

Investigating the level of awareness regarding informed consent among the post-operative patients in surgical ward

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Abstract: Background: The concept of informed consent is an important aspect of biomedical ethics, which is obtained in written form, but in some cases, it may be verbal, especially for non-invasive and relatively non-risky interventions. The study was conducted with the aim of evaluating the level of awareness among post-operative patients regarding informed consent.

Methodology: The study design was cross-sectional descriptive and was conducted in the surgical ward of a tertiary care hospital in Swat, Pakistan from December 2023 to January 2024. The sample size of the study was 180 using the purposive sampling technique, while a valid and reliable questionnaire was used for data collection. Descriptive statistics were used through SPSS 22.0. The study was approved by an ethical review committee, and informed consent was obtained from every respondent.

Results: The finding reveals that the majority of the participants were female 112 (55.7%), the age group 36–45 years was 75 (37.3%), and people belonged to village 189 (94%). The maximum number of patients level of awareness was good (58%), while the remaining 42% had a poor level of awareness. The majority of the patients know the type of surgery 181 (90%), alternative treatment to the surgery 123 (61.2%), number of hours to be nothing per oral (NPO) 190 (94.5%), time of surgery 197 (98%), and overall satisfaction regarding informed consent 201 (100%).

Conclusion: The study found that patients lack awareness about the surgeon, procedure process, advantages and disadvantages, procedure importance, anesthesia type, and complications, highlighting the need for enough information regarding their procedure.

Keywords: patients' rights, level of awareness, informed consent, knowledge, awareness.

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INTRODUCTION:

The World Health Organization (WHO) defines the patients' rights charter as granting patients access to appropriate care and treatment, information access, information confidentiality, independence, education, complaint procedures, and recompense (Schneiderman et al. 1997). A key component of biomedical ethics is the idea of informed consent, healthcare providers have an ethical duty to respect patients' autonomy and provide them the freedom to choose any recommended medical, surgical, or other treatments as well as research interventions (Lennox, & Wright, 2019).

Informed consent is a widely accepted safety measure for patients having invasive operations (Vandana et al. 2023). Patient autonomy (a), or the client's capacity to make decisions for themselves about the procedure that will be performed on their body, is a prerequisite for obtaining informed consent. When it comes to the therapeutic alternatives that doctors recommend, patients have autonomy and choice (OKUKPON, 2015).

Patient understanding (b) refers to the patient's capacity to comprehend explanations made by medical professionals (Hall et al. 2012). In order to make an expert judgment, a health care practitioner must provide enough information (c), which is defined as providing the diagnosis, prognosis, treatment option, potential risks, and benefits in a clear and intelligible manner (OKUKPON, 2015) (Jahan et al. 2014). The terms "competency," "voluntarism," and "consent" (d) refer to the client's ability to understand the information presented, their willingness to assent based only on information provided, and their agreement to the proposed treatment process with full comprehension on the part of the treating physician. A written consent form (g) that the patient signs before to surgery is available (Yesuf et al. 2019) (Yek et al. 2017).

The basis for informed consent is the patient's ethical and legal right to control what happens to their body and the doctor's ethical obligation to involve the patient in their treatment. A significant amount of cross-disciplinary collaboration may be necessary to address a variety of

challenges that may come up in the practice of medicine. One such issue is informed consent, which is a part of medical ethics and which the federal and state constitutions could enact into legislation. It could also be implemented as an institutional policy or practice for risk management or medical ethics to uphold individual professional standards of care (Bhurgri, & Qidwai, 2004).

The protection of the patient in medical practice at several standards, such as ethical, legal, and administrative goals, is known as informed consent (Vandana et al. 2023) (OKUKPON, 2015). The informed consent form facilitates the patient's shared decision-making during the surgical treatment and fosters trust between patients and doctors. Before entering the operating room, every surgeon makes sure to review the informed consent letter. It is against the law and unethical to perform any intrusive surgery without signed consent (Yek et al. 2017) (Cocanour, 2017).

A number of variables, such as patient competency, incomplete information provided, poor patient-professional communication, hospital environment, privacy concerns, and insufficient time, may impact surgical informed consent (Bhute, 2019) (Lennox, & Wright, 2019) (Teshome et al. 2018). Patients' perspectives on the goal of the surgical informed consent procedure differ, but most believe it should allow patients to make their own decisions. Nevertheless, patients find the process essential (Hammami et al. 2014).

In the primary study, the composite variable measured the client's knowledge and perception of informed consent. The extent to which a patient is aware of the reasons behind their surgery, alternative treatment options, the type of surgery, risks associated with anesthesia, postoperative care, surgical complications, the legal requirement for informed consent, the right to revoke consent after signing, and who is protected are all indicators of their level of knowledge regarding informed consent (Lemmu et al. 2020). Therefore the aim of the study was to evaluate the level of knowledge among patients regarding the contents of informed consent in tertiary care hospital of swat KPK.

