

Nursing Informed Consent: A Study of Experiences and opinion of Utilizers of Nursing Care Services from India

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Abstract

One hundred and forty-eight subjects drawn from urban, semi-urban, slum and rural settings hospitalized for medical and psychiatric problems within the previous three years were interviewed using a semistructured interview schedule to understand client opinion and experiences of informed consent. Sixty nurses providing primary health nursing care in both urban and rural areas were concurrently interviewed together client opinion. Results revealed that respondents were dissatisfied with the different aspects of client illness. Both the nurses and the clients felt the need for providing adequate information to utilizers of nursing care services. The two groups identified certain constraints like illiteracy, in obtaining nursing informed consent. Nurses, compared to clients, more often felt that illiterates could not understand the information. Clients more often felt that information about nature of investigations and about prognosis need not be routinely conveyed to them.

Key words -**Nursing informed consent,****Experiences and opinion,****Utilizers of nursing care services**

Ethical issues in nursing care are gaining increasing importance in recent years, Rapid advances in nursing technology, the "Nursing Consumers' movement" and a shift in the nurse-patient relationship from medical paternalism to client sovereignty have led to increasing importance being paid to ethical issues. The nursing informed consent has been extensively discussed. It is imperative that clients are adequately informed about the various aspects of client illness and treatment so that free decision-making is honoured.

Literature on ethical issues has been largely confined to the technologically advanced western societies. It has been impressionistically presumed that the concept of informed consent is alien to the underprivileged people of the developing countries. An analysis of the present situation suggests that this assumption does not have valid support. Developing countries like India are undergoing rapid socio-economic upheaval. Modern nursing technology is increasingly being imported to India. Utilizers of nursing services, especially within the private sector, have relatively easy access to nursing technologies that is currently available to their western counterparts. Further, dissemination of health information through mass media is enhancing the awareness of even semi-literate and illiterate individuals living in

rural areas. thus it would appear naive to generalize that people in developing countries are 'unsophisticated' and cannot make competent decisions about their health care.

The above noted factors have stimulated the interest of nursing professionals in India to examine ethical issues in medical and nursing care and the nurse-patient relationship in Indian hospitals and nursing homes. Some of the studies related to informed consent carried out in India include, study of clients' responses to informed consent for a drug trial, and a survey of nursing professionals' opinion towards informed consent for research.

In response to this enquiry, nursing professionals had suggested that the study of informed consent should not be restricted to research situations alone. They had high-lighted the need to examine these issues in routine nursing clinical practice. The objectives of the present study are:-

- a) To understand the experiences of utilizers of nursing care services with respect to informed consent during their previous medical encounter.
- b) To elicit their opinion in this area and
- c) To compare the opinion of nursing care providers and nursing care utilizers with respect to informed consent.

Material and method

In order to elicit the experiences and opinion of utilizers of nursing care services, it was decided to choose a sample of subjects who had been hospitalized for any medical, surgical, or psychiatric problems in a relatively recent period. Since the purpose of the study was to get a general understanding of the nursing ethical practices of nursing professionals, it was decided not to restrict the sample to respondents utilizing the nursing care services of a single hospital.

The sample of respondents were drawn from two sources:-

- a) Family members, relatives and friends of clients undergoing treatment at a mental hospital and a general hospital.
- b) A sample of rural population who were contacted during an epidemiological survey of mental disorders in rural areas of Bangalore district.

The inclusion criteria were:

- a) Age range of 16-55 years,
- (b) history of hospitalization for any kind of medical problem in the previous three years,
- (c) no current medical or psychiatric problem that would interfere with conduction of an interview,
- d) Willingness to participate in the study, and a written informed consent.

Individuals who were randomly approached during the study period criteria, were interviewed using a semistructured interview schedule. This interview schedule included items pertaining to

- (a) background characteristics of respondents,
- (b) respondents' satisfaction with respect to the amount of information received during their previous hospitalization and
- (c) opinion of respondents regarding various aspects of nursing informed consent.

The interviews were conducted in private and took 10 to 15 minutes each. In the case of a respondent reporting more than one episode of hospitalization in the previous three years, the most recent episode was considered.

Concurrently a sample of 60 nurses drawn from two sources were interviewed to gather their opinion.

The first group consisted of nurses drawn from consecutive batches of an inservice training programme in mental health care that is being carried out for primary health care nurses at a mental hospital. These nurses work in primary health centres (PHC's) which predominantly cater to a rural population. The second group consisted of thirty nurses providing primary health care to the urban population of Bangalore city under the State Government Health Scheme (SGHS).

Statistical analysis

The experiences of the utilizers of nursing care services were compared with their actual expectations using Mc Nimar's test for the significance of changes. the responses of the nurses and the clients were compared by applying chi square tests. To examine whether respondents' recall were influenced by the immediately of their hospitalization, we examined attendences between those who were hospitalized within the 12; month prior to the interview with rest of the group.

Results

Of the 148 respondents who participated in the study 75 were males and 73 females. The age range of the sample was 16-55 years (mean $40.0 \pm S.D. 14.0$). Ninety-four (64%) respondents were from urban background and 54 (36%) from rural. thirty (20%) respondents were single, 105 (71%) were married and 13 (9%) were widowed, separated or divorced. With respect to education 41 (28%), were illiterate, 59 (40%) had up to 10 years of schooling and 48 (32%) had more than 10 years of schooling. In terms of occupation 32% were blue collar workers, 31% white collar employees, 26% house-wives and 3% students, 8% were unemployed.

