knapp. (2013). Ethics in health care; confidentiality and information. Retrieved from [http://www.search.ask.com/web?q=knapp+van+bogart+and+ogunbanjo&apn\\_dtid=%5EYYYY%5EYY%5EGH&apn\\_dbr=ff\\_34.0&psv=&itbv=12.24.0.218&p2=%5EBJ2%5EYYYY%5EYY%5EGH&apn\\_ptnrs=%5EBJ2&o=APN11584&gct=hp&pf=V7&tpid=BTR-SP&trgb=FF&pt=crx&apn\\_uid=CCA4A4D6-3E08-43A7-A058-7A5BA8624E90&tpr=23&doi=2015-01-28&ts=1466579312507](http://www.search.ask.com/web?q=knapp+van+bogart+and+ogunbanjo&apn_dtid=%5EYYYY%5EYY%5EGH&apn_dbr=ff_34.0&psv=&itbv=12.24.0.218&p2=%5EBJ2%5EYYYY%5EYY%5EGH&apn_ptnrs=%5EBJ2&o=APN11584&gct=hp&pf=V7&tpid=BTR-SP&trgb=FF&pt=crx&apn_uid=CCA4A4D6-3E08-43A7-A058-7A5BA8624E90&tpr=23&doi=2015-01-28&ts=1466579312507)
- Olin Jennifer. (2012, February 1). Do You Understand “Informed Consent?” | Notes from the Nurses’ Station. Retrieved July 28, 2016, from <http://www.rncentral.com/blog/2012/do-you-understand-informed-consent/>
- Osingada, C. P., Nalwadda, G., Ngabirano, T., Wakida, J., Sewankambo, N., & Nakanjako, D. (2015). Nurses’ knowledge in ethics and their perceptions regarding continuing ethics education: a cross-sectional survey among nurses at three referral hospitals in Uganda. *BMC Research Notes*, 8. <http://doi.org/10.1186/s13104-015-1294-6>
- Pryor, F. (1997). Key concepts in informed consent for perioperative nurses. *AORN Journal*, 65(6), 1109–1110. [http://doi.org/10.1016/S0001-2092\(06\)62951-7](http://doi.org/10.1016/S0001-2092(06)62951-7)

- Rafii, F., Oskouie, F., & Nikraves, M. (2004). ethical issues that confront nurses in private hospitals in western Cape metropolitan area. *BMC Nursing*, 3(1), 6. <http://doi.org/10.1186/1472-6955-3-6>
- Rosse, P. A., & Krebs, L. U. (1999). The nurse's role in the informed consent process. *Seminars in Oncology Nursing*, 15(2), 116–123.
- Satyanarayana Rao, K. H. (2008). Informed Consent: An Ethical Obligation or Legal Compulsion? *Journal of Cutaneous and Aesthetic Surgery*, 1(1), 33–35. <http://doi.org/10.4103/0974-2077.41159>
- Thomas W. Kenneth. (n.d.). Nurses for Human Rights » What is Informed Consent? Retrieved from <http://www.nurses4humanrights.org/what-is-informed-consent/>
- Thornton, R. G. (2000). Informed consent. *Proceedings (Baylor University. Medical Center)*, 13(2), 187–190.
- Travaline JM. (2005). A Practical Guide to Informed Consent. Retrieved July 28, 2016, from <http://www.templehealth.org/ICTOOLKIT/html/ictoolkitpage23.html>

**KNOWLEDGE, ATTITUDE AND PRACTISE OF NURSES IN AN INFORMED  
CONSENT PROCESS AT THE KOMFO ANOKYE TEACHINGHOSPITAL  
CASE REPORT FORM**

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

study ID: \_\_\_\_\_

The questionnaire below was compiled by final year students of the Christian Services university college, to access the knowledge, attitude and practice of Nurses in an informed consent process. I would be grateful if you could complete this questionnaire for me. You can withdraw from the study at any time, and your confidentiality and anonymity information given is assured at all times.

