

Cross Sectional Study on Knowledge and Awareness on Informed Consent Among Nurses in Tertiary Care Hospital Hyderabad

K Srinivasulu¹, Sannidhi Ramyasri²,
Thamba Pranavi³, KB Ronitha Vasuki Devi⁴, Fathima Ashraf⁵

¹Professor and HOD. Department of Forensic Medicine and Toxicology, Malla Reddy Institute of Medical Sciences, Suraram, Hyderabad, Telangana, ^{2,3,4}Student of 3rd MBBS Part-2, Department of Forensic medicine and Toxicology, Malla Reddy Institute of Medical Sciences, Suraram, Hyderabad, Telangana, ⁵Student of 3rd MBBS Part-1, Department of Forensic medicine and Toxicology, Malla Reddy Institute of Medical Sciences, Suraram, Hyderabad Telangana.

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Abstract

Nurses have a legal duty to ensure and obtain informed consent from their patients before undertaking any examination or procedure. Informed consent allows patients to make their decisions with their healthcare providers, this collaborative decision making process is mandatory in medical practice. A cross sectional study on knowledge and awareness on informed consent among nurses working in a tertiary care teaching hospital was conducted at Hyderabad, Telangana, 200 nurses working in various departments of the hospital were participated in this study, a questionnaire was prepared in regard to informed consent and assessed their knowledge levels by grading.

The data was taken into Excel sheet and statistic evaluation was done by using MS Excel software. We found 67.7% are having awareness on informed consent whereas 32.3% are unaware. Similar results were observed in studies conducted in India and abroad, periodical workshops and continuous medical education programs can achieve better results.

Key words: knowledge, awareness, informed consent, Nurses.

Introduction

Consent is a voluntary agreement between a doctor and a patient prior to any procedure. Proceeding without consent is tantamount to assault and battery, even though it is beneficial to the patient and done in good faith¹. Every patient has the right to know information before any procedures and

treatments. If adult patients are mentally able to make their own decisions, medical care cannot begin without informed consent.

The main components of the informed consent² are, Voluntariness: The decision to either consent or not to consent must be made by the person themselves and must not be influenced by the

Corresponding Author: K Srinivasulu, Professor and HOD. Department of forensic medicine and toxicology, Malla Reddy Institute of Medical Sciences, Suraram, Hyderabad, Telangana.

E-mail: drksrinivas198@gmail.com

hospital staff, friends or family members. Capacity: The person must be capable of understanding the information given to them and they are capable to make decision. Knowledge (Rule of full disclosure) patient must be given all the information related to his health condition, treatment procedure, risks involved in the proposed treatment and any alternate treatment available. Informed refusal mean patient's can change their mind at any time and refuse at any point of time.

According to "Sec 13 of Indian contract act" Consent is defined as two or more parties agreeing on the same thing in the same sense³. The practice of consent is ancient in India, Sushruta samhitha an ancient surgeon in his treatise mentions that the permission from the king required before any surgery that endangers to the life of the patient. In 1914 the legal precedent of consent came in to limelight after the judgment of Benjamen Cardoza, he opined that Every human being of adult age and sound mind has the right to determine what shall be done with his own body and the surgeon who performs the operation without consent commits assault for which he is liable for damages².

Consent defined legally in a negative term as per section 90 IPC⁴. Consent given under the following circumstances will not be valid³. Consent obtained under fear or threat, by misconception of the facts, from an intoxicated person, person who is unsound mind and by a person who is below the age of 12 years. Informed consent is part in clinical research as well, in which a human subject voluntarily confirms his or her willingness to participate in a particular clinical trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate. Informed consent is documented by means of a written, signed, and dated in a proper consent format. Consent may be implied or explicitly communicated by verbally, nonverbally, in electronic or written form.

Section 2(11) of the Consumer protection Act⁵ states that services rendered without consent is considered as deficiency³. Nurses deal with informed consent in most of the health care centers. Nurses are typically assigned the task of obtaining and witnessing written informed consent, when delivering routine

nursing care nurse must take informed written consent. Blanket consent has no role in medical practice; consent must take in every independent circumstance.