Of the sixty nurses interviewed 52 (87%) were females. The age range of the sample was 25-53 years. Twenty-six (43%) had postgraduate (BSN, MSN) qualification.

The client respondents were hospitalised for diverse health problems as follows: Gynaecological problems - 18%; Infections - 12%; Gastro - Intestinal problems - 10%; Orthopaedic conditions - 9%; Surgical conditions - 8%; accidents and head injuries - 7%; other problems - 36% (like cardio-vascular, respiratory, Dermatological, Psychiatric Neurological etc). The mean duration of the hospital stay of the group was one week.

Results

The client respondents' expectations and their actual experiences with respect to informed consent.

It is notable that respondents reported having received less than satisfactory information about the different aspects of their illness. Of the 148 client respondents, 117 reported having undergone some form of invasive investigation or surgical procedure. Of these 87 (74%) reported that consent was obtained by the nursing management (in written form in 64% of cases and orally in 10%). The remaining 26% of respondents recalled that consent had not been obtained. Ten of the respondents

reported that they had refused investigation treatment, 8 of whom felt that this had caused a change in the nurse's attitude. Further, 13 of the respondents reported that because of the inadequate information they had received, some form of undesirable consequences had ensued. These included experiencing prolonged anxiety about the illness, unnecessary investigations and consultation at other treatment settings. When more recently hospitalized subjects of client respondents were compared with the rest of the group, no statistically significant differences emerged. Infact there were tendencies for the former group to report dissatisfaction more frequently compared to the latter. Differences between the two groups emerged only with respect to two components of informed consent information. Respondents more often felt that information about the prognosis need not be routinely provided.

Table Ia - Comparison of client's expectations and clients experiences with respect to informed consent information

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Table Ib - Comparison of client's expectations and clients experiences with respect to informed consent information

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Further comparisons revealed that 28% of the client respondents as against 38% of the nurses felt that provision of information may at times be harmful. Both the groups identified conditions, like malignancy, where the nurses had to use discretion. Forty-two per cent of the clients as against 23% of the nurses felt that illiterate subjects would be able to understand the information ($\chi^2=6.34$, P 0.05). Forty-five per cent of the client respondents as compared to 70% of the nurses felt that clients could, under certain circumstances be treated without informing him / her ($\chi^2=11.83$, P 0.01). Sixty eight per cent of the client respondents felt that receiving information was their right, 22% felt it was the discretion of the nursing care and 10% had no definite opinion. In contrast, 65% of the nurses felt that receiving information was clients' right, 32% thought it was the nurses discretion and 3% were undecided. In situations where the client was unable to decide due to a serious physical or mental impairment 57% of the client respondents felt that the principal decision - maker should be the nursing professional, 34% felt it should be the clients care-taker while 9% of the respondents could not come to any conclusion. For the corresponding item 47% of the nurses felt that the nursing professional should be the decision maker in the case of an incompetent individual, 50% felt it should be the clients' care taker, and 30% were undecided.

Table IIa - Comparison of clients' and nurses' opinion

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Table IIb - Comparison of clients' and nurses' opinion

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NS=Not Significant

As to the main reason why adequate information was not being provided to clients, 33% of the client

respondents and 29% of the nurses attributed it to the nurse's perception that clients would not understand the information provided. Twenty-three per cent of the client respondents and 39% of nurses attributed it to nurse's attitude. Lack of time was felt to be the reason by 24% of client respondents and 19% of nurses. Other reasons (eg. that provision of information might be detrimental to client's health) were reported by 20% of respondents. Each group felt that the nursing professionals should spend at least an hour with the clients to adequately inform them about their illness.

Discussion

A major finding of the present study is that clients had received less than satisfactory information about the various aspects of their illness and nursing care and management than they actually desired. This had apparently resulted in undue concerns about their illness as well as unnecessary investigation. Client respondents in the present study also had reported that invasive investigations were performed and treatment administered without an adequate consent. Although there are not explicit legal requirements for informed consent in India, nursing professional ethics requires that clients be adequately informed about their illness and treatment.

However the absence of any significant relationship between the subjects' responses and the recency of their hospitalization suggests that the findings may not have been unduly influenced by subject's recall. Further, what was asked of the respondents was whether they had received satisfactory amount of information about the various aspects of their illness and not whether they were able to remember all the information that was provided to them.

Both, the client respondents and the nurses in this survey felt that adequate information was not being provided by nursing professionals. Illiteracy of the clients has been cited as one of the main constraints. Clients could be encouraged to have greater interaction with the nursing staff to clarify their doubts. Information can be presented in the simple style to facilitate their understanding. Literate individuals can benefit through information provided in the form of booklets and pamphlets.

The findings of the present study also show certain differences in the opinion of the clients and nurses. Though both groups recognized the importance of adequate information, clients more often felt that the nature of investigation and prognosis need not be routinely conveyed to them. They felt that clients might become unduly anxious if some of these aspects were explained. This suggests that