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Research Article

An Analysis of Factors Causing Incomplete Informed Consent Documentation in the Surgical Ward of RSUP Surakarta

Sri Surani [1]*, Rizka Licia [2]

[1] Politeknik Indonusa Surakarta; e-mail : 24.sri.surani@poltekindonusa.ac.id
[2] Politeknik Indonusa Surakarta; e-mail : rizkalicia@poltekindonusa.ac.id
* Corresponding Author : Sri Surani

Abstract: Informed consent is a crucial component of medical records that ensures the legality and ethical compliance of medical procedures conducted on patients. At RSUP Surakarta, the completeness of informed consent documentation in the surgical ward has consistently failed to meet the national minimum service standard of 100%, with observed monthly completion rates ranging from 86% to 98% throughout 2024. This study aims to analyze the factors contributing to the incomplete documentation of informed consent in the surgical ward. A qualitative descriptive approach was employed using data collection techniques such as direct observation, in-depth interviews, documentation review, and participatory methods including the USG (Urgency, Seriousness, Growth) prioritization technique and brainstorming. The study involved four key informants: a medical services director, a surgeon, a surgical nurse, and a medical records officer. Findings indicate that the main contributing factors are the absence of Standard Operating Procedures (SOP) for consent documentation, lack of training, insufficient internal and external motivation due to absence of rewards or enforcement measures, limited knowledge, and short tenure of some staff members. The USG analysis identified the absence of an SOP as the most critical issue. Consequently, the development and dissemination of an SOP, coupled with regular staff training, were recommended as corrective measures. This study underscores the importance of structural and motivational support in improving the completeness of informed consent documentation, which is vital for patient safety and institutional accountability.

Keywords: informed consent; medical record; surgical ward; qualitative study, RSUP Surakarta

1. Introduction

Informed consent plays a critical role in ensuring ethical standards and legal protection in healthcare, particularly within surgical settings where high-risk procedures are frequently performed. In clinical practice, informed consent serves as a legal document reflecting the patient's autonomy and the medical provider's obligation to disclose essential information, including diagnosis, procedure details, risks, alternatives, and potential outcomes [1][2]. Despite its importance, the completeness of informed consent documentation remains a pervasive challenge in many healthcare facilities worldwide, including in Indonesia.

Several previous studies have attempted to identify the underlying factors contributing to incomplete medical documentation. Rochim (2022) utilized a qualitative approach to explore barriers in outpatient record completion at community health centers, identifying issues related to staff motivation, SOP enforcement, and training gaps [3]. Similarly, Faradila et al. (2023) emphasized the lack of standardized procedures and incentives as major causes of incomplete medical records in Ponorogo [4]. While these studies effectively highlight structural and behavioral factors, they primarily focus on outpatient services and fail to examine specialized care environments like surgical wards, where the complexity and legal stakes of documentation are significantly higher.

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Informed consent in surgical wards is especially critical, yet often compromised due to the fast-paced environment, varying staff competencies, and absence of updated Standard Operating Procedures (SOPs). Current studies rarely address this niche and tend to overlook the integration of performance theory—specifically the Motivation-Opportunity-Ability (MOA) model by Robbins and Judge [5]—as a comprehensive lens for analysis. Moreover, few studies systematically rank the urgency and severity of the identified barriers using structured methods such as USG (Urgency, Seriousness, Growth), which could aid in prioritizing corrective actions.

This study addresses the aforementioned gap by proposing a qualitative descriptive investigation into the factors causing incomplete informed consent documentation in the surgical ward of RSUP Surakarta, a type C government hospital in Indonesia. We combine in-depth interviews, field observation, and document analysis with structured tools such as the MOA framework and USG prioritization to derive actionable insights.

The primary contributions of this research are as follows:

(1) identifying and categorizing key factors—motivation, opportunity, and ability—affecting documentation completeness;
(2) applying the MOA framework in the context of surgical informed consent documentation;
(3) utilizing the USG prioritization model to determine the most urgent and impactful factors;
(4) proposing practical institutional interventions such as SOP development and staff training; and
(5) offering a replicable methodological framework for similar health service evaluations.