The ideal completion of the informed consent process may be achieved if doctor and knowledgeable nurses collaborate and work as a team. Nurses must be trained in documentation process of informed consent to achieve better results and curb the legal issues.

The aims and objectives of the study is to evaluate the knowledge and awareness on informed consent among the nursing staff of the hospital and to explain how the documentation errors can resulting into a medico legal issues. It helps to create awareness on informed consent among nurses will in turn helps to minimize the documentation errors and legal litigations against the institution.

Material and Methods

A Cross sectional and prospective study was conducted on Knowledge and awareness on informed consent among the nurses working in a tertiary care teaching hospital Hyderabad, Telangana. 200 Nurses involved in patient care are selected randomly for this study. Study was conducted from 1st January 2022 to 30th June 2022. Informed written consent was obtained from all the participants before commencement of the study. Names of the Participants were not revealed and remain anonymous. A nurse those are not working in a patient care and not interested to participate in this study was excluded.

Information on knowledge and awareness on informed consent was collected in the form of a questionnaire. The components of the Questionnaire were prepared as per the legal guidelines, fulfilling the legal definition of informed consent.

Information on the following components of questionnaire was collected from each participant.

1. Define consent.
2. Voluntariness in relation to consent.
3. Who is capable of giving consent.
4. What circumstance the consent is not valid.
5. What is the rule of full disclosure.

6. What is informed refusal.
7. Are they aware of documentation of informed consent.
8. Who can sign in consent document.
9. Who can be a witness in consent documentation.
10. What is the legality and procedure of consent under video.

and awareness. For statistical analysis, the data was taken in to MS excel sheet and analyzed by using computer software MS Excel.

Results

Cross-sectional study on knowledge and awareness among nurses working in a tertiary care teaching hospital Hyderabad revealed the following results.

Each question was assessed by grading as Poor, fair, good and excellent, based on their knowledge

Table 1: Percentage of results of grading of each individual component of informed consent.

S. No.	Component of questionare	Poor	Fair	Good	Excellent
1	Define consent.	28	59.5	12.5	0
2	Voluntariness in relation to consent.	37.5	51.5	11	0
3	Who is capable of giving consent.	32.5	38.5	28.5	0.5
4	What circumstance the consent is not valid.	30.5	53.5	16	0
5	What is the rule of full disclosure.	40.5	38.5	18.5	2.5
6	What is informed refusal.	39	37	22.5	1.5
7.	Are they aware of documentation of informed consent.	25	52.5	20	2.5
8	Who can sign in the consent document.	29.5	42.5	22.5	5.5
9	Who can be a witness in consent documentation.	29	44	21	6
10	What is the legality and procedure of consent under video.	31.5	45.5	18.5	4.5

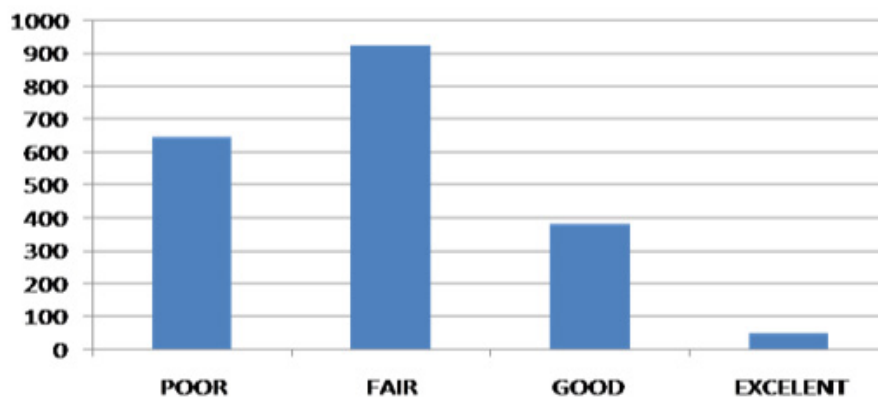


Figure 1: Results of all the components graded in terms of number.