Kindly tick **YES** if you wish to complete this form and **NO** if you do not wish to participate.

Yes {    }

No {    }

**BACKGROUND INFORMATION**

1) age in years

2) Sex of Respondent

Female (    )

Male    (    )

3) Rank

Staff Nurse (    )

Senior Staff Nurse (    )

Nursing Officer    (    )

Senior Nursing Officer (    )

Principal Nursing Officer (    )

Deputy Director of Nursing (    )

4) Educational level of respondent

Certificate ( )

Diploma ( )

Degree ( )

Masters ( )

5) How long have you been practicing after rotation?

---

### **PART 1: NURSES KNOWLEDGE ON INFORMED CONSENT**

6) How often do you meet a legal or ethical problem in your work with respect to informed consent?

Daily ( )

Weekly ( )

Monthly ( )

Annually ( )

Never ( )

7) How important is the knowledge of ethics in your work place?

Am not sure ( )

Moderate ( )

Very important ( )

8) How did you get your current knowledge on legal / ethical issues in informed consent process?

Experience ( )

In the university ( )

Courses and seminars ( )

Myself ( )

Other (specify) ( )

9) For which types of surgical procedures should surgical informed consent (SIC) be sought?

Elective ( )

Emergency case only ( )

Critical case only ( )

All procedures ( )

Others (*specify*) ( )

10) Patients of what age do you think is able to give a valid SIC?

Patients above 18 ( )

Depending on the individual intellect ( )

Depending on the clinical judgment ( )

Others (*specify*)

11) Do you inform your patients on the following?

The diagnosis and indication of operation ( )

The surgical procedures ( )

Likely complication ( )

Alternative treatment ( )

Others (*specify*) \_\_\_\_\_

12) Are the following items required in the SIC?

Patient name ( )

Age ( )

Evaluation of competence ( )

Patient education ( )

Recording of consent ( )

Patient signature ( )

Surgeons signature ( )

Witness ( )

Diagnosis ( )

Date ( )

Complication of surgery ( )

Others (*specify*) \_\_\_\_\_

13) Do you think the process of SIC has any impact on the wellbeing of your patients?

Yes ( )

No ( )

If YES explain \_\_\_\_\_

If NO explain \_\_\_\_\_

14) Did you ever receive any formal training on the process of SIC?

Yes ( )

No ( )

15) Is it ethical for a patient to be aware of whatever treatment being conducted on him or her?

Yes ( )

No ( )

## **PART 2: PRACTICES ON SURGICAL INFORMED CONSENT**

16) Have you administered informed consent to a pre – surgical patient before?

Yes ( )

No ( )

17) Have you witnessed or taken part in patient surgical informed consent process before?

Yes ( )

No ( )

18) Do you know your role on the surgical informed consent process?

Yes ( )

No ( )

19) What role do you play on surgical informed consent process to the patient?

Patient advocator ( )

Witness ( )

Administrator ( )

Others (*specify*) \_\_\_\_\_

20) Do you know the ethical and legal implications of patients signing the informed consent form?

Yes ( )

No ( )

21) Do you know the ethical and legal implications of nurses administering the informed consent form?

Yes ( )

NO ( )

22) Who is responsible for taking patient informed consent?

Nurses ( )

Midwives ( )

Surgeons ( )

Anesthetist ( )

23) What is the purpose for signing the informed consent form?

---

---

### **PART 3: ATTITUDE ON SURGICAL INFORMED CONSENT**

To what extent do you agree to the following statement on attitude of nurses in an informed consent process?

Key; Strongly agreed (SA), Agreed (A), Neutral (N), Disagree (D),strongly disagree (SD)

Questions	SA	A	N	D	SD

24) It's important to give detailed information about the patient condition					
25) Nurses need to ensure patient understand information given before signing the form					
26) Nurses play an important role in administering the informed consent.					
27) The nurse is the first person to identify a problem with the patient in regards to the understanding of the inform consent process.					
28) The nurses acts as an advocator between the patient and the surgeon.					