

Perception on Informed Consent Regarding Nursing Care Practices in a Tertiary Care Center

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ABSTRACT

Background

Consent for care procedures is mandatory after receipt of adequate information. It maintains patient's rights and autonomy to make thoughtful decisions. Poor communication often leads to poor health quality.

Objective

To assess hospitalized patients' perception on informed consent regarding nursing care practices in a tertiary care center.

Method

This is a descriptive cross-sectional study among 113 admitted patients conducted in February 2012 at Dhulikhel Hospital, Nepal. Patients of various wards were selected using purposive non-probability sampling with at least 3 days of hospitalization. Close ended structured questionnaire was used to assess patients' perception on three different areas of informed consent (information giving, opportunity to make decision and taking prior consent).

Result

Among the participants 71.6% perceived positively regarding informed consent towards nursing care practices with a mean score of 3.32 ± 1.28 . Patients' perception on various areas of informed consent viz. information giving, opportunities to make specific decision and taking prior consent were all positive with mean values of 3.43 ± 1.12 , 2.88 ± 1.23 , 3.65 ± 1.49 respectively. Comparison of mean perception of informed consent with various variables revealed insignificant correlation (p -value > 0.05) for age, educational level and previous hospitalization while it was significant (p -value < 0.05) for communication skills of nurses.

Conclusion

Majority of patients have positive perception on informed consent towards nursing care practices. Communication skills of nurses affect the perception of patients' regardless of age, education level and past experiences.

KEY WORDS

Informed consent, nursing care, perception

INTRODUCTION

Simplifying the complexities of ethical practice is often esteemed as a vital aspect of nursing practice. Since the formulation of Hippocratic Oath in 400 BC, it is mandatory for any health practitioner to take and follow this oath.¹ The quality of nursing care is determined by the responsibilities carried out with respect to the ethical obligations of the profession.^{2,3}

For adult patients, consent for any care procedure is mandatory after receipt of adequate information about benefits, risks and any substitute treatment to make a wise decision. Nepal Medical Council code of ethics has stated that a physician must seek informed consent prior to performing any diagnostic or treatment procedures if s/he is above 16 years of age.² A small study from Nepal has shown that just a little over 50% appreciate the meaning of informed consent.⁴ Documented informed consent is often ignored in many procedures in daily practice. Low perception of informed consent among patients may not be a marker of quality service. Nurses may also be a part of violation of patient's right to informed consent.³ Informed consent thus is a legal document whereby patients/relatives provide a written permission upon an approval and understanding of the facts and its' implications.⁵

Hence, this cross sectional descriptive study was conducted to assess the prevailing scenario of perception regarding informed consent in nursing care practices at a tertiary care center of Nepal.

METHODS

This is a descriptive, cross sectional study conducted among 113 patients (61 male and 52 female) in February 2012. Prior ethical approval was taken from the institutional review committee - Kathmandu University School of Medical Sciences. Prior informed consent was taken following counseling from every participant regarding use of this data for research purpose. Age of the patient more than 16 years and at least 3 days of hospitalization were the inclusion criteria. However, the total duration of hospital stay was not taken into account. Participants who were unable to answer the questions as unconscious patients or mentally challenged patients were excluded from the study.

Purposive method of non-probability sampling technique was used in this study. Patients admitted under various departments: surgery, orthopedics and obstetrics/gynecology of Dhulikhel Hospital, Kathmandu University Hospital were selected for the study. This center is a tertiary care center located in the Kavre district of Nepal.

Data collection was done by interviewing patients with structured questionnaire after properly explaining aims of the study, maintaining total confidentiality and providing instructions to fill up the form. Apart from the various

demographic profiles, data were collected for patients' perception on three different domains: information giving, opportunity to make specific decisions and consent prior to special care procedures. Interview was taken to fill up the questionnaire. Close ended structured questionnaire was used to assess the participants using a five point likert scale. Likert scale comprised of 5-always, 4-frequently, 3-occasionally, 2-seldom, 1-never, and 0-not applicable. The questionnaire was pretested using Cronbach's Alpha among 25 patients for reliability and the alpha-coefficient was calculated more than 0.7. Mean value of likert scale (2.5) was considered to be the cut off to rate patient's perception. Operational definition of positive perception was made to more than or equal to 2.5 and perception below 2.5 was defined as negative perception.⁶ The mean value of the total questionnaire was considered for the overall perception.