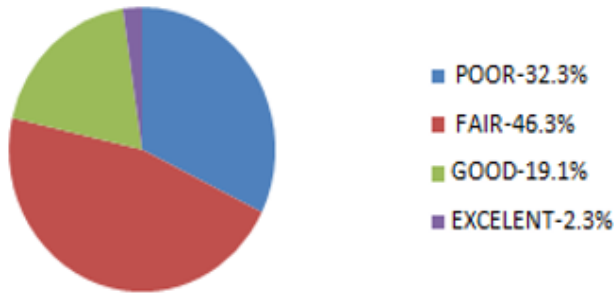


Figure 2: Representing the results of grading of all components in terms of percentage.

Discussion

Cross-sectional study on knowledge and awareness among nurses working in a tertiary care teaching hospital was conducted in Hyderabad, Telangana. 200 nurses have participated in the study and we found only 2.3% are having excellent, 19.1% are good, 46.3% are fair and 32.3% are having poor knowledge. Nurses who are having poor knowledge considered as unaware where as fair, good and excellent knowledge considered as aware of information regarding informed consent.

Consent is defined as compliance or permission; it is a contract between a doctor and patient agreeing on same thing in same sense. In our study we found 28% of nurses are unaware.

Consent must always be voluntary with freedom and informed, it should be obtained without any undue force, misconception and influence. Our study shows 37.5% are unaware of this information. According to Section 87 of Indian Penal Code, an adult above the age of 18 years with conscious mind can give a valid consent. In our study we noticed that 32.5% are unaware.

Consent obtained under influence of a drug or alcohol, misrepresentation of facts, under fear, below the age of 12 years and suffering from insanity is considered as invalid (Section 90 IPC). We observed that 30.5% of nurses are unaware of this information. Consent must be informed; doctor should reveal the complete information regarding the disease, available treatment procedure, any alternate treatment available, risks and complications that may arise by the treatment. Doctor should also explain the

outcome of the procedure under the Doctrine of Rule of full disclosure. Nurses should be aware of this information and meticulously prepare the document of informed consent. Our study results shows 40.5% of nurses are unaware.

Patient has the right to accept or refuse any kind of treatment procedure or examination. Patient can refuse even after signing the document of consent and before the commencement of procedure; this has to be explained to the patient by a doctor or a nurse under the doctrine of informed refusal. In our study 39% of nurses are unaware of this information. Informed consent documentation has to be done by a nurse whenever required. 25% of nurses are unaware of documentation procedure.

The consent document should be signed by the patient in the presence of disinterested third party, in case of unconscious, unsound mind patient or under the age of 18 years the consent must be signed by the guardian. We found 29% of nurses are unaware of this information. The documentation of consent must have a witness who is not related to either of the party and who can testify whenever a legal issue arises. Study revealed 29% of nurses are unaware.

The documented informed consent is always better than an oral consent because when litigation arises the document can be produced as evidence in the court of Law. If the documentation procedure recorded under video, it is more transparent and credible to produce as evidence in the court of Law. We found 31.5% nurses are unaware of this information.

Study conducted by Elif Akyuz⁶ et. al. on surgical nurses knowledge and practices about informed consent at turkey revealed that only 21.7% nurses are aware of informed consent legal significance. In an another study on practice and factors associated with informed consent at south eastern Ethiopia⁷ was conducted by wogene Negash shows 45.6% of nurses are having poor knowledge.

Study results from abroad also revealed similar results like our study. 32.3% of nurses this is almost one third of the nursing staff working in the hospital are having poor knowledge; this will impact adversely on documentation of informed consent.

Conclusion

Informed consent is mandatory in medical practice, doctor examine a patient without consent can be treated as assault under section 351 IPC. Documentation is an essential part in medical practice; good documents always give good defense in the court of law. Our study results revealed that 32.3% of nursing staff are unaware of informed consent documentation. Studies conducted at abroad also similar like our study results. It is impossible to practice good documentation without knowledge, for better practice among nurses, Informed consent should teach in their under graduate curriculum. Working nurses should be given periodical trainings and continuous medical education programs at work place will help to minimize the errors and legal litigations.

Conflict of Interest: Nil

Source of fund: Self

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