

# Nurses' Opinions and Practices Regarding Informed Consent

## Hemşirelerin Bilgilendirilmiş Onamla İlgili Görüş ve Uygulamaları

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**ABSTRACT Objective:** This research was conducted as a descriptive type of study for the purpose of determining nurses' opinions and practices regarding informed consent. **Material and Methods:** The research population was comprised total of 510 nurses, 315 of whom worked at a public hospital and 195 of whom worked at a university hospital. The sample was comprised 310 of these nurses (67.8%) who agreed to participate in the research. The data were collected using 17-item survey created by the researchers. Data were analyzed using Chi square test. **Results:** In this study 73.2% of the nurses stated that it was necessary to get informed consent before nursing procedures, 53.8% before invasive procedures. They stated that consent needed to be obtained from a family member if the patient wasn't in a condition to give his/her own consent. Of the nurses 64.5% stated that it was necessary for patients' consent to be written in their records. It was determined that 40.6% of the nurses received verbal consent from patients, when patients didn't give consent 25.7% wrote note about their refusal in the nurses' notes. It was also determined that 26.1% of the nurses gave information to relatives without getting permission from the patient, when family members wanted information to be hidden from patients 62% of the nurses stated that they complied with the family's wishes. No statistically significant differences were found among nurses' opinions and practices about informed consent according to their length of employment, educational level or work area ( $p > 0.01$ ). **Conclusion:** There were differences among the nurses for their opinions and practices regarding informed consent. The nurses need to serve as advocates of patients' rights and place importance and implement the obtaining of informed consent from patients.

**Key Words:** Informed consent; ethics, nursing; Turkey

**ÖZET Amaç:** Çalışma hemşirelerin bilgilendirilmiş onamla ilgili görüş ve uygulamalarını belirlemek amacıyla yapılmış tanımlayıcı tipte bir çalışmadır. **Gereç ve Yöntemler:** Araştırmanın evrenini devlet hastanesinden 315, üniversitesi hastanesinden 195 olmak üzere toplam 510 hemşire oluşturdu. Araştırmaya katılmayı kabul eden 310 hemşire (%67.8) araştırmanın örneklemini oluşturdu. Veriler araştırmacılar tarafından oluşturulan 17 maddelik anket formu kullanılarak toplandı. Verilerin analizinde ki-kare testi kullanıldı. **Bulgular:** Hemşirelerin % 73.2'si hemşirelik uygulamalarından önce, %53.8'i invaziv girişimlerden önce hastadan bilgilendirilmiş onam alınması gerektiğini, %67'si hasta onam verebilecek durumda değilse aile üyelerinden onam alınması gerektiğini belirtti. Hemşirelerin %64.5'i hemşirelik kayıtlarına hastadan onam alındığının yazılmasını gerekli bulmaktadır. Hemşirelerin %40.6'sının hastalardan sözlü onam aldığı, hasta onam vermediğinde %25.7'sinin hemşire gözlem kağıdına red notu yazdığı belirlendi. Hemşirelerin %26.1'inin hastanın izni olmadan hasta yakınlarına bilgi verdiği, aile üyelerinin hastadan bilgi saklanmasını istediğinde %62'sinin bu isteğe uyduğu belirlendi. Hemşirelerin, çalışma yılı, eğitim düzeyi ve çalışma alanlarına göre bilgilendirilmiş onamla ilgili görüş ve uygulamaları arasında istatistiksel olarak anlamlı bir farklılık bulunmadı ( $p > 0.01$ ). **Sonuç:** Hemşirelerin bilgilendirilmiş onamla ilgili görüşleri ve uygulamaları arasında farklılık olduğu saptandı. Hemşireler hasta haklarının savunucusu olarak hastayı bilgilendirme ve onam alma hakkına gereken önemi vermeli ve uygulamalıdır.

**Anahtar Kelimeler:** Bilgilendirilmiş onam; etik, hemşirelik; Türkiye

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Patient rights are human rights practiced in health services. In 1998 the Turkish Health Ministry took an important step towards protecting patient rights in our country by putting into effect the "Patient's Bill of Rights" in all health care facilities.<sup>1</sup> However neither patients nor health care personnel have been adequately informed about them or put them into practice.<sup>2-5</sup>

One of the main headings in the Patient's Instruction of Rights, which is determinative in patient-health care worker relationships, is "Informing and Informed Consent".<sup>1</sup> Informing and informed consent are one of the factors that improves patient satisfaction.<sup>6</sup> Informing includes providing information about the patient's diagnosis and treatment plan. Informing and informed consent, which are included in the law, regulations and by laws, are ethical requirements of nurses and health care workers at every level.<sup>1</sup> Nurses are also required by the ethics code for nursing to inform patients so their right to make decisions is protected.<sup>7</sup> Before any type of intervention is done to the patient the patient's permission needs to be obtained and the patient's individuality and independence need to be respected.