Data were coded, edited, entered and analyzed using SPSS version 18. Percentage, arithmetic mean and standard deviation were used to evaluate descriptive data; and inferential statistics (student's t test) was applied to identify significance difference between dependent and independent variables.

Table 1. Geographic variables of enrolled patients (n=113).

Variables	Frequency (%)
Age Group	
Young adult (20-39 years)	66(58.4)
Middle adult (40-64 years)	34(30.1)
Old adult(65 years and above)	13(11.5)
Mean Age =39.21 ±1.80 years	
Gender	
Male	32(28.3)
Female	81(71.7)
Education Level	
Illiterate	25(22.1)
Literate	88(77.9)
Admitted Ward	
Surgical ward	45(39.8)
Orthopedic ward	20(17.7)
Gynecological ward	48(42.5)
Previous hospitalization	
Yes	49(43.4)
No	64(56.6)
Duration of Hospitalization	
2-4 days	42(37.2)
5-7 days	49(43.4)
> 7 days	22(19.5)

RESULTS

Demographic parameters of the patient are enlisted in table 1. The mean age of respondents was 39.21 ± 1.80 years. Table 2 enlists the percentage distribution of patients' basic ideas on informed consent.

Perception of patient's on three various domains of informed consent: information giving, opportunity to make specific decisions and consent prior to special care

Table 2. Distribution of Respondents' Basic Opinion on Informed Consent

Questions	Frequency (%)	
	Yes	No
Informed consent is important before any procedure	101(89.4)	12(10.6)
I am eager to know about what is happening within me	84(74.3)	29(25.7)
I want to learn more about nursing procedures	76(67.3)	37(32.7)
Communication skills of the nurses are good	108(95.5)	5(4.5)

Table 3. Perception of Respondents' on Information given pertaining to Nursing Procedures and Care Practices.

Statements	Perception (%)		Possible score	Mean± SD
	Positive	Negative		
Nurse had informed me about the procedure going to be performed.	105(92.9)	8(7.1)		4.45±0.94
Nurse had informed me about the possible risk of the procedure.	49(43.4)	64(56.6)		2.29±1.21
Nurse had informed me about the pain medication used.	85(75.2)	28(24.8)		3.31±1.29
Nurse had informed me about how to take medication.	106(93.8)	7(6.2)		4.64±0.26
Nurse had informed me when you can eat and drink.	105(92.9)	8(7.1)	0-5	3.90±1.01
Nurse had informed me about how to maintain bowel function.	41(36.2)	73(63.8)		2.01±1.18
Nurse had informed me about how to maintain bladder function.	49(43.3)	64(56.7)		2.19±1.21
Nurse had informed me about how to take care of wound.	93(82.3)	20(17.7)		3.66±1.36
Nurse had informed me about how to take care of personal hygiene.	107(94.6)	6(5.4)		4.50±0.96
Total	82(72.5)	31(27.5)		3.43±1.12

Table 4. Perception of Respondents' regarding Opportunity given to make specific decisions.

Statements	Perception (%)		Possible score	Mean± SD
	Positive	Negative		
Nurse had provided me opportunity on what to eat and drink	86(76.1)	27(23.9)		3.33±1.23
Nurse had provided me opportunity on what pain relief measures to use	54(47.8)	59(52.2)		2.31±1.31
Nurse had provided me opportunity on what help to have in case of difficulty with bowel function	49(43.3)	64(56.7)		2.30±1.40
Nurse had provided me opportunity on what help to have in case of difficulty urinating	58(51.3)	55(48.7)	0-5	2.51±1.37
Nurse had provided me opportunity on maintaining personal hygiene	112(99.1)	1(0.9)		4.50±0.68
Nurse had provided me opportunity on how to take care for a wound	71(62.8)	41(36.2)		2.84±1.44
Total	72(63.7)	41(36.3)		2.88±1.23

procedures have been found to be positive (table 3, 4 and 5 respectively). A positive perception among all the domains with a mean value of more than 2.5 was found. The perception of above 3 domains and the combined mean perception were again found to be above 2.5 (Table 6). The comparison of mean perception of informed consent with different variables (age, education level, and previous

hospitalization and communication skills of nurses) has been shown in table 7. No statistical significance (p-value > 0.05) in mean perception of informed consent was found among the variables age, education level and previous hospitalization. Unlikely comparison of informed consent and communication skill of nurses was found to be statistically significant.

Table 5. Perception of Respondents' regarding certain special procedures.

