UNIVERSITY OF CAPE COAST

THE PRACTICE OF OBTAINING PATIENTS' CONSENT BEFORE SURGERY: A STUDY OF KORLE-BU TEACHING HOSPITAL

RICHMOND DOE SOWAH

2023

UNIVERSITY OF CAPE COAST

THE PRACTICE OF OBTAINING PATIENTS' CONSENT BEFORE SURGERY: A STUDY OF KORLE-BU TEACHING HOSPITAL

BY

RICHMOND DOE SOWAH

Dissertation submitted to the Department of Data Science and Economic Policy of the School of Economics, College of Humanities and Legal studies, University of Cape Coast in partial fulfilment of the requirements for the award of Master of Science degree in Data Management and Analysis.

MARCH 2023

ABSTRACT

Patients have the legal and moral right to determine what happens to them, and the healthcare practitioners have the ethical obligation to engage patients in their health care. The informed consent is an essential approach in which the patient engages actively in decisions regarding their health management. This study explores the practice of seeking permission from patients before surgery. A questionnaire was provided to in-patients at Korle Bu Teaching Hospital. The data was then examined using the Statistical Package for Social Sciences (SPSS), version 26.0. The research demonstrates that there is still much to be addressed in patient education on the procedure of gaining informed consent before surgery. Around 32% of the patients felt that they were not fully taught about their procedure before they signed the consent form. This shows that a considerable percentage of in-patients lack appropriate awareness of the consent procedure. The survey also found that physicians are the only medical practitioners that seek patients' consent in the hospital, with 60% of patients indicating that doctors got their consent. Additionally, it was shown that there is a method for gaining informed consent, yet it has not been implemented as intended. As a consequence, extra time is required to address patients' worries and doubts before surgery. This underscores the need for enhanced communication between medical practitioners and patients, as well as for patients to be given ample time to comprehend the process, risks, and benefits before agreeing to surgery. Ultimately, the research concluded that there is still significant space for enhancement to the procedure of getting informed consent at Korle Bu Teaching Hospital.

ACKNOWLEDGEMENT

I would like to thank Dr. James A. Asamani, who have been my constant source of support and encouragement. His unwavering belief in me has been the driving force behind my academic success. Thank you for instilling in me a strong work ethic and for always pushing me to be my best.

I would also like to thank my supervisor, Dr. William Godfred Cantah, whose guidance and expertise have been invaluable throughout the research process. His patience, constructive criticism, and insightful feedback have helped me to improve my writing and research skills.

Lastly, I would like to appreciate Ms. Jemima B. Twumasi, who have been a constant source of laughter, inspiration, and support, thank you for making my journey through academia a memorable one. Your encouragement and support have helped me to stay motivated during challenging times.

DEDICATION

To my family and friends

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

Chapter one is the introduction of the full research process which explains the background of the study, problem statement, purpose of the study as well as describing the research objectives and questions, significance of the study. The chapter concludes with a chapter summary.

Background of the Study

All around the globe, patients represent the pivot in the hospital environment around which the provision of healthcare revolves, to which nurses and doctors are the major champions of patient education and protection. They feel that the more information and awareness patients have regarding the operations they are going to do, the greater their expectations and recovery would be. However, the amount of time in delivering information on medical processes, procedures, treatment choices and advantages, problems, and preventative measures to these patients to acquire their knowledge, engagement, and commitment leaves much to be desired in contemporary Ghanaian health care facilities (Balak, Broekman & Mathiesen, 2020).

In our fast-paced, market-driven environment, people want more from their doctors and this is not unexpected. We are, after-all, continuously pummelled with the notion of quicker, larger and better. Mallard (2005) asserted that the conviction and surety that the doctor functioned in the interest of his patient's health, has been passed down over the generations endowing the doctor with moral superiority and a kind of legitimate impunity, with the obligation of obedience and subservience on the patient's part. Nevertheless,

patients have a basic legal and ethical right to select what happens with their own bodies. The study seeks to argue that the assurance that the healthcare professional always acted to satisfy his clients' interest may not be the situation all the time, although this opinion has been passed down over many years; it only provides the physician moral power whiles the patient has to abide and be subject to what the physician suggests. Getting informed consent is a process (mutual communication) of comprehending material hazard of the operation or treatment rather than an act of signing permission paperwork. Knowing those risk, rewards, and the alternative options to make a free and irrevocable educated choice to continue is the argument stated by (Cocanour, 2017). Most significantly, patients demand and are due to a full picture of what is likely to follow, including dangers and preventative strategies to reduce consequences.

The process of acquiring informed consent entails the premise that an individual must be completely aware of and comprehend the possible advantages and hazards of their treatment option. An uneducated individual is at danger of inadvertently choosing a decision not representative of his/her ideals or desires. Patients may make their own medical choices, or can outsource decision-making to another person under specific situations. If the patient is incompetent, laws across the globe mandate various ways for getting informed permission, often by having a person nominated by the patient or their legal heirs to make choices for them. Yet despite working in the theatre for some time, it has been noted that this procedure is always unfinished, considering the limited or sparse knowledge our patients possessed at the time of operation, poorly completed or unwitnessed permission papers.

Problem Statement

The subject of gaining permission from surgical patients is one that keeps getting more exciting as more and more individuals are gradually becoming conscious of their entitlement to information on surgical treatment (Barstow, Shahan, & Roberts, 2018). Nearly all surgical operations are irreversible. The necessity, thus for clarification on the consequence of the operation to be conducted cannot be greatly overstated. Informed consent should indeed be founded on shared decision among doctor and patient, with the doctor knowing the key values of the patient and the patient comprehending the nature of the condition and therapy, encompassing the potential hazards and advantages. This practice has expanded significantly since the 1950's when it was first established, reflecting current advances in the practice of medicine that acknowledge the growth in patient's autonomy (Angelos, 2020).

The goal of the documented consent form is to establish that the process of informed consent has transpired and is widely acknowledged that all surgical operations need a written consent. Until now, most individuals in our culture were not conscious of their own privileges even when it required medical treatment. As the legal system in our society evolves, along with the extensive use of improved information technologies, it implies that most of our patients would become knowledgeable of their legal status. Consequently, the problem of litigation considered to be quite widespread in the western hemisphere may eventually become the norm of the day in Ghana. Additionally, with the advent of the National Health Insurance System in the country, the medical practitioner has to recognize his rights and restrictions;

else, he may be branded as "high risks" to the insurance company. Notwithstanding this acknowledged truth, most physicians do not devote sufficient time to the legal elements of healthcare profession. For example, it is generally known that some surgeons carry out surgical treatments on patients without first gaining their consent for surgery. The purpose of this research was to investigate the issue of informed consent before surgical operations and to recommend solutions that would guarantee better use before operations.

When informed consent is gained from patients through the availability of precise, simple and honest information regarding disease states, possible treatments and advantages, risks and associated consequences and possible outcome of denying to receive chemotherapy; the fear and anxiety diminishes, and it brings the patient in a stronger place to choose the correct course of action. However, this procedure is frequently neglected or routinely overlooked or just considered as a routine, relating consent to a signature paper in most of our Ghanaian healthcare establishments. In general, prior research reveal various inadequacies in consent practice in certain nations, including Ghana. It appears that ethical and legal norms of gaining an appropriate informed consent are not completely regarded in Ghana. This research intends to analyse the existing practice of obtaining of surgical informed consent at the Korle-Bu Teaching Hospital. Accra is regarded one of the key medical centres of the country and in addition to its population, many patients are sent to Korle-Bu Teaching Hospital for operations, hence, this research was done in the Korle-Bu Teaching Hospital.

General Objective of the Study

The primary purpose of the research is to investigate how effective the surgical patient's permission is gained before any surgical treatment at the surgical unit of Korle-Bu Teaching Hospital.

Specific Objectives

The study specifically sought to:

1. examine the process of obtaining consent before surgery
2. ascertain who (doctor or nurse) actually obtains the patients' consent before surgery within the department.
3. find out whether patients are well informed about their diagnosis, available treatment options and their benefits as well as associated risks, possible complications and preventive measures before surgery.

Research Questions

To achieve the above stated objectives, the study sought to answer the following questions:

1. Is there a standard process to obtain patient's consent prior to surgery?
2. Who actually obtains the patient's consent before surgery?
3. Are patients well informed about treatment options, risk and complications before consenting for surgery?