## LITERATURE REVIEW

Brett (1998) and Karpouzi (2005) defined informed consent as an agreement of acceptance or rejection by an individual being treated.<sup>8,9</sup> However Kennedy and Grubb stated that informed consent is an open agreement. This agreement does not have to be in writing but can be verbal or implied consent.<sup>10</sup>

Even though the method of getting informed consent can be by written, verbal or implied methods nurses are not getting adequate permission from patients in clinical areas. According to previous studies nurses do not give patients adequate information because patients do not request the information or because they are acting obediently and accept that they have consented.<sup>10-12</sup> Nurses do not look at the difference between obedience and informed consent and consider both to be informed consent.<sup>10</sup>

For consent obtained from patients to be valid its foundation needs to be informed, understood, voluntary, adequate and willing.<sup>1</sup> It is mandatory that a patient has been informed and understood the information given for the patient's consent to be considered valid. If a patient understands the information he/she has been given, if the patient can voluntarily and of his/her own free will take action without being under any pressure, if the patient is competent at that time and if he/she gives permission for the intervention then that is considered to be informed consent. When consent is given the patient needs to be conscious, not have any psychiatric disorders and be of legal age. For those who do not meet these conditions the patient's consent is received from a parent or a legal representative.<sup>1</sup>

According to studies reported in the literature nurses believe that they need to get consent from patients but it is understood that they do not fulfill the necessary conditions for getting valid consent. Not informing patients adequately before giving nursing care is a reason for the consent obtained not to be valid. Although there are studies conducted with nurses on the subject of informed consent in the literature,<sup>2,3,10-16</sup> the number of studies conducted in our country is limited. The studies conducted in Turkey on informed consent have generally been conducted with physicians and patients.<sup>17-19</sup> There is a need for studies to be conducted with nurses on the subject of informed consent.

## OBJECTIVE

The subject of informed consent and how informed consent is obtained is still a topic of discussion today. The purpose of this study was to determine the opinions and practices of bedside nurses about informed consent.

## MATERIAL AND METHOD

Nurses who provide bedside nursing care were included in the study. The research population was comprised of 315 nurses from a public hospital and 195 from a private hospital for a total of 510 nurses. The sample was comprised of 310 of these nurses (67.8%) because 140 did not want to participate

and 60 nurses were on leave. The management nurses whose duties did not include bedside nursing care, the outpatient clinic nurses, operation room nurses, and emergency service nurses were excluded from the study.

The research data were collected using a 17-item survey created by the researchers between 15 December 2006 and 15 January 2007. Chi square test was used in the analysis of the data.

## ETHICAL PERMISSION

Permission to conduct the study was obtained in writing from the School of Nursing Ethics Committee and from both hospitals where the data were collected. In addition when data were collected from the nurses they were given a verbal explanation and the nurses who did not volunteer to participate were not included in the study.

## RESULTS

### FINDINGS ABOUT NURSES' DESCRIPTIVE CHARACTERISTICS

The mean age of the participating nurses was  $30.5 \pm 6.29$ , their mean length of employment was  $10.2 \pm 6.7$  (Min: 1year, Max: 30 years). Of the nurses 36.1% worked on medical wards, 41.3% on surgical wards, and 22.6% in intensive care units. In this study 34.5% of the nurses were baccalaureate degree, 40% associate (2-year university) degree, and 26.5% occupational health high school degree program graduates.

### FINDINGS REGARDING THE NURSES' OPINIONS ABOUT INFORMED CONSENT

In this study 73.2% of the nurses thought that it was necessary to obtain the patient's consent before nursing procedures. For patients to be able to give informed consent 34% of the nurses thought that they needed to be able to understand the explanations given to them, 22% that they needed to be of legal age to give consent, 20% that it needed to be voluntary, and 19% thought that they needed to be able to read and write (Table 1). In our research the nurses who thought that it was not necessary to obtain consent from patients and the nurses who thought that it was sometimes neces-

sary to get permission listed the following reasons why it was not necessary to get informed consent: when patients are admitted to the hospital they have agreed to everything (38.5%), there are no policies about the consent procedure (18%), it is an unnecessary procedure (12.1%), and it is just the physician's job to get consent (14.4%).