The remainder of this paper is structured as follows: Section 2 reviews relevant literature and theoretical frameworks; Section 3 details the research methodology; Section 4 presents findings and discussion; Section 5 concludes with implications and future research directions.

2. Preliminaries or Related Work or Literature Review

Incomplete documentation of informed consent remains a persistent issue in healthcare systems worldwide. Several scholars have attempted to examine this problem from clinical, administrative, and behavioral perspectives. This section presents a combination of theoretical foundation and literature-based findings, serving as a backdrop for the present study. The review is divided into two key subsections: the first focuses on the theoretical approach to understanding healthcare worker performance, while the second explores empirical findings on informed consent documentation practices in healthcare facilities.

2.1 Theoretical Framework: Motivation-Opportunity-Ability (MOA) Model

The MOA model, developed by Robbins and Judge [1], provides a multidimensional perspective for analyzing performance problems in organizational settings. According to this model, performance is a function of three interdependent elements: Motivation (the drive to act), Opportunity (environmental enablers), and Ability (knowledge and skills possessed by individuals). Each component contributes significantly to behavioral outcomes in professional contexts, including healthcare documentation compliance.

Motivation encompasses both intrinsic (personal satisfaction, ethical obligation) and extrinsic (financial incentives, recognition, sanctions) drivers. In the context of informed consent, lack of motivation is often linked to the absence of institutional reward systems or supervisory enforcement [2].

Opportunity refers to the availability of resources, structural guidance, and time to complete tasks effectively. Incomplete documentation is frequently associated with the lack of Standard Operating Procedures (SOPs) or insufficient training [3].

Ability concerns an individual's knowledge, experience, and technical competence. Studies show that newly hired or undertrained medical personnel are more likely to overlook or incorrectly complete informed consent forms [4].

The present study adapts the MOA model as a comprehensive diagnostic framework to investigate the causes behind incomplete informed consent documentation in RSUP Surakarta's surgical ward.

2.2 Review of Related Studies on Informed Consent Documentation

A variety of studies have addressed documentation issues in medical records, particularly those involving informed consent. Table 1 summarizes key findings from several relevant works conducted in Indonesia in the last five years.

- Rochim (2022) examined outpatient documentation at Puskesmas Bluto and found that insufficient motivation, poor SOP implementation, and limited training were critical barriers to completeness [5].
- Faradila et al. (2023) reported similar issues in Puskesmas Babadan, noting that the absence of documentation standards and lack of incentives negatively affected compliance [6].
- Sinaga (2024) investigated informed consent in a digital record system and categorized influencing factors into predisposing, enabling, and reinforcing components. The lack of SOPs and training resources emerged as recurring challenges [7].
- Alfiansyah et al. (2024) directly addressed informed consent in hospital surgical units and emphasized that incomplete documentation was strongly associated with insufficient motivation (absence of rewards), limited staffing, and inadequate procedural guidelines [8].
- Wicaksono (2024) focused on informed consent at RSUD Asembagus and highlighted that the combination of poor knowledge, lack of SOPs, and minimal enforcement mechanisms led to documentation errors [9].

These studies collectively demonstrate a consistent pattern: incomplete documentation stems from systemic shortcomings in training, policy, and oversight. However, few of these studies applied a structured theoretical framework such as MOA, and none utilized a formal prioritization model like USG to rank the severity and urgency of problems.

Thus, the current study distinguishes itself by integrating both theoretical and methodological rigor to analyze the problem comprehensively. It also focuses specifically on surgical wards—an area underrepresented in previous research despite its high-stakes nature—thereby filling a critical gap in the literature.

3. Proposed Method

This study employed a qualitative descriptive approach to explore the underlying factors contributing to the incomplete documentation of informed consent in the surgical ward of RSUP Surakarta. Data collection was conducted through direct field observations, in-depth interviews with key informants, and a review of relevant documents. This approach was chosen because it allows a deeper understanding of real-world conditions in a specific healthcare context, capturing the nuances and dynamics of daily clinical practice.