Significance of the Study

This research will be of significant use to numerous kinds of persons who receive health care in Ghana. First and foremost, this would be useful to the Patients as well as other parties who may develop interest in the subject of "informed consent". Additionally, the surgical or theatre staff may utilize this information to enhance patient care. The Policy makers or administration of

Korle-Bu Teaching Hospital might from time to time examine the document for obtaining consent and to come up with measures to act as guidance for future events. In conclusion, the results of this study may serve as a reference or standard to future study.

Limitations of the Study

Insufficient time and financial resources were the primary problems the research encountered. Owing to budgetary problems, it resulted in tiny sample size. As the research was recruiting patients, participants were enumerated after completing the survey. Also, some of the patients were reticent in answering the questionnaire in order to disguise their ignorance on the informed consent processes. Nonetheless, it was assured patients who volunteered to be part of the research were properly guided through the major aims of the study and its value to the general public as well as stakeholders who are attempting to solve concerns related informed consent before surgery.

Again, as a drawback for all socially oriented self-reporting research, the questionnaire is a restricted instrument, completely sensitive to identify the genuine view of respondents. Nonetheless, precautions were taken while designing and customizing the questionnaire to make it clear and unambiguous so as to get the relevant data.

Chapter Summary

This research was organised in five chapters. The first chapter briefly presents the background to the study, problem statement, purpose, importance as well as the delimitations and limits of the study. Chapter two focused on the review of the literature. It evaluated relevant literature on informed consent before surgery. The chapter analysed research on: aspects of informed consent,

relevance of informed consent, who should seek informed consent. The chapter finishes with an empirical evaluation of informed consent. Chapter three addresses the study's methodology: population, sample and sampling technique, data management and ethical concerns before the study commencement. The fourth chapter reported results from the investigation. The final chapter presents the summary of significant results, conclusions and some recommendations.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter deals with evaluation of relevant work done and explores the genesis and nature of gaining patient's consent. According to Mallardi (2005) the notion of informed consent, aiming at the lawfulness of health support, tends to represent the notion of independence and the decisional auto determination of the individual needing and asking medical/surgical purposes. This legal paradigm during the past several years, has acquired not only great space but also relevance in the doctrinal cooperation and strategies, as well as juridical judgments, consequently impacting the daily actions of the medical profession. The next parts look at several ideas relevant to this issue as well as an empirical literature on informed consent.

Conceptual Review

Informed Consent

Informed consent is still the topic of ongoing research, not only as far as concerns the previously established theoretical profile but rather, the uncertain practical and consequential elements described (Mallardi, 2005). According to him, it is inconceivable to evaluate the beginnings and growth of the concept and contribution of consensus without considering both its very metaphysical foundations and the assertion that it was predisposed by religion with its ethical implications and the expedited evaluation with mechanisms concurrent to the necessities and the advancement provided by novel forms of treatment and research.

While the notion stretches back to the ages of the Egyptians, Greek, and Roman civilizations, the United States of America (USA) is regarded the nation of origin of informed consent. The primary purpose was to retain the right dignity of the patient's freedom during decision-making and medical alternative choosing.

English (2002) revealed that, Physicians have diligently used "consent forms "for most of the last generation, but only in the last twenty years have we begun to comprehend the distinction between a patient's lawfully signed form and the constructive procedure of conveying the motives for considering surgical or other intrusive intervention; and to achieve this, time taking patient education and negotiation are essential. Consequently, restricting the approach to a quick agreement that the surgery should be done and the patient agreeable as indicated by a signature is an ethical, professional as well as legal blunder.

According to Saunders et al (2006) ethicists believe that, informed consent is a procedure rather than just merely the signature of a form. It should offer the patient the required information and comprehension to approve a treatment. Important parts of informed consent for women wanting labour epidurals include a summary of the technique, the hazards and advantages, and alternative therapies for analgesia with the related hazards and benefits.

Kurt, Ucar, & Atac (2016) highlighted that, there is the importance to fully educate patients about their condition, treatment choices, and surgery and post-operative problems. It is extremely usual to meet patients who do not recognize what surgeries they have undergone in the past. This may be owing to insufficient education but occasionally it is because physicians have not rendered the information accessible to patients.

Feld (2004) highlighted that, the ethical and legal necessity to get informed permission before to conducting an operation or delivering a therapy originates from the idea of human autonomy. Akkad et al (2006), reveal that, many patients appear to have poor comprehension of the legal ramifications of signing or not signing permission forms; and they do not view "Written Consent" as mainly serving their interests. Present consent processes appear insufficient as tools for the manifestation called into doubt independent choice and their moral status and trustworthiness may be called into question.

However, Sim (2019) emphasized that, telling patients about possible therapies, their benefits and drawbacks as well as the related risks, is vital to gain an informed consent and is the obligation of clinicians, especially anaesthesiologists. Unfortunately, hazards problems are not systematically considered during anaesthetic consultations or are handled in an imprecise and inadequate fashion. In order to enhance communication and the integrity of the informed consent, it is thus vital to evaluate difficulties associated to communication regarding risks.

Rwegerera, Moshomo, Gaenamong, Oyewo, Gollakota, Rivera, ... and Habte (2018) indicated that, traditional non-standardized "Consent Forms" have serious limitations and discrepancies, while digital "informed consent" is streamlined, readable and comprehensible, and it aids service providers in wholly informing patients about the therapies, dangers, rewards and treatment options, thus further promoting ethical and legal standards and enhancing the standard of care.

Nachbur and Kessler (2005) claimed that, informed consent has become a universally recognized and crucial notion before operation or invasive treatments. They demonstrated that informed consent is a patient's independent authorisation to continue with the surgery. It is acknowledged as part of excellent medical practice and is a critical element of the clinical decision - making process. As a component of these procedures, patients must be thoroughly informed about the risks and advantages of a therapy, in a language that allows the person to completely grasp, so as to provide the patient the greatest possibility of making a decision that is in his/her best interest.

In addition, the simplicity and volume of the information presented is vital to allow patients to take part in treatment choices with full understanding of the reasonably anticipated repercussions of a treatment. In Wilhite (2012) research, the informed consent procedure is a strong tool and a significant obligation for the clinician. She noted that the idea of informed consent is now a public healthcare norm which starts with the assumption that only patients can fully know what is appropriate for them.

According to Wilhite (2012) informed consent necessitates that patients have an awareness of their health situation, the treatment alternatives that exist, and the dangers and advantages linked with the different alternatives before choosing on a course of action. This information helps the patient to make more informed choices. However, the method of informed consent is seldom implemented properly, and the consequence is disappointed patients with an unanticipated result that they had been theoretically told about.

Nevertheless, informed consent is the transmission of information from the clinician to the patient and not just a signature or a document that people sign.

Brinkmann and Kvale (2018) views informed consent as one strategy to defend the patient's rights that involve the freedom to decline all or any component of therapy. In her perspective, informed consent includes more than a patient's signature on the form. The approach must involve dialogue between the healthcare professional and the patient. Patients must comprehend the technique or therapy to be delivered. According to Brinkmann et al (2018), there are two sorts of informed consent: Expressed Consent and Implicit Consent. Expressed permission can come in the form of Verbal or Written. Written agreement is utilized most commonly when the danger of any pain is greater, including surgical treatment or chemotherapy. Verbal permission is enough for many nursing treatments such as altering a wound dressing. Implicit consent is acknowledged by the patient's activity, such as breathing deeply following a surgical treatment to assist avoid atelectasis. Consequently, the nurse may ask the patient breathe deeply, if the patient does this, then the patient has provided “implied consent”.

Zevin, Almakky, Mancini, and Robertson (2022) contends that morally, the notion of informed consent stems from the underground American reverence for the autonomy of one's right to determine what is or is not done to one's body. Legally, the physician has two roles; to get permission and to offer information to enable consent to be informed. If executed successfully, informed consent helps patients establish a more realistic prospect of the result and might also allow more effective engagement in their own treatment.

Elements of Informed Consent

They include the following: Conversation between the patient and health care professional, A thorough description of the patient's situation, In-depth discussion of the process or therapy in terminology the patient can comprehend, Possible advantages, Potential hazards and problems, Alternative therapies, Objective of the therapy, Regarding possible complications with recuperation, Odds of success, Rights to a translator, if appropriate, Name of the individual who will execute the surgery, A chance to ask the right questions, The right to reject care, No intimidation, Voluntary consent, Prognosis if the therapy is not delivered or completed.