Of the nurses who thought that it was necessary to get informed consent before nursing procedures 43% thought that consent was obtained from patients verbally, 35% in writing and 22% thought that it was implied. More than half (53.8%) of the nurses thought that it was necessary to get informed consent before invasive procedures are done to patients, 26.6% for non-invasive procedures and 19.6% for interventions regarding education. In situations in which the patient cannot give his/her own consent 67% of the nurses thought that consent needed to be obtained from the family and 26.1% thought that sometimes consent could be obtained from the family.

If patients refuse any nursing procedure for religious beliefs 42.6% of nurses stated that they would try to find an alternative way to do the procedure, 36.3% would give information to the physician/charge nurse, and 18% would not do the procedure out of respect for the patient's beliefs.

It was seen that 64.5% of the nurses thought that it was necessary to document that consent was obtained from patients in the medical record, 20.3% thought that it was sometimes necessary, and 15.2% that it was not necessary (Table 1).

There were no statistically significant differences found among nurses' opinions about informed consent and the nurses' educational level, ward where they worked, or years of employment ( $p > 0.05$ ).

### FINDINGS REGARDING NURSES' PRACTICES RELATED TO INFORMED CONSENT

The findings about the nurses' practices related to informed consent are shown in Table 2. Of the nurses 40.6% stated that they give patients information and get their permission before procedures, 40% that they sometimes get consent, and 19.4% that

**TABLE 1:** Nurses' opinions about informed consent (n= 310).

	N	%
<b>Permission is obtained from patients before procedures</b>		
It should be	227	73.3
It doesn't need to be	10	3.2
Sometimes it is	73	23.5
<b>Reasons for not getting/sometimes getting consent (n=83)</b>		
Patients sign a form on admission	32	38.5
Waste of time	7	8.5
Unnecessary procedure	10	12.1
Thinking the patient will not understand	5	6.1
Belief that getting consent is just the physician's duty	12	14.4
Other (not necessary because nurse is following doctor's orders, etc)	2	2.4
<b>* Characteristics of patient that are necessary for patient to be able to give consent</b>		
Able to read and write	161	19.0
To have finished primary school	42	5.0
Able to understand explanations	289	34.0
Be voluntary	170	20.0
To be over legal age limit	187	22.0
<b>* Type of consent obtained before nursing procedures</b>		
Written permission should be obtained	125	35.0
Verbal permission should be obtained	153	43.0
Implied consent is enough	79	22.0
<b>* Nursing procedures that require consent</b>		
Invasive procedures	278	53.8
Non-invasive procedures	137	26.6
Procedures about education	101	19.6
<b>Getting consent from family members of patients who are unable to give consent</b>		
Should be done	209	67.5
Should not be done	9	2.9
Can be done sometimes	81	26.1
I don't know	11	3.5
<b>* Patient's refusal of a procedure for religious beliefs</b>		
I would find an alternative way to do the procedure	242	42.6
I would give information to the physician/charge nurse	206	36.3
I would respect their beliefs and not do the procedure	102	18.0
Patient needs to go to another hospital	6	1.0
Other (I would have patient sign that refused)	12	2.1
<b>Note is written in nursing records that consent was obtained from patient</b>		
Should be written	200	64.5
Should not be written	47	15.2
Sometimes could be written	63	20.3

\* More than one answer was given. Percentage calculated according to total number of answers.

they never get consent. When patients do not give their consent for nursing procedures 25.7% of the nurses stated that they have the right to refuse and

that they write a note about their refusal in the nurses' notes, 29.8% stated that they give patients information and try to convince them.

**TABLE 2:** Nurses' practices regarding informed consent (n= 310).

	N	%
<b>Consent Obtained from Patient Before Procedures</b>		
Yes	126	40.6
No	60	19.4
Sometimes	124	40.0
<b>* What is done when patient does not give consent</b>		
Patients have the right to refuse, I would write that they refused	231	25.7
I would give information to patient and try to convince them	267	29.8
I would inform the physician	242	27.0
I would inform the charge nurse	77	8.6
I would ask relatives to convince patient	72	8.0
I would do the procedure even if they did not agree to it	5	0.5
Other (I would get signature that they refused)	4	0.4
<b>Whether they think the explanations given to patients are adequate</b>		
Adequate	99	32.0
Not adequate	63	20.3
Sometimes adequate	148	47.7
<b>Gives information to family members without getting patient's consent</b>		
Yes	81	26.1
No	91	29.4
Sometimes	138	44.5
<b>Keeps information from patient at family member's request</b>		
Yes	194	62.6
No	10	3.2
Sometimes	106	34.2

\* More than one answer was given. Percentage calculated according to total number of answers.