To analyze the collected data, the researcher utilized the Motivation–Opportunity–Ability (MOA) performance framework developed by Robbins. This framework is particularly effective in identifying behavioral and systemic issues in professional settings. In this context:

- Motivation refers to both internal (e.g., ethical responsibility) and external (e.g., incentives, sanctions) drivers influencing staff behavior;
- Opportunity addresses the environmental conditions that support or hinder proper documentation, such as access to Standard Operating Procedures (SOPs), training, and institutional support;
- Ability reflects the knowledge, experience, and educational background of the healthcare workers involved.

After categorizing the data according to these three domains, the researcher applied a structured prioritization method known as USG (Urgency, Seriousness, Growth). Each identified problem was assessed based on:

- Urgency: how immediate the issue needs to be addressed;
- Seriousness: the potential impact on patient safety and hospital performance;
- Growth: the likelihood that the issue will worsen if left unresolved.

Each dimension was rated on a scale from 1 (lowest) to 5 (highest), and a total score was calculated using the following formula:

$$\text{Priority Score} = U+S+G \quad (1)$$

The higher the score, the more critical the issue. In this study, the absence of a clear and standardized SOP for informed consent documentation emerged as the top-priority problem, based on consensus scores from all informants.

Following this prioritization, the researcher conducted a brainstorming session with stakeholders to generate actionable solutions. The collaborative nature of this process ensured that the proposed interventions were not only practical but also contextually appropriate. Suggestions included the development and dissemination of SOPs, regular training sessions, and mechanisms for monitoring compliance.

In summary, the method used in this study provided a clear and systematic pathway to identify, assess, and address problems related to informed consent documentation. It combined theoretical analysis, empirical observation, and participatory decision-making to offer targeted solutions that could be implemented directly within the surgical ward and potentially adapted to other departments as well.

4. Results and Discussion

This section presents the findings from field data collection, analysis using the MOA framework, and prioritization via the USG method. The analysis is structured to address the research hypothesis that incomplete informed consent documentation is caused by a combination of motivational, opportunity-related, and ability-based factors. The data were gathered using semi-structured interviews with four key informants, direct observations in the surgical ward, and a review of medical documentation samples. No computational hardware or digital software was required for data processing, as this study focused on qualitative interpretation supported by thematic coding and structured prioritization.

4.1. Thematic Analysis Using the MOA Framework

Thematic analysis revealed nine main issues grouped under three MOA categories. Table 1 summarizes these issues, including their qualitative descriptors and the informants who reported them.

Table 1. Summary of Identified Issues Based on the MOA Framework

MOA Category	Issue Identified	Informants Reporting Issue
Motivation	No reward/punishment mechanism	All
Motivation	Lack of supervision or performance feedback	3 out of 4
Opportunity	No SOP for informed consent	All
Opportunity	No formal training provided	All
Opportunity	Time constraints due to workload	2 out of 4
Ability	Limited knowledge of documentation standards	3 out of 4
Ability	Short tenure of nursing staff	2 out of 4
Ability	Inconsistent understanding of legal implications	All
Ability	Lack of confidence in patient communication	2 out of 4

This thematic breakdown affirms the hypothesis that multiple interrelated factors contribute to incomplete documentation. It also highlights the absence of structural enablers such as SOPs and training.

4.2. Prioritization Using USG Scoring

To determine which issues required the most urgent intervention, all identified problems were assessed using the USG model. Scores were assigned collaboratively during a focus group discussion with the same informants, with each issue rated from 1 (low) to 5 (high) on three dimensions: Urgency (U), Seriousness (S), and Growth potential (G). The total score was calculated using Eq. (1): Priority Score = $U+S+G$ (1)

Table 2. USG Scores and Priority Ranking

Problem Description	U	S	G	Total Score	Rank
No SOP for informed consent	5	5	5	15	1
No formal training on documentation	5	4	5	14	2
Lack of legal understanding	4	5	4	13	3
No reward/punishment system	4	4	4	12	4
Inconsistent patient communication	3	4	4	11	5

4.3. Implications and Interpretation

These findings support the original assumption that incomplete documentation is not simply an individual behavioral issue, but a systemic organizational concern. The highest-ranked problems are linked not to negligence but to the absence of structural supports such as training and operational guidelines. This aligns with prior research by Faradila et al. (2023) and Alfiansyah et al. (2024), who also noted the importance of SOPs and training in promoting documentation completeness.