Importance of Informed Consent

Informed Consent assuages patients' concern and dread, offers them a better anticipation of the result of Surgery, encourages active engagement of patients in their own treatment and it is legally required on us, as medical practitioners to request approval. According to World Health Organization (W.H.O, 2014), Informed consent is a technique for seeking permission before executing health care treatment on a patient. A health care professional may ask a patient to agree to receive treatment before administering it, or a clinical researcher may ask a study participant before registering that person into a clinical study. Informed consent is obtained according to criteria from the area of medical morals and ethical considerations.

An informed consent may be said to have been granted based upon a clear perception and grasp of the facts, ramifications, and repercussions of an activity. To grant informed consent, the person involved must have competent thinking abilities and be in knowledge of all pertinent information.

Impairments to thinking and judgment that may preclude informed consent include fundamental cognitive or emotional development, excessive stress, such as intellectual disability, serious mental disorders such as Alzheimer's disease, or to be in unconsciousness.

Siegler et al (2010) asserted that informed consent may be considered by some health facilities or physicians as presenting legal protection, this perspective outshines the moral objective of advocating for patient rights, genuinely, the signing of the form itself may be more of a symbolic gesture than the actual conclusion of a collaborative decision-making procedure.

McCullough et al (2005) stated that the distinction between the form and the practice of informed consent may be best envisioned if surgeons and nurses know that informed consent is an ongoing process, not a monolithic event, so it is not only the patient's signature on the documentation. The form is a legal document but does not equate to the ethical need of concern for patients' rights. They even farther unearthed that denial of surgical treatment is workable after an appropriate informed consent dialogue; it does not insinuate that the doctor did not include sufficient data during the protocol but the patient could have potentially unearthed alternatives to surgery equally enticing to having surgery. In addition, refusal to consent is not evidence of the patient's capacity to make health care decisions.

King and Moulton (2006) noted that a knowledgeable patient's right to decline suggested treatment is an essential element in the process of informed consent. Respect for a patient's independence and self-determination necessitates that choices to agree to or reject treatment emanate voluntarily from the individual as an autonomous agent.

Patrick et al, (2008) demonstrated that consent requires only not be freely granted but it may also be freely retracted at any moment. With certain exemptions, even someone with mental illness is normally regarded competent to reject treatment at any time in the informed consent process. Steinberg (2009) claimed that the providing of liberty to deny consent to a suggested treatment demands health care practitioners to recognize the freewill of each individual even if that decision appears unsuitable, silly or risky.

Expressed consent can come in the form of verbal or written; a written consent is desirable in circumstances requiring long term follow ups, high risk intervention, cosmetic treatment and surgery. Verbal permission is enough for many nursing treatments such as replacing a gauze bandage. Implicit consent happens via the actions and conduct of the patient rather than dialogue through words. For example, informed consent may be indicated from patient's nodding the head, or by their turning up at the appointed date upon time for operation.

Modra, Hilton, and Hart (2014) views informed consent as one strategy to defend the patient's rights, that encompass the freedom to decline all or any component of treatment. In her perspective, informed consent includes of more than a patient's signature on the form. The approach must involve dialogue between the healthcare professional and the patient. Patients must comprehend the protocol for therapy to be offered.

Who should obtain informed consent?

According to Department of health (UK), informed consent for surgical interventions is typically acquired by junior medical professionals, at pre- assessment consultations, or on the day of operation. This comprises pre-

registration House Officer or Senior House Officers. Current guideline specifies that the individual receiving permission needs to either be capable of executing the treatment themself, or have obtained professional training in counselling clients about the surgery. Junior medical professionals may be put in a position where they fit neither of the above two requirements. Many specialty treatments, such as cataract surgery or selective angiography, have highly unique hazards, which may not be fully discussed in undergraduate coursework. A full knowledge is essential to be able to correctly counsel the patient. Instruction in getting informed consent is thus crucial.

Sim (2019) even farther made clear that doctors are obligated to inform patients of the peril, advantages and alternative options of an envisaged procedure or operation, consequently, the informed consent procedure is a legitimate, ethical and moral commitment of the doctor; even so, as educated patient advocacy, health care workers also have an appointed involvement in fully comprehending the legal standards and ethical consideration of the process for informed consent.

With all these comprehension, educated nursing staff have an exceptional advantage to expedite patients' autonomy, particularly be offered in the presence of special circumstances such as a patient who deny surgical procedure, patient with mental disabilities, and patients with surrogacy arrangement decision - making, consequently, the subject of informed consent, notably when the process requires healthcare alternative sources, it worthy of the study of patients.

Empirical Review

Research was done among patients in Kampala Uganda on awareness about informed consent. Of the nineteen (19) respondents, sixteen (16) of them replied positively to the question on whether they had ever obtained consent from a clinician before surgery. However, all of them recognized that it is vital to get permission from doctors but the major reason stated was on fear of legal action if anything went wrong. Just three individuals selected respect for individual liberty as a motivation for getting consent (Ochieng et al., 2014).

A critical review of a survey done by Bain (2017) found that out of 153 patients whose knowledge and opinions regarding Informed Consent in health research were evaluated, just (12.6%) of the patients received IC before surgery or related research survey/procedures. Issues that cause patients not to get informed consent involve cultural diversities, difficulty of communication owing to language hurdles and a low literacy rate. Qualitative approach of an exploratory research by (Richardson, 2013) amongst 12 patients who were recruited from two separate hospitals, on opinions of IC and their responsibilities suggested that patients experienced a lot of obstacles in the process of acquiring IC. Most patients felt their involvement in IC to be unimportant in the process of gaining informed consent. Knowledge about IC was limited.

Peretti-wateiet et al (2005) performed a countrywide study of 602 district patients' views about informed consent which found that there was insufficient dialogue (54%) among nurses and the patients. Every trained nurse has accountability for the way they practice and is expected to behave in

the greatest advantage of patients/clients. To engage successfully in informed consent procedures, a patient has to have the understanding and skills to supply appropriate information and be able to answer any questions presented by possible physician (Axson, Giordano, Hermann, & Ulrich, 2019).

Descriptive cross-sectional research of patients at the medical and surgical department of Lautech Teaching Hospital in Osogbo Osun state Nigeria was undertaken utilizing a semi questionnaire method. Sixty-five patients took part in the trial. A large majority of 60 patients (92.3%) had known of informed consent yet only 26(40%) had proper and appropriate understanding of informed consent. Forty (40) of them (61.5%) had engaged as witnesses to the process of getting informed consent for relations. Participation registered 38 (58.5%) of responders. Forty-seven (86.2%) patients preferred nurses to be engaged in getting informed consent because it increases quality of patient care whereas 38(58.5%) people stated that engagement of nurses ought to be because it is the nurse's legal role. It seemed that the understanding of informed consent amongst patients was weak and patients were not sufficiently taken along in the procedure.

A research population consisted of 165 patients operating at the Centro Hospitalar de Vila Nova de Gaia was employed for study to establish the patient's understanding of informed consent. Data was acquired using self-handed survey, which was divided in two unique portions, the first part contains question's purpose to get information about the characteristics of individuals; the second part was related to the goals of study. There is the recognition that the information on the subject is great, given the understanding that the patients pretend to have, there is a distinct behavioural

difference regarding the informed consent, which is verified both by the knowledge they exhibit and the ensuing procedure.

Comparable research done to measure the knowledge, attitudes and behaviour of healthcare ethics amongst staff and patients at the Queen Elizabeth facility in Barbados during April – May 2003. One hundred and fifty-nine (159) responses were gathered. Among the factors evaluated was the frequency with which the responder experienced ethical and legal concerns. The replies ranged considerably from daily to annual, 20% of senior nursing staff had limited understanding of the germane to their job, quarter of the nursing populace did not understand the nurse's ethics of practice. In summary the survey clearly reveals the lack of awareness of majority of nurses on the ethical practice. They only bother themselves with preventing legal fights than appreciating the patient as a distinct person and the rights should be honoured. (Hariharan, et al, 2006).

Another comparable research done by Osingada et al examine the patients' awareness of informed consent in connection to their education levels. It was found that participants with diploma or higher education have better knowledge than their counterparts in with little schooling (Osingada et al., 2015).

Lastly, it is obvious that when the informed consent is more regularly employed, there is a distinct "attitude" variation towards the informed consent procedure by patients in majority of the studies evaluated.