Although 32% of the nurses stated that they thought nurses' explanations for patients were adequate, 47.7% thought they were inadequate sometimes, and 20.3% that they were not adequate. Of the nurses who thought that their explanations were inadequate 36.2% stated that they did not have time to give explanations and 29.2% stated that the patients would not understand their explanations.

In this study 26.1% of the nurses stated that they gave information to relatives without getting the patient's consent, 44.5% sometimes and 29.4% never gave information. When family members requested that information be hidden from patients 62% of the nurses complied by their wishes and 34.2% sometimes did not do what the family wanted.

There were no statistically significant differences in nurses' practices regarding informed consent according to their educational level, ward where they worked or length of employment ( $p > 0.05$ ).

## DISCUSSION

The majority (73.3%) of the nurses in this research thought that it was necessary to get patients' consent before nursing procedures (Table 1). The nurses were seen to be taking patients' rights and the nursing code of ethics into consideration. In a study by Karpouzi (2005) it was determined that 67% of English nurses and 53% of Greek nurses believed that it was necessary to get consent from patients. The percentage of nurses who thought that it was necessary to obtain informed consent was higher in our study than with the Greek and English nurses. Aveyard (2005) and Hariharan et al (2006) also reported that nurses thought that it was necessary to get consent from patients before giving nursing care.

The nurses in our study who thought that it was not necessary or sometimes necessary to get consent from patients gave different reasons for this. The primary reason given was that patients signed the admission form when admitted to the hospital. It was determined that the nurses thought that a patient signing this form implied that the patient agrees to all procedures that will be done while admitted to the hospital (Table 1). Scott (2003) also found that 61% of nurses believed that patients gave their consent when admitted to the hospital and that it was unnecessary to give their consent again.<sup>20</sup> Our research findings support these study results. In our study and the study by Scott (2003) the form signed by patients on admission to the hospital was considered to be valid consent for all procedures. However the consent given at admission to the hospital is an unconscious signature before reading the text and does not meet the conditions necessary for a valid informed consent. For this reason not getting patients' consent before nursing procedures can have a negative effect on the patient's decision making process and autonomy.

The validity of informed consent is as important as getting consent. However the informed consent received from patients may not always be valid. Although the majority of the nurses in our study thought that it was necessary to get consent from patients they did not adequately know the characteristics required in a patient for the patient to be able to give informed consent (Table 1). The elements of consent are adequacy, voluntary and approval.<sup>1</sup> When the treatment that is recommended to the patient is accepted knowingly and voluntarily with the patient's free will without any external pressure the informed consent is considered to be valid. In our study of the elements of informed consent only 20% of the nurses knew that it needed to be voluntary and only 22% that the patient needed to be of legal age. The knowledge deficit may be the reason why nurses get invalid consent and experience ethical problems.

In the Patient's Instructions of Rights it is required that patients are informed in a way that they can understand without using medical terminology.<sup>21</sup> In our study 34% of the nurses thought that it was necessary for patients to understand the information they are given to be able to obtain informed consent. At the same time one of the reasons why nurses did not obtain informed consent was because the nurses thought that patients would not understand the information they were given (Table 1). This suggests that the nurses do not exert enough effort to obtain valid informed consent by not informing patients because they did not think they would understand the information the nurses would give them. At this stage it can be said that nurses were not adequately fulfilling their roles as advocates of patient rights. This problem can be overcome by using words that patients can understand rather than medical terminology.

Although not based on research results it is general knowledge that in practice areas nurses get patients' consent verbally or by implication rather than in writing. The lack of policies or legal requirements for obtaining written consent from patients and the nurses' heavy workload may also have had an effect on their not getting patients' consent before nursing procedures. Kennedy and Grubb (2000) stated that it

was not mandatory for informed consent to be written but that it could be implied.<sup>10</sup>

A high percentage of nurses who thought that it was necessary to receive informed consent before invasive procedures (53.8%) also requested consent be given for non-invasive procedures (26.6%) (Table 1). The reason why the percentage was higher for needing to get consent for invasive procedures is likely due to the greater possibility that patients will feel pain and be hurt during this type of procedure. Scott et al (2003) determined that more information was given to patients getting surgical care and more often consent was obtained.