Statements	Perception (%)		Possible score	Mean± SD
	Positive	Negative		
Nurse had taken consent before having blood test	103(91.1)	10(8.9)		4.59±1.15
Nurse had taken consent before sending to X-ray/USG department	90(79.6)	23(20.4)		3.40±1.68
Nurse had taken consent before changing diet	107(94.7)	6(5.3)		4.45±1.06
Nurse had taken consent before disclosing personal information	70(61.9)	43(39.1)	0-5	2.70±1.41
Nurse had taken consent before insertion or removal of a urinary catheter	76(67.2)	37(32.8)		3.15±2.18
Total	89(78.8)	24(21.2)		3.65±1.49

Table 6. Comparison of Overall Perception of Informed Consent for Nursing Care Practices

Statements	Perception (%)		Mean± SD
	Positive	Negative	
Information given regarding care and practices	82(72.5)	31(27.5)	3.43±1.12
Giving opportunities for decision making	72(63.7)	41(36.3)	2.88±1.23
Taking consent for special procedures	89(78.8)	24(21.2)	3.65±1.49
Total	81(71.6)	32(28.4)	3.32±1.28

Table 7. Comparison of Mean Perception of Informed Consent with Different Variables

Variables	Category	Number of patients (n)	Possible Score	Mean	t-value	p-value
Age	Young adult (20-39 years)	66		66.84	0.26	0.78
	Other than young adult (40 years and above)	47	0 - 100	66.26		
Education level	Illiterate	25	0 - 100	65.20	-0.75	0.45
	Literate	88		66.97		
Previous Hospitalization	No	73	0 - 100	65.63	-0.28	0.77
	Yes	72		63.86		
Communication skills of nurses	Good	108	0 - 100	66.82	-1.94	0.027
	Poor	5		58.27		

DISCUSSION

Informed consent is the process of communication between a patient and health care provider that results in the patients' and relatives' authorization or agreement to undergo a specific medical intervention.¹⁻⁴ Providing the patient with knowledge on various aspects of diagnostic

and therapeutic procedures, risks, complications and substitute treatment options in non-emergency cases; lifts the patients' self-confidence to make choices upon.⁵ Finally the signed consent form is the evidence that their discussion led to a mutual understanding. Nowadays there is an increasing awareness regarding patients' right to information and right to be harm-free. Low perception of informed consent among patients may show that the principle of informed consent is not implied routinely in practice.

In the present study patients' perception on informed consent for nursing care practices was found to be positive. Majority (71.6%) of the respondents reported to have good perception of informed consent towards nursing care practices. Regarding perception of patients' on Information giving in nursing care and practices, the perception was positive with a mean score of 3.43 (> 2.5). This result contrasts with the study done by Mahjoub et al. where the mean score was 2.48 (< 2.5).⁶ The present study showed an overall good impression on the communication skills of nurses in all three assessed domains. This shows that the information giving art of the nurses involved in our study has good communication skills. Similarly, perception of patients' on opportunity given to make specific decisions was positive with a mean score of 2.88 (> 2.5). Comparing this with the above study, the perception was negative with the mean score of 1.61 (<2.5).

Further while comparing the mean scores on taking informed consent before special procedures, the mean score in the present study was found to be 3.65. The scores are better as compared to a similar study conducted by Mahjoub et al. in 2011.⁶ This figure points to the fact that the provision of informed consent might be better for patients to help them make specific decisions in the present study. This fact is further boosted by the data showing

the combined mean score of 3.32 on overall patients' perception of informed consent (table 7). Nurses may also be a part of violation of patient's right to informed consent. Various studies have shown that consent was often not obtained and that refusals of care were often ignored.⁶⁻⁸ Medical practitioners including nurses should have proper education on various aspects of informed consent and its implementation. Similarly, a study relating informed consent among physicians in Croatia also demonstrated that the process of consent taking was rather formal and inadequate when it came to fulfill legal and professional requirements.⁹

The communication skill of nurses in the present study was found to be optimistic ($p=0.02$). Informed consent is of pivotal value in quality health care practice. A systematic approach towards proper informed consent in medical facilities, education program and trainings should be enforced to advance the process of informed consent.

A limited sample size, quantitative study and the probability of selection bias by using purposive sampling may be the limitations of this study. A multi-centered study involving ample number of participants may further explore the scenario of patients' perception on informed consent towards nursing care practices. Further qualitative study may reveal real scenario of the informed consent practices.

CONCLUSION

The present study has shown that majority of patients had an optimistic opinion on informed consent to nursing care practices. Taking prior informed consent with a good communication skill is thus demanded to maintain the quality of nursing care practices.

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