Chapter Summary

The chapter reviewed relevant literature pertaining to patients' knowledge on informed consent. Informed consent is an acknowledged ethical

and legal prerequisite for most medical diagnosis and treatments as well as for enrolment into clinical studies globally. In surgical practice, an informed consent is particularly crucial for medico-legal grounds. In certain situations, knowledge sharing to a patient can be stress relieving. A thorough informed consent comprises appropriate information regarding the patient's health and the necessity for surgery, the planned operation, its nature, advantages, risks and available alternatives as well as probable short- and long-term results. The repercussions of not receiving therapy should also be addressed to the patient. It has been advised that there should be a constant communication between the patients and the caregivers throughout the beforehand and afterwards periods.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter talks on the approach adopted for the research. It focused on the study design, data collecting method, research area, sampling and sample size, data collection instrument, data analysis, and ethical consideration of the study.

Research Design

Research design serves to define the entire research methodology. It is picked on the basis that it is the best fit to address the study's topic. This research utilized a quantitative descriptive approach (Opoku, Ahmed, & Akotia, 2016). Quantitatively, it is a structured, objective and systematic procedure for acquiring measurable information on the population, given in a numeric data and examined via the use of statistics. The purpose is not to address an urgent issue, instead to enhance the foundation of information and comprehension of the procedure of getting a patient's permission before surgery by presenting the phenomena as it occurs.

Study Area

Korle-Bu Teaching Hospital is located near the western portion of Accra, around 0.5 km from the Korle Lagoon. Korle Bu which in the Ga parlance translates 'the basin of the Korle lagoon; was constructed as a General Hospital to serve the health requirements of the indigenous people. It was inaugurated on 9th October, 1923 by Governor Sir Frederick Gordon Guggisberg (the then Governor of the Gold Coast). It is the major national referral Institution in Ghana and the third biggest hospital in Africa. Before

shifting to its present site, it began as a 12 bedded size hospital at the current location of the Department of National Lotteries. Korle Bu Hospital became Korle Bu Teaching Hospital in 1962 when the University of Ghana Medical School (UGMS) was founded for the training of medical physicians. Presently, the UGMS and five other constituting schools are absorbed under the college of Health Sciences to train practitioners all of which undergo their clinical education and research in the Hospital wide range of medical services. Korle-Bu Teaching Hospital captures about 441 acres of land area and has a capacity of 2000 beds with staff strength of 4000, nurses being large percentage.

At present the facility has 7 Departments and agencies which are Medical Affairs, Nursing, Pharmacy. Finance, Engineering, General Administration and Human Resource with fourteen clinical and diagnostic departments and three "Centre's of Excellence". The 14 clinical departments entail: Surgery, Pathology, Allied Surgery, Medicine, Anaesthesia, Child Health, Psychiatry, Obstetrics and Gynaecology, Radiology, Laboratory, Policlinic, Pharmacy, Emergency Medicine and Accident Centre. The three areas of expertise also include; Reconstructive Plastic Surgery and Burns Centre, the National Cardiothoracic Centre and the National Institute for Radiotherapy and Nuclear Medicine.

The surgical department is approximately 150 meters eastwards from the entrance gate and one of the fourteen (14) therapeutic departments within the hospital. As a Sub-Budget Management Centre (Sub BMC), it was formed mainly to offer surgical and consultation services as well as training and research. It has a bed capacity of 272 with staff strength of roughly 610. The

department is a six-story edifice made up of a neurological ward, regular surgical facilities and a V.I.P (special) unit.

Target Population

The target audience was in-patients at the surgery department of the Korle Bu teaching hospital. The criteria for inclusion were in patients who were slated for surgery and, could talk, and were 18 years and above. The exclusion criteria on the other side were; patients below age 18 years, and those in serious discomfort. This is because of the probability of still passing through a pain barrier that may not let objective thinking process.

Sample Size and Sampling Technique

A total sample of one hundred (100) in-patients were selected. Yet only sixty (60) agreed and engaged in the research reflecting a response rate of 60%. Quota sampling was utilized. This signifies that equal number of questionnaires was given to same number of patients within the general surgical wards of the unit.

Data Collection Instrument

According to Polit and Beck (2013) questionnaire maintains the often-used device for capturing data. A well-designed questionnaire should capture accurate and trustworthy data (Opoku et al., 2018). The benefit of employing questionnaire is that they are basic, relatively affordable and yet can offer reliable information from a big number of individuals (Opoku et al., 2018). Yet, according to Babbie (2020) surveys rely on personal accounts and potentially carry bias dispositions. Conventional questionnaires were created for the data collection however additional observations were taken in the different wards to complement the questionnaire. The questionnaire was

provided to the in-patients at the surgical unit respond and gathered by the researcher. The questionnaire composed of three sections; Section A collected demographic information of the in-patients. Part B examined the procedure of getting permission before surgery in the surgical wards and Section C collected information on the health professionals who really receives a clients informed consent before operations.

Data Collection Technique

First, permission was sought from the Korle-Bu Teaching Hospital Institutional Review Board before the commencement of the work. Participants were thoroughly taken through the purpose of the study. The questionnaire was explained to participants who could not read and understand the content of it. Participants who consented to be part of the study were administered the questionnaire to fill out. Respondents were given ample time to respond to the questionnaire given their situation as a patient. The questionnaires were collected and data gathered was entered into excel for cleaning and further exported into SPSS version 26 for further analysis.

Data Analysis

According to Opoku (2005.22), data analysis is finding a way to organize and summarize the data' using descriptive statistical techniques. In this study, analysis of the data was carried out using the Statistical Package for Social Sciences (SPSS) version 20.0. In analysing the data, descriptive statistics were used to organize and describe the data.

Ethical Consideration

The officials of the Korle Bu teaching hospital, in-charges of several surgical wards were approached for preliminary dialogue and permission. A

letter of introduction from the Ghana Health Service to request clearance for the research was obtained. Also, ethical clearance from the Korle-Bu Teaching Hospital Institutional Review Board was obtained. Each in-patient was addressed personally in which the nature and goal of the research as well as confidentiality and right of withdrawal was communicated to him/her. To guarantee anonymity and privacy, no identities or personally identifiable information of the in-patients was gathered while the name of the hospital was captured simply for reasons of audit trail.

Chapter Summary

This chapter presented on the methodology employed in this study. It focused on the research design, population, study area, data collection instrument, data collection procedure, sample and sampling technique, and data analysis and management. It concludes with a brief discussion of ethical considerations that were achieved before the commencement of the study and finally, chapter summary.

CHAPTER FOUR

RESULT AND ANALYSIS

Introduction

This chapter detailed the results of the investigation. Primary data was obtained via questionnaire among in-patients in Korle Bu Teaching Hospital to establish the practice of gaining patients consent before operation. The data acquired was input in excel and later exported into SPSS version 26.0 for data analysis. The chapter initially offered information on the demographic characteristics of respondents proceeded by the main objectives. Descriptive statistics were employed to characterize populations. Figures were also utilized to show findings on patterns and trends observed.

Socio-Demographic Characteristics of Respondents

The results encompassed demographic data on patients which may have a key effect on teaching patients the process of gaining informed consent before a surgical treatment and the suitable staff who spoke with patient/clients to seek gained permission before surgery. While, biographic data may not be crucial to the study, it enables the researcher to evaluate the results (Ramoraswi et al., 2013).

Table 1: Demographic characteristics of respondents

Variable	Frequency (n)	Percentage (%)
Gender	60	100.0%
Male	21	34%
Female	39	64%
Did not Specify	2	2%
Age	60	100.0%
18-25	9	15%
26-35	36	60%

Table 1: Cont.

Variable	Frequency (n)	Percentage (%)
36-50	13	22%
50 and above	2	3%
Marital Status	60	100.0%
Married	33	55%
Single	22	37%
Divorced	3	8%
Education Status	60	100.0%
Tertiary	41	68%
Senior High School	7	12%
Middle School/Junior High School	8	13%
Primary School	4	7%
Employment Status	60	100.0%
Government Employee	37	62%
Private Employee	4	7%
Self-Employment	14	23%
Others	5	8%

Source: Field Survey (2022)

Table 1 presents some summary of the demographic characteristics of respondents. It covers gender, age, marital status, educational background and work status of the respondents. It can be concluded from Table 1 that roughly 64% of the patients who took part in the study were females. Only a sum of 34% were men while 2% remained mute about their gender. The study also revealed that majority (60%) of the respondents were within age limits of 26-35 years followed by those between 36 and 50 years. About 15% of the respondents were those who was below 26 years and only 3% of the respondents were 50 and above.

Considering marital status of the respondents, about 55% were legally married, 37% were singles, 8% indicated that they were. Also, about 68% of the patients obtained various tertiary qualifications such as degrees, post diplomas and diplomas certificates while 32% of the respondents holds various forms of certificates like senior high school, middle school/junior high and primary school certificates.