Consent is obtained from a patient's guardian or legal representative in emergency situations, when the patient is unconscious, a young age, or is not legally competent because of a psychiatric disorder.<sup>1</sup> The majority of the nurses (76.5%) in our study stated that it was necessary to get consent from a family member if the patient is unable to give consent (Table 1). In a study by Hariharan et al (2006) 28% of the nurses stated that the patient's opinion was not important and the best decision could be made by the physician. The nurses in our study honored patients' rights when they were not able to give consent themselves.

In our study when patients refused to give permission for any kind of nursing procedure for religious reasons the nurses tried to create ways to solve the situation for the patient who refused treatment, assumed responsibility and shared it with physicians. The percentage of nurses who had a bad attitude towards patients who refuse treatment was quite low (Table 1). Similar results were obtained in the studies by Hariharan et al (2006). Aveyard (2005) reported that nurses just tried to convince patients who refused treatment and put pressure on the patient until they agreed to the procedure. A patient can refuse any procedure for religious reasons. However if the procedure that would be done was curative not doing the procedure would be a neglect of the principle of doing no harm/beneficence. According to the results of our study the nurses were seen to take action to benefit patients when patients refused treatment.

The majority of the nurses in our study thought that it was necessary to write a note that consent had been obtained from the patient in the nursing records (Table 1) however nurses were not observed obtained written consent from patients in practice. In a study by Kee (1994) the majority of the nurses thought that it was the physicians' responsibility to document patients' informed consent, however they were not sure about this subject.<sup>9</sup>

Less than half of the participating nurses (40.6%) obtained informed consent in this study. There was a difference in the nurses' opinions about and practices regarding informed consent (Tables 1, 2). When the research findings were examined it was seen that nurses did not give adequate information to patients before doing nursing procedures. Other studies reported in the literature have also shown that nurses do not adequately inform patients before doing nursing procedures.<sup>3,10-12,15</sup> In Greek hospitals patients have passive, compliant and obedient attitudes and for this reason they are not given adequate information.<sup>12</sup>

The majority of the nurses reported that they always/sometimes give patients' relatives information about the patient without getting consent from the patient and that they withhold information from patients at the request of family members (Table 2). According to the nurses' codes of ethics and Patient's Instructions of Rights patients are informed and have the right to be informed.<sup>21</sup> The patient him/herself can request that he/she or someone else not be informed. Keeping this ethical principle in mind it can be said that the nurses were not acting in compliance with patient rights or the nursing ethics codes. In a study by Karpouzi et al (2005) 77% of Greek nurses and 22% of English nurses gave information to patients' relatives without getting consent from the patient. In the study by Hariharan et al (2006) 29% of the nurses thought that it was necessary to give information to close relatives about the patient's condition. Differences in nursing education programs, the adoption of ethical principles, cultural differences and laws may lead to differences in research results from different countries. According to our research

results there were no differences in nurses' practices regarding informed consent according to their educational level, length of employment or ward where they were working ( $p > 0.05$ ). The nurses' mean length of employment was  $10.2 \pm 6.7$ . This length of time is within the time when the Patient's Instructions of Rights was published in Turkey (1998). Nurses who graduated before this date may not have been given adequate information about patients' rights in the nursing curriculum program. The majority of the nurses had none or limited information provided in their health occupational high school and associate degree programs about ethics. When all of these situations are considered it is possible that the nurses have learned about the Patient's Instructions of Rights by informal ways rather than in their formal education and have adopted them into their practice over time.

## CONCLUSION

Although the nurses thought that it was necessary to get patients' informed consent before nursing procedures they did not adequately reflect this in their practice but they did act in the patient's best interest when the patient did not give consent and tried to find alternative ways. Although the opinion that it is necessary to get written informed consent was widespread in practice consent is usually obtained verbally or is implied. According to these results it is necessary clinical policies to be rewritten in guidelines for nursing ethics codes and patient's rights.

It was determined that nurses did not have enough information about obtaining and the validity of informed consent. This deficit can be an obstacle to nurses fulfilling their roles as patient advocates. There is a need for continuing education programs to correct this deficit. According to the research results the nurses' opinions and practices about informed consent were not affected by their educational level or length of employment which indicates that nursing education needs to be reevaluated.