Furthermore, the use of the MOA model allowed a balanced categorization of issues, avoiding overemphasis on individual blame and instead focusing on institutional readiness. By combining MOA with USG prioritization, this study presents a replicable framework for other healthcare facilities aiming to improve the quality of their medical documentation processes.

5. Comparison

To further contextualize the findings, this section compares the results of the present study with prior research addressing similar issues in healthcare documentation, particularly informed consent practices. Such a comparison helps illuminate the specific contributions and advancements made by this study.

Previous studies, such as those by Rochim (2022) and Faradila et al. (2023), have identified documentation gaps in outpatient settings. These studies highlighted factors such as lack of motivation, absence of training, and unstandardized work procedures. Similarly, Alfiansyah et al. (2024) examined incomplete informed consent in surgical units and pointed to structural and motivational barriers. However, these works largely relied on descriptive listings of problems without employing a structured theoretical lens.

In contrast, the present study integrates the MOA (Motivation–Opportunity–Ability) model to systematically classify problems and explore their root causes. This framework allows for a more balanced interpretation—shifting the narrative from individual fault toward institutional responsibility. Furthermore, this study distinguishes itself by applying the USG (Urgency–Seriousness–Growth) method to prioritize the problems based on measurable criteria. Such a combination of diagnostic and prioritization frameworks is largely absent in the reviewed literature. Table 3 summarizes the key differences:

Table 3. Comparison Between Present Study and Prior Research

Study	Setting	Framework Used	Prioritization Used	Focused Unit	Contribution Level
Rochim (2022)	Puskesmas	None	No	Outpatient	General description
Faradila et al. (2023)	Primary care	None	No	Outpatient	SOP recommendation only
Alfiansyah et al. (2024)	Hospital	None	No	Surgical unit	Training focus
This study (2025)	Hospital	MOA	USG (scored)	Surgical ward	Framework + solution path

From the table above, it is evident that while previous research provided valuable groundwork, they lacked methodological rigor in categorizing and ranking issues. By combining MOA and USG, the present study contributes a structured, replicable model for health service performance evaluation.

Additionally, the setting of this research—a surgical ward in a tertiary-level hospital—adds further novelty. Surgical settings are high-risk, fast-paced environments where informed consent is both ethically and legally critical. By focusing on this context, the study provides insights that are urgently needed yet underrepresented in existing literature.

6. Conclusions

This study investigated the underlying factors causing incomplete informed consent documentation in the surgical ward of RSUP Surakarta using a qualitative descriptive approach. By applying the Motivation–Opportunity–Ability (MOA) framework and prioritizing issues through the USG (Urgency, Seriousness, Growth) method, the study uncovered a set of systemic and behavioral challenges that directly affect documentation quality.

The main findings revealed that the absence of Standard Operating Procedures (SOPs), lack of formal training, and limited legal understanding among staff were the most critical factors. These findings align with the initial hypothesis that incomplete documentation stems from both institutional and individual performance issues. The integration of MOA and USG provided a structured means to diagnose problems, assign priorities, and formulate context-specific recommendations, such as SOP development and staff capacity building.

The results not only validate prior research but also extend it by offering a replicable methodological model for healthcare performance evaluation, particularly in high-risk units like surgical wards. The study emphasizes the importance of institutional readiness in ensuring patient safety and legal compliance.

However, the study is limited by its focus on a single hospital unit and a relatively small number of informants. Future research could expand this framework to multiple departments or different hospital types to strengthen generalizability. Additionally, incorporating mixed methods or longitudinal evaluation may provide a deeper understanding of intervention effectiveness over time.

Ultimately, this study contributes both practically and academically by providing a grounded, theory-informed approach to improving the completeness of informed consent documentation—an area of critical importance in clinical governance and patient-centered care.

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