Finally, majority (61%) of the respondents were gainfully employed by the government, followed by the those who were self-employed (23%). Only 7% of the respondents worked in the private sector and 8% indicated others which is difficult to state whether or not they were employed.

Process of Obtaining Informed Consent

This is to determine how process of consent was obtained by the patients. The possible steps of obtaining informed consent from the patient before surgery were explained. Figure 1 demonstrates that, 62% of the participants recall very well that, their illness problems were described to them as part of the process of getting an informed consent prior surgery. According to Kurt et al (2016) there is the need to effectively educate patients on their illness conditions/diagnosis, treatment alternatives, and form of surgery and post-operative problems before they undergo surgery.

About 22% actually confirmed that they could not remember specifically what they were informed and about 16% of the respondents said they were not informed or educated on their disease condition.

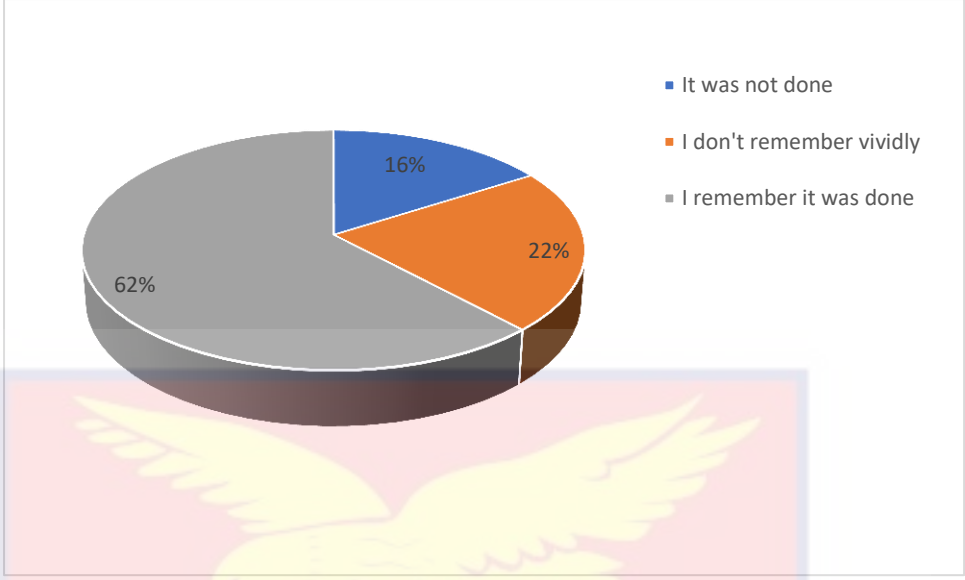

Figure 1: Patient Disease Condition
Source: Field Survey (2022)

Figure 2 below depicts that, about 58% of the patient's gained insight through the health workers on various treatment options available for them to make choices for their treatment. The patients remember well the given information on the various treatment options available for them. This study finding is similar to the findings of Gladfelfer's (2006) research study where she found that, the physicians educated patients about informed consent process before surgery is done.

Gladfelfer's (2006) additionally states that, the procedure of clarifying informed consent is a useful weapon and a concern with regard for the physician, and the patient must fully comprehend their medical status and the treatment interventions that exist in the hospital, the risks and advantages linked with the competing alternatives before choosing an approach of action.

About 29% of the patients were not given education and information about their treatment options while 13% of the patients do not remember vividly as to whether they were informed or not.

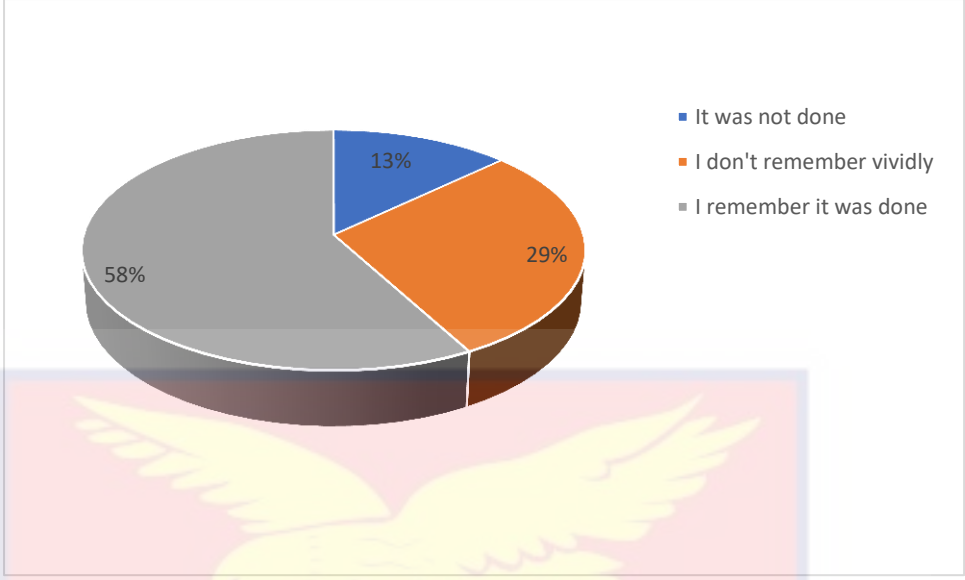

Figure 2: Education on Treatment Options
Source: Field Survey (2022)

Figure 3 below shows that, about 57% of the patients were given the opportunity to ask questions and also clarification on misconceptions before their surgeries. This study finding suggest that majority of doctors used their moral obligation to allow patients to ask questions for clarification before surgery was done. Mallardi, (2005) asserts that the physicians need to allow for clarification in the interest of their patients' well-being. Thus, it is a fundamental legal and ethical right of the patient to know the why, how, when and what happens before and after the surgery is performed so that the patient determines what happens to their own bodies.

However, 18% of the patients maintained that, they could not remember vividly whether or not they had the opportunity to ask pertinent questions regarding their surgeries and 13% vehemently said they were not given the opportunity to ask any questions about the process of obtaining consent before their surgery was done.

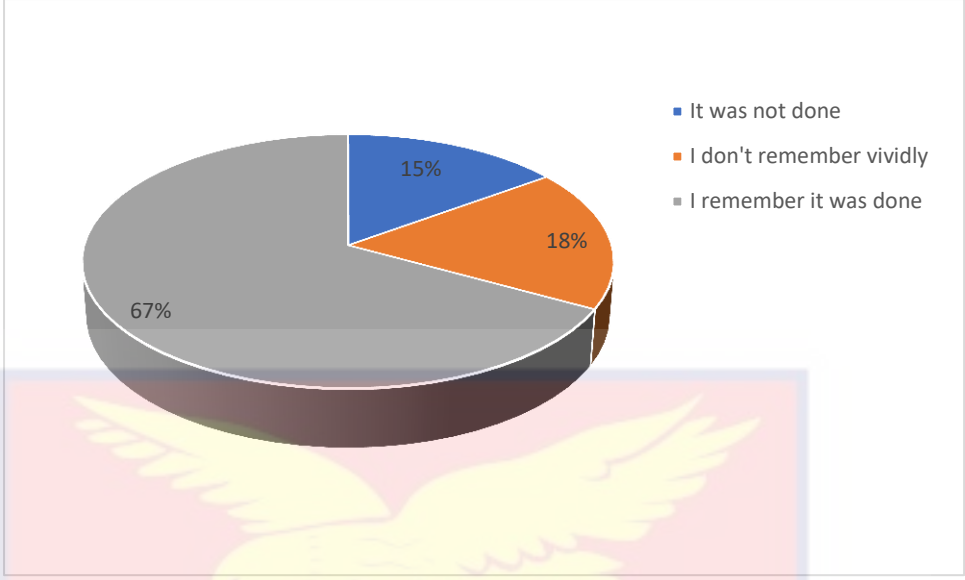

Figure 3: Patients given the chance to ask questions
Source: Field Survey (2022)

Figure 4 below shows that about 43% of the patient's obtained knowledge of possible complications about the surgery they were about to undergo and could remember well that, they were taught by the nurse or the doctor. According to Feld (2004) patients want and need a thorough picture of what is presumably ahead including dangers and preventative strategies to reduce any surgical consequences. This implies the process of acquiring informed consent needs the concept that a person must be completely aware of and comprehend the possible advantages and hazards of their choice of possible treatment. A significant proportion 34% of the patients made it clear that they were not educated nor informed about any possible complications towards their surgeries. However, 23% of the patients did not remember vividly whether they were actually informed about any possible surgical complications of the operations to be performed on them.