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## REFERENCES

1. Elçiöğlü Ö, Demirhan AE. [Ethic liability appear each situation in clinic practices.] Editors: A.E. Demirhan, Y. Oğuz, Ö. Elçiöğlü, H. Doğan, Clinic Ethic. Istanbul: Nobel Tıp Kitabevleri; 2001. p.121-47.
2. Dairo MD, Oyetunde MO, Olaitan PB. Informed Consent in a Tertiary Hospital in Nigeria: How Involved is The Nurse? Niger Postgrad Med J 2007; 14 (3):209-12.
3. Iglesias Lepine ML, Pedro-Botet Montoya J, Pallás Villaronga O, Hernández Leal E, Echarte JL, Solsona Durán JF. Informed consent: opinions of health care personnel from a teaching hospital. Rev Clin Esp 2007; 207 (10):483-8.
4. Eksen M, Karadağ N, Işııkay Ç, Karakuş A, Seyhan D, Karanlık M. [Determining knowledge levels of patients about patient's rights]. Journal of International Human Science 2003; 1(1):1-12.
5. Ocaktan E, Yıldız A, Özdemir O. [Determination of health personels in Abidinpaşa Health Group Presidency knowledge and attitude about patient's rights.] Ankara University J. Of Medical Faculty 2004; 57 (3):129-37.
6. Barnes DM, Davis J, Moran T, Portillo CJ, Koenig B. Informed Consent in a Multicultural Cancer Patient Population: Implications For Nursing Practice. Nursing Ethics 1998;5(5): 412-423.
7. Grebe RV. Informed consent for patients with cognitive impairment. Nurse Practitioner 2007; 32(12):39-44.
8. Brett MS. Informed consent--ethics and the elderly. Br J Theatre Nurs 1998;8(7):25-27.
9. Karpouzi K, Davos CH, Elliott L. Informed Consent: A Comparative Survey Of Greek And British Nurse Preceptors Beliefs To Informed Consent, Icus Nurs Web J 2005; 24:1-12.
10. Aveyard H. Informed consent prior to nursing care procedures. Nursing Ethics 2005; 12(1): 19-29.
11. Schopp A, Valimaki M, Leino-Kilpi H, Dassen T, Gasull M, Lemonidou C, et al. Perceptions of Informed Consent in the Care of Elderly People in Five European Countries, Nursing Ethics 2003; 10 (1):48-57.
12. Lemonidou C, Merkouris A, Leino-Kilpi H, Valimaki M., Dassen T, Gasull M, et al. A comparison of surgical patients' and nurses' perceptions of patients' autonomy, privacy and informed consent in nursing interventions. Clinical Effectiveness in Nursing 2003; 7: 73-83.
13. Leino-Kilpi H, Valimaki M, Dassen T, Gasull M, Lemonidou C, Scott PA, et al. Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European Countries: Comparison and Implications for the future. Nursing Ethics 2003; 10(1): 58-66.
14. Leino-Kilpi H, Valimaki M, Dassen T, Gasull M, Lemonidou C, Schopp A, et al. Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European Countries: General Overview. Nursing Ethics 2003; 10(1):18-27.
15. Aveyard H. The requirement for informed consent prior to nursing care procedures. Journal of Advanced Nursing 2002; 37(3):243-9.
16. Hariharan S, Jonnalagadda R, Walrond E, Moseley H. Knowledge, attitudes and practice of healthcare ethics and law among doctors and nurses in Barbados. BMC Medical Ethics 2006; 7(7):1-9.
17. Turla A, Karaaslan B, Kocakaya M, Pekşen Y. [The determination of the status of sufficient information given to patients and the reception of consent from them.] Türkiye Klinikleri J Forensic Medicine 2005; 2(2):33-8.
18. Bozkurt S, Yılmaz A, Demirhan Z, Çelik F. [A Study on informed patient in Surgical Clinics.] J. Of International Surgical 1999; 15(3): 181-7.
19. Kişioğlü AN, Tüfekçi F, Uskun E, Bakır B [An evaluation of informing and informed consent procedure in hospitalized patient in a state hospital.] Türkiye Klinikleri J Medicine Ethics - Law-Hist 2001; 9(2):98-101.
20. Scott PA, Taylor A, Valimaki M, Leino-Kilpi H, Dassen T, Gasull M et al. Autonomy, privacy and informed consent 4: surgical perspective. Br J Nursing 2003; 12(5): 311-20.
21. Official Gazette. [Patient's Instructions of Rights.] 01.08.1998, No : 23420.