METHODOLOGY

This was an descriptive cross sectional study carried out in Saidu Group Of Teaching Hospital in Swat KPK from December 2023 to January 2024. The sample size for the study was calculated and estimated with a 95% confidence interval from 201 patients. Patients was selected consequently from the surgical department of Saidu group of teaching hospital using purposive sampling technique.

The study objective and purpose was explained to each patient before a consent. after understanding the questions I asked them and tick the option. we stayed with the patient. we stayed with patient until all questioned had been answer and we give at least 20

minutes to each patient for a questionnaire .The inclusion criteria for the patient was: patient having post-operative, and age 18 and above. Patient having multiple complications, remain unconscious after procedure, mentally retarded or unwilling to be the part of the study voluntary were the exclusion criteria for the patients.

The data collection process was started after taking permission from the administration of study setting. Patients who were post-operative were approached and evaluated for the inclusion criteria. The data was collected in two steps: In first step we collect the demographic data of the participate that includes age, gender, living status. In the second step we collected data regarding awareness of informed consent. A valid and reliable adopted questionnaire were used for data collection.

Informed consent questionnaire: The checklist contain 13 items having dichotomous response (Yes/No) (Shah et 2023).

The data analysis were performed through Microsoft Excel and SPSS version 22 as descriptive statistics. Frequency and percentages were calculated for categorical variables, while mean and standard deviation was calculated for continuous variables.

The study was approved by the ethical review committee of tasleem college of nursing and health sciences, while permission was granted from study setting for data collection, and informed consent were taken from each participate to protect their ethical rights.

RESULTS

In the current study the number of female patients were higher 112 (55.7%) then male patients 89 (44.3%) were higher in number, patient age group 36-45 years were 75 (37.3%) followed by age group 45-55 years 72(35.2%), while patient belong to village was 189 (94%). see table 1.

Table 1: Demographic data of the participants

	Frequency 201	%
Gender		
Male	89	44.3
Female	112	55.7
Age		
18-25 years	0	0
26-35 years	27	13.4
36-45 years	75	37.3
46-55 years	72	35.8
56 and above	27	13.4
Living status		
Village	189	94.0
City	12	6.0

Knowledge among patients regarding informed consent

The maximum number of patient know type of surgery 181 (90%), alternative treatment to the surgery 123

(61.2%), number of hours to be Nothing per oral (NPO) 190 (94.5%), time of surgery 197 (98%), and overall satisfaction regarding informed consent 201 (100%). On another hand the maximum number of patient does not have awareness regarding procedure 125 (62.2%), name of surgeon 125 (62.2%), advantages and disadvantages of surgery 135 (67.2%), importance of procedure 129 (64.2%), type of anesthesia used in procedure 139 (69.2%), risk and complications associated with anesthesia 159 (79.1%), and duration of anesthesia 162 (80.6%).

Table 2: Awareness of informed consent among the participants

#	Questions	Yes	No	Mode
1	Post-operative status	201 (100%)	0	1
2	Enough information regarding procedure?	76 (37.8%)	125 (62.2%)	2
3	Know their surgeon name?	76 (37.8%)	125 (62.2%)	2
4	Type of surgery?	181 (90%)	20 (10%)	1
5	Know alternative treatment?	123 (61.2%)	78 (38.8%)	1
6	Advantage & disadvantages regarding surgery?	66 (32.8%)	135 (67.2%)	2
7	Importance of surgery?	72 (35.2%)	129 (64.2%)	2
8	Type of anesthesia used in their procedure?	62 (30.8%)	139 (69.2%)	2
9	Risk and complication associated with anesthesia?	42 (20.9%)	159 (79.1%)	2
10	Hours of NPO?	190 (94.5%)	11 (5.5%)	1
11	Time of surgery?	197 (98%)	4 (2%)	1
12	Duration of anesthesia?	39 (19.4%)	162 (80.6%)	2
13	Satisfaction regarding informed consent?	201 (100%)	0	1