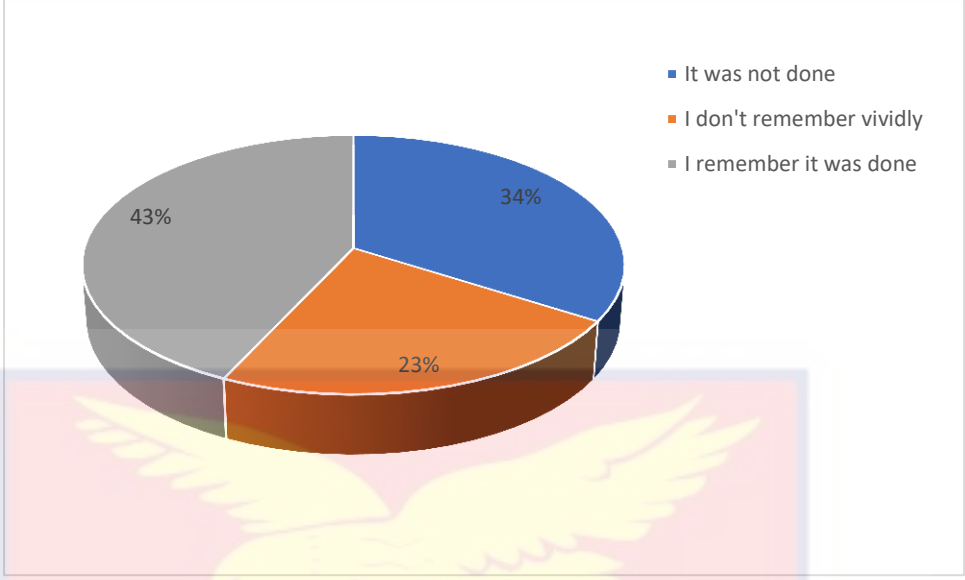

Figure 4: Possible surgery complications explained to patients
Source: Field Survey (2022)

Figure 5 below relates to patient consent surgery. The study revealed that about 49% of the patients remember they were informed and signed the consent form before going through the surgery. Zevin, Almakky, Mancini, and Robertson (2022) in their research asserts that, obtaining valid permission to treatment is vitally crucial in all medical procedures, from offering personal care to performing multiple surgeries. Thus, this served the main focus of this study. About 26% did not vividly remember whether or not they were informed before surgery, (this could be that, the patient was unconscious or restless or critically ill where a relative did it on his/her behalf). Also, about 25% also said they did not consent before their surgeries were done.

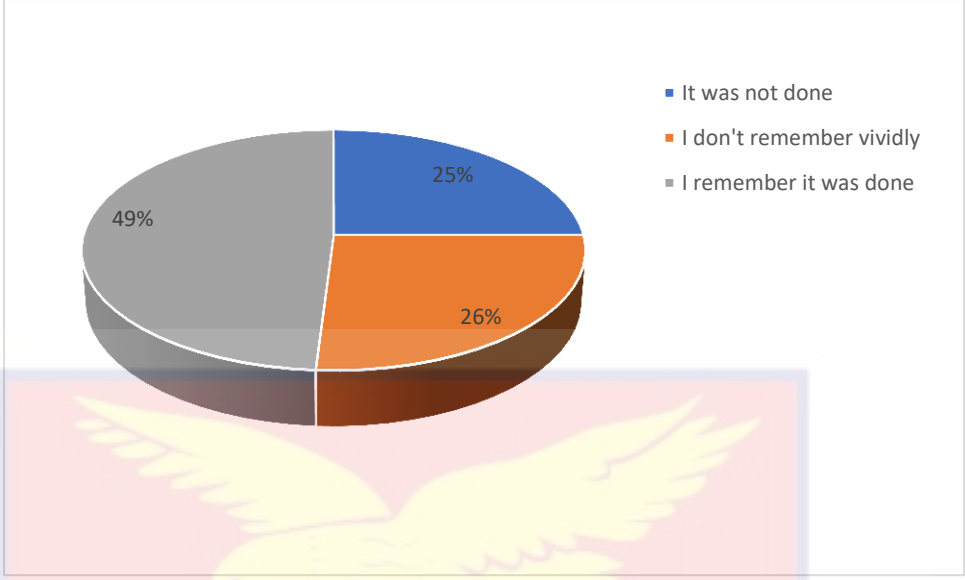

Figure 5: Patients Consent before Surgery

Source: Field Survey (2022)

Who Obtains Clients' Informed Consent?

This section concentrates who obtained consent from the various patients who participated in this study.

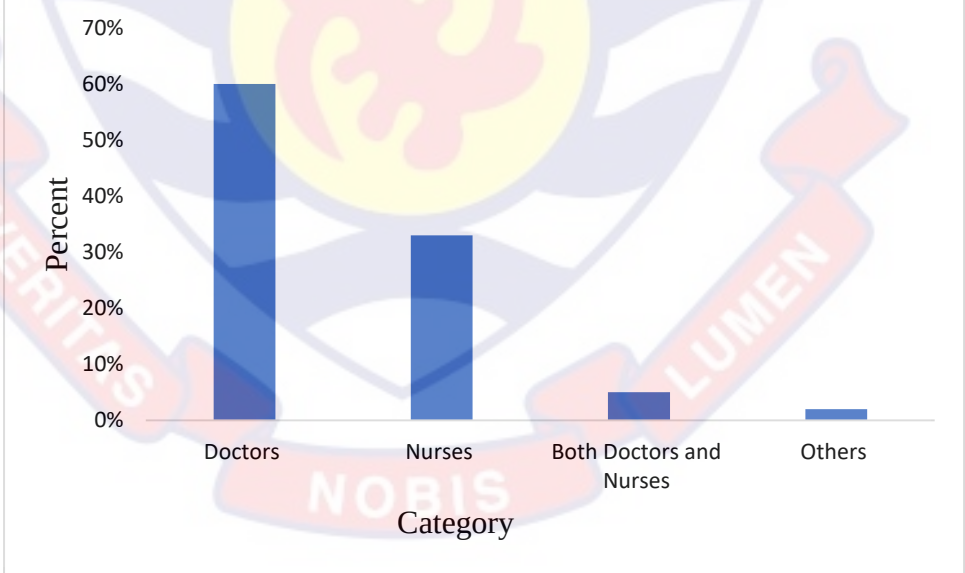

Figure 6: Health worker who educated the patient about informed consent before surgery

Source: Field Survey (2022)

From the figure above, 60% of the respondents indicate that, doctors were those who actually sought their consent before their surgeries were done. Also, a significant number of 33% of the respondents asserted that they were informed by the nurses about the process and possible outcome of their surgeries while 5% said both the nurse and the doctor explained to them the need for their consent before the surgery. However, only 2% of patients said they were not informed by doctors or nurses. According to Paterick, et al (2008) and Gladfelters (2006), physicians are obligated to disclose to patients the advantages and options available of a recommended procedure or operation, thus, the informed consent process is a lawful, ethical and moral commitment of the doctor, notwithstanding, as informed patient proponents, hospital nurses also have an assigned involvement in fully comprehending the legal regulations and ethical consideration of the procedure for informed consent. Therefore, this study findings confirms that, doctors were the actual personnel who are mandated legally to offer education to patients to seek informed consent before surgery.

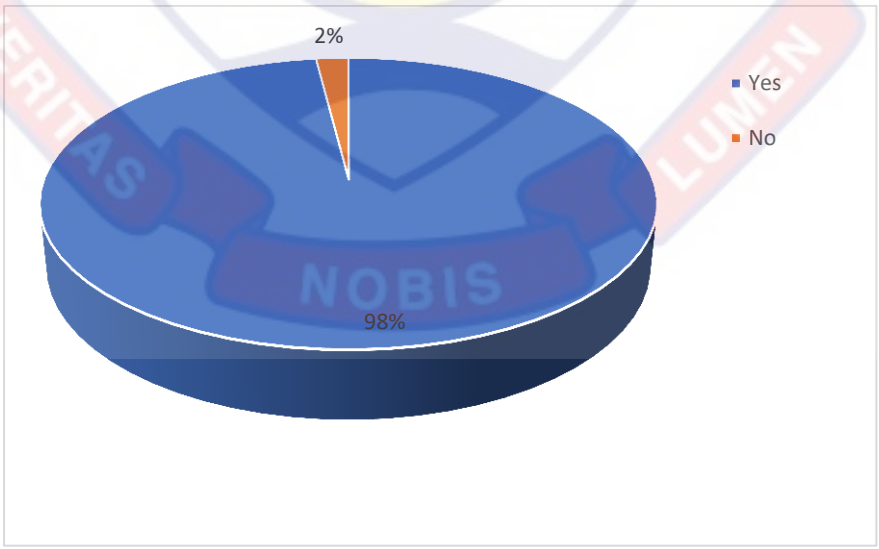

Figure 7: Patient signed the informed consent form

Source: Field Survey (2022)

From the figure above, 98% of the patient consented by signing the consent form before their various surgeries. This could mean that, majority of the patients had enough information about the process of obtaining consent (form signed) or it was signed by a close relative who was not interested in the detailed processes of informed consent before surgery was done. According to Ochieng et al., (2015), the process of informed consent should be conceptualized and makes it a continuing process but not one-off event and thus it is the responsibility of the surgeon and the nurse to educate the patients to obtain their informed consent before surgery. In this study, only 2% said they did not sign the consent form before their surgeries were done. This could probably be that they refused to sign the consent form. This argument is reinforced by Spatz, Krumholz, & Moulton (2016) who suggested that a responsible patient has right to decline treatment option is an essential concept in the informed consent process. Spatz, Krumholz, & Moulton further argues that, reverence for patient independence and autonomy necessitates that, choices to agree to or reject treatment emanate voluntarily from the patient as an autonomous agent.

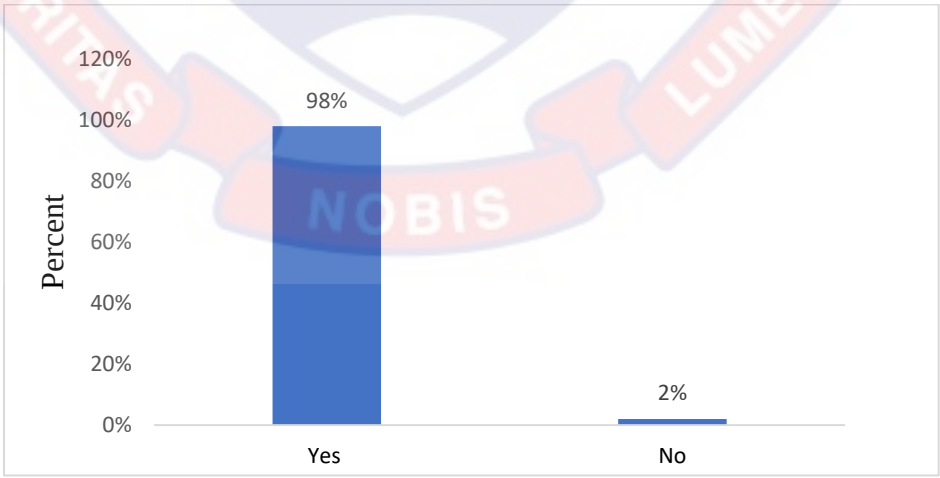

Figure 8: Importance and benefits of the surgery

Source: Field Survey (2022)

The figure above indicates that 98% of the patients benefited from the surgery. The findings of this study elucidate that, majority of the patients benefited from the surgery and expressed gratitude. In contrast, 2% said it was not important as the surgery did not benefit them. This could probably be attributed to minor complications as a result of the surgery.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

This section offers a brief summary of all the results of this study. It also drew conclusions and offers some recommendations based on the study's findings. The findings were the issues that were revealed during the research and the recommendation was given to help address the challenges encountered.

Summary of Findings

The investigation was conducted to evaluate the practice of seeking patients consent preceding surgery among in-patients in Korle Bu Teaching Hospital. A quantitative technique of research methodology employing descriptive survey design was adopted for this study. Questionnaires were conducted among sixty (60) patients to establish the in-depth awareness of practice of getting permission before surgery and the procedure of getting informed permission and who truly is to counsel patients to gain informed consent beforehand surgery.

It was realized that 62% of the in-patients remember that, their disease conditions were explained as a first step of the process of obtaining an informed consent before surgery. About 58% of patients gained insight about the process of obtaining consent before surgery through the education of health workers (doctors and nurses) and also various treatment options available for them to make choices for their treatment. 60% of the in-patients indicates that, doctors were those who actually seek their consent before their surgeries were done and 98% of the patient consented by signing the consent

form before their various surgeries. This means that, these in patients had signed the consent form based on the little knowledge they received from the doctor and any other health worker.

The findings of the research are comparable with the findings of Sim (2019) & Gladfelter's (2006), Kurt et al (2016), where their studies were conducted and revealed that, physicians are responsible for informing patients process of obtaining consent, disease diagnosis, treatment options, benefits and risk for signing consent form before surgery.

Conclusion

This study concludes that, there is still more room for improvement pertaining to education on process of obtaining consent given to patients who are about to undertake planned and emergency surgeries at the Korle Bu Teaching Hospital. About 32% of patients argue they were not well educated about their surgery before they signed the consent form. Lack of adequate knowledge of consenting before surgery among in-patients is indicative that only a few in-patients understand the process of obtaining consent.

Furthermore, 60% of patients stated that doctors obtained their consent, which indicates that doctors are the only medical practitioners that procure clients' consent within the hospital. Finally, there is a process but not followed as expected in obtaining consent. Therefore, more time is needed for pre-surgical patients to address all their fears and uncertainties.

Recommendation

Based on the findings of the study, it was recommended that;

i. Continuous and adequate education should be given to patients who are to undertake planned and emergency surgeries about the process of obtaining consent before surgery.

ii. There should be a legal framework/regulation introduced by Ministry of Health that mandates all doctors and nurses to educate surgical patients about the process of obtaining consent before surgery. There is the need to educate the patients about possible surgical complications when ready to take up a surgical procedure.

iii. It is also recommended that, patients who are going in for surgery should be educated about treatment options available to make a choice. Introduction of verbal consent and the advantages and disadvantages of the consent before surgery by Ministry of Health/Ghana Health Service as a policy is encouraged.

iv. There should be a daily health education programs introduced by the hospital to educate patients at the general OPD level about the process of obtaining consent before surgery.

Suggestions for Future Studies

The study was solely conducted at the Korle-Bu teaching Hospital which limits the generatability of the findings. The study suggests that future studies be conducted in other regions and hospitals to ascertain the situation across the country.

REFERENCES

Akkad, A., Jackson, C., Kenyon, S., Dixon-Woods, M., Taub, N., & Habiba, M. (2006). Patients' perceptions of written consent: questionnaire study. *Bmj*, *333*(7567), 528.

Angelos, P. (2020). Interventions to improve informed consent: perhaps surgeons should speak less and listen more. *JAMA surgery*, *155*(1), 13-14.

Axson, S. A., Giordano, N. A., Hermann, R. M., & Ulrich, C. M. (2019). Evaluating nurse understanding and participation in the informed consent process. *Nursing ethics*, *26*(4), 1050-1061.

Babbie, E. R. (2020). *The practice of social research*. Cengage learning.

Bain, L. E. (2017). Ethics approval: responsibilities of journal editors, authors and research ethics committees. *Pan African medical journal*, *28*(1).

Balak, N., Broekman, M. L., & Mathiesen, T. (2020). Ethics in contemporary health care management and medical education. *Journal of Evaluation in Clinical Practice*, *26*(3), 699-706.

Barstow, C., Shahan, B., & Roberts, M. (2018). Evaluating medical decision-making capacity in practice. *American Family Physician*, *98*(1), 40-46.

Brinkmann, S., & Kvale, S. (2018). *Doing interviews* (Vol. 2). Sage.

Clark, S., Mangram, A., Ernest, D., Lebron, R., & Peralta, L. (2011). The informed consent: a study of the efficacy of informed consents and the associated role of language barriers. *Journal of Surgical Education*, *68*(2), 143-147.

Clegg-Lamptey, J. N. A., & Hodasi, W. M. (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.

Cocanour, C. S. (2017). Informed consent—It's more than a signature on a piece of paper. *The American Journal of Surgery*, *214*(6), 993-997.

English, D. C. (2002). Valid informed consent: a process, not a signature. *The American Surgeon*, *68*(1), 45-48.

Mallard, R. A. (2005). *The experience revealed: six case studies of "Georgia teacher alternative preparation program" first-year teachers*. Georgia State University.

Modra, L. J., Hilton, A., & Hart, G. K. (2014). Informed consent for procedures in the intensive care unit: ethical and practical considerations. *Critical Care and Resuscitation*, *16*(2), 143-148.