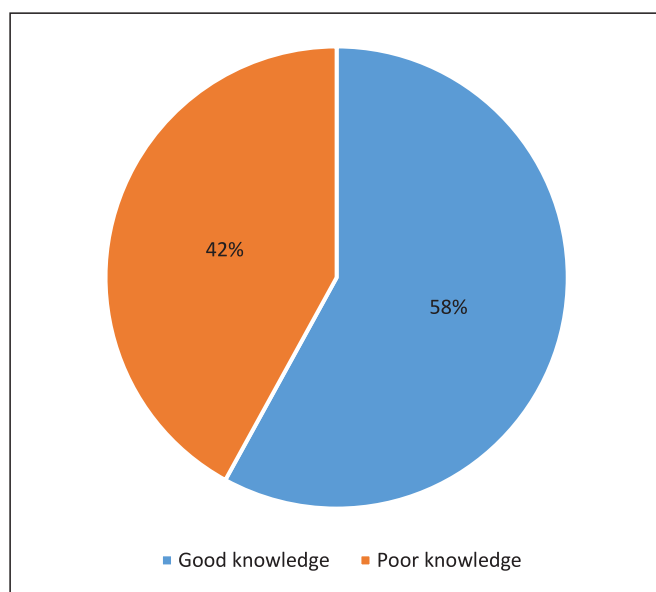


Figure 1: Illustrates that majority of the patients were have good awareness regarding the contents of informed consent (58%), while the remaining (42%) were have poor level of awareness regarding informed consent.

DISCUSSION

In Pakistan, the idea of informed consent is becoming more widely accepted and significant in the medical field. When a patient makes a decision about their healthcare, healthcare practitioners make sure they are fully educated about the nature of their ailment, suggested treatment options, potential risks and benefits, and available alternatives. This process is known as informed consent (Khan, 2008). The aim of the current study was to evaluate the level of awareness among post-operative patients regarding the process of informed consent and its information through a 13-item questionnaire.

In the present study, 42% of the patients were aware of informed consent, while the rest, 58%, had poor awareness of informed consent. It may be due to the fact that the majority of the patients were female, 112 (55.7%) and belonged to villages, 189 (94%), and due to cultural restraint, the majority of the females did not receive high education. Furthermore, the people of the village don't have the facilities of advanced care so patients, when visiting the hospital, consider that whatever action (procedure or treatment) the healthcare workers take will have a positive outcome. A study conducted in Pakistan also reveals that a small number of patients (20%) were aware of the informed consent process. These were wealthy professionals, most of whom were men or their spouses. The others demonstrated a lack of knowledge of fundamental medical ethical procedures. The patients' level of education was concerning; at least 60% of them had more education than a high school certificate, but they were unaware of the concept of informed consent (Cocanour, 2017). Another study conducted in Pakistan that used a similar questionnaire to the current study It was discovered that there was little knowledge of the informed consent form in the current study, which included over thirteen questions concerning it. The participants had low understanding in relation to questions 3, 5, 9, and 11 (O'Dwyer et al 2003).

In the current study, patients have good information regarding other options of treatment (61.2%). It is because the concept of informed consent in Pakistan is associated with a surgeon or doctor, while the nurse remains a witness to the information or rechecks the status. The surgeon informs the patient regarding the procedure, how it will be completed and what the alternative options are other than that surgery. According to the study that was completed in Pakistan, the choices that patients make about their treatments are entirely based on the nursing and medical personnel. Patients heed the advice of these staff members without question (Khan, 2008). Within the Just 30% of the patients in the current research who were questioned if they had been informed about other treatment alternatives replied in the affirmative. In related research, 49 percent of the patients in Ireland's trial were aware of the alternate therapy choice. The findings of this study may thus be compared to those of other worldwide investigations (O'Dwyer et al

2003). Comparing the current study, 90% of patients have knowledge about the procedure because the procedure is explained by the surgeon to the patient and their family members in a local language, which they understand better. Moreover, the doctor asked a cross-question to evaluate the level of awareness of the patient regarding their surgery. While a study in Pakistan shows that only 38% of patients were aware of the procedure (Khan, 2008). Another study was conducted by Burns et al. 2005 in Adelaide, Australia, to determine if patients get sufficient information regarding the procedure. The majority of patients expressed dissatisfaction with the information they had been given before surgery (Burns et al. 2005). A study in Ethiopia found that a majority of patients (77.2%) had poor awareness of surgical procedures, with 72.7% in Egypt, 83 % in Rwanda and 89.5% in another Ethiopian study having a poor level of awareness (Burns et al. 2005) (Kebede et al. 2023) (Galal, 2016) (Lemmu et al. 2020). The study was conducted in one setting so its generalizability was limited. The sampling technique was purposive, while the design was cross-sectional, which did not evaluate the cause and effect, which was the limitation of the study.

CONCLUSION

The study concluded on the basis of findings that a large number of post-operative patients in the surgical ward was having good awareness but a Hugh number of patient also have poor level of awareness regarding informed consent, while the overall satisfaction of the patient regarding the information consent process was high. Moreover, doctors have provided patients with enough explanations of the informed content to assist them in making an educated decision. The study makes it clear that the doctor-surgeon has the final say on the patient's comprehension of the essential information in the informed consent form. Nurses should conduct patient awareness campaigns and public health initiatives to educate the public and themselves in order to legalize the informed consent procedure.

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