Ochieng, J., Buwembo, W., Munabi, I., Ibingira, C., Kiryowa, H., Nzarubara, G., & Mwaka, E. (2015). Informed consent in clinical practice: patients' experiences and perspectives following surgery. *BMC research notes*, *8*(1), 1-6.

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*(1), 1-5.

Opoku, A., Ahmed, V., & Akotia, J. (2016). Choosing an appropriate research methodology and method. In *Research Methodology in the Built Environment* (pp. 32-49). Routledge.

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*(1), 1-5.

Polit, D. F., & Beck, C. T. (2013). Is there still gender bias in nursing research? An update. *Research in nursing & health*, *36*(1), 75-83.

Ramoraswi, M. M., Lekhuleni, M. E., Mbambo-Kekana, N. P., & Mpolokeng, M. (2013). Knowledge of clients regarding voluntary counseling and testing at Mankweng primary health care facilities at Capricorn District, Limpopo Province, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, *19*(sup-1), 62-74.

Richardson, V. (2013). Patient comprehension of informed consent. *Journal of Perioperative Practice*, *23*(1-2), 26-30.

Rwegerera, G. M., Moshomo, T., Gaenamong, M., Oyewo, T. A., Gollakota, S., Rivera, Y. P., ... & Habte, D. (2018). Health-related quality of life and associated factors among patients with diabetes mellitus in Botswana. *Alexandria journal of medicine*, *54*(2), 111-118.

Saunders, T. A., Stein, D. J., & Dilger, J. P. (2006). Informed consent for labor epidurals: a survey of Society for Obstetric Anesthesia and Perinatology anesthesiologists from the United States. *International journal of obstetric anesthesia*, *15*(2), 98-103.

Siegler, E. L. (2010). The evolving medical record. *Annals of internal medicine*, *153*(10), 671-677.

Sim, I. (2019). Mobile devices and health. *New England Journal of Medicine*, *381*(10), 956-968.

Spatz, E. S., Krumholz, H. M., & Moulton, B. W. (2016). The new era of informed consent: getting to a reasonable-patient standard through shared decision making. *Jama*, *315*(19), 2063-2064.

Steinberg, A. (2009). Disclosure of information and informed consent: ethical and practical considerations. *Journal of child neurology*, *24*(12), 1568-1571.

WHO Expert Committee on the Selection, Use of Essential Medicines, & World Health Organization. (2014). *The Selection and Use of Essential Medicines: Report of the WHO Expert Committee, 2013 (including the 18th WHO Model List of Essential Medicines and the 4th WHO Model List of Essential Medicines for Children)* (Vol. 985). World Health Organization.

Wilhite, C. L. (2012). Ethical and legal considerations in teen aesthetic surgery. *Plastic and Aesthetic Nursing*, *32*(1), 19-21.

Yu, E. S., Min, H. J., An, S. Y., Won, H. Y., Hong, J. H., & Hwang, E. S. (2008). Regulatory mechanisms of IL-2 and IFNγ suppression by quercetin in T helper cells. *Biochemical pharmacology*, *76*(1), 70-78.

Zevin, B., Almakky, M., Mancini, U., & Robertson, D. I. (2022). Digital approach to informed consent in bariatric surgery: a randomized controlled trial. *Surgical endoscopy*, *36*(1), 809-816.

APPENDICES

APPENDIX A

QUESTIONNAIRE

UNIVERSITY OF CAPE COAST

SCHOOL OF ECONOMICS

DEPARTMENT OF DATA SCIENCE AND ECONOMIC POLICY

Dear respondent,

I am a student of the School of Economics of University of Cape Coast undertaking a study on the topic; ***"THE PRACTICE OF OBTAINING PATIENTS' CONSENT BEFORE SURGERY: A CASE STUDY AT THE KORLE-BU TEACHING HOSPITAL"***. This questionnaire should take between 10 and 15 minutes to complete. To protect each respondent's identity, all information obtained from the study will be coded. When discussing or reporting data, no names or other identifying information will be used. You have the option to leave the interview at any time. I will therefore be grateful if you would find time to answer the following questions.

Thank you.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

Name of Ward .....

Please tick [ ] were appropriate

1. **Gender**

a. Male [ ] Female [ ]

2. **Age (years)**

a 18-25 [ ]

b. 26-35 [ ]

c. 36-50 [ ]

d. Above 50 [ ]

3. **Level of education**

a. Tertiary [ ]

b. Senior High School [ ]

c. Middle School/Junior Secondary School [ ]

d. Primary School [ ]

e. No formal education [ ]

4. **Marital status**

a. Married [ ]

b. Single [ ]

c. Divorced [ ]

d. Widowed [ ]

5. **Employment**

a. Government employee [ ]

b. Private employee [ ]

c. Self-employed [ ]

d. Others [ ]

SECTION B: PROCESS OF OBTAINING INFORMED CONSENT

The statements below relate to the process of obtaining a client informed consent before a surgical procedure.

Indicate by ticking [✓] the extent to which it was applied in your case

No	Statement	It was not done (1)	I don't remember vividly (2)	I remember it was done (3)
6	Explain disease condition to patient			
7	Give patient information on treatment options			
8	Give patient opportunity to ask questions.			
9	Possible complications explained to patient			
10	The experience and qualification of surgical team made known to patient			
11	Patient consent obtained through significant others			

SECTION C: WHO OBTAINS A CLIENT'S INFORMED CONSENT

This section is concerned about whether Doctors or Nurses are responsible for obtaining Client's Informed Consent within the department

12. **What type of admission did you have?**

a. Elective planned [ ]

b. Emergency [ ]

c. I don't remember [ ]

13. **What type of surgery did you have?**

a. Major [ ]

b. Minor [ ]

c. I don't remember [ ]

14. **Did you know the general status of your condition/health before surgery?**

a. Yes [ ]

b. No [ ]

15. **Which health worker discussed with you to gain your full consent before your surgery?**

a. Doctor [ ]

b. Nurse [ ]

c. Student [ ]

d. Others (please specify) ……

16. **If your answer to 14 is No, please state why?**

a. It was an emergency [ ]

b. Staff to provide education/information was busy or absent [ ]

c. I don't know [ ]

d. Others (please specify) ……

17. **Were you afraid of (or anxious about) the surgery?**

a. Yes [ ]

b. No [ ]

18. **Do you think detailed information would have made you less anxious?**

a. Yes [ ]

b. No [ ]

19. **Did you give your consent?**

a. Yes [ ]

b. No [ ]

20. **How did you give it?**

a. I signed a form [ ]

b. Agreed verbally [ ]

c. My spouse signed a form on my behalf [ ]

d. Others (please specify) .....

21. **Did you think the surgery was important and beneficial for you?**

a. Yes [ ]

b. No [ ]

22. **Was the outcome of surgery what you expected?**

a. Yes [ ]

b. No [ ]

23. **Were there any complications?**

a. Yes [ ]

b. No [ ]

24. **If yes, what was the severity of these complications?**

a. Mild [ ]

b. Moderate [ ]

c. Severe [ ]

d. I do not know [ ]

25. i. **With the outcome of your surgery, were/are you satisfied with the consent you gave?**

a. Yes [ ]

b. No [ ]

ii. **If no, please give some recommendation on how patients' informed consent should be obtained**

……

……

……

……

End of Survey!!! Thank you for your participation

APPENDIX B

INTRODUCTORY LETTER

In case of reply the number and the date of this letter should be quoted

Core Values:
- People Centred
- Professionalism
- Team Work
- Innovation/Excellence
- Discipline
- Integrity

HUMAN RESOURCE DIRECTORATE
GHANA HEALTH SERVICE
PRIVATE MAIL BAG
MINISTRIES
ACCRA

Tel. 0302-661354/5
FAX: 0302-670329

April 19, 2022

My Ref. No. GHS/HRD/PLG.0422

Your Ref. .....

Dear Sir/Madam,

TO WHOM IT MAY CONCERN

The bearer of this letter Mr. Richmond Doe Sowah is a student pursuing Data Management and Analysis at the University of Cape Coast and a staff of the Ghana Health Service. He is conducting research into a selected topic in partial fulfillment of the requirement for the award of MSc. Data Management and Analysis Degree.

I would be grateful if you could accord him the necessary support he may require.

You may contact me on phone number 0244635912.

Thank you.

MR. EMMANUEL TEINOR
HEAD, PLANNING BUDGETING AND POLICY UNIT
for: **AG. DIRECTOR, HRD**

Cc:
Mr. Richmond Doe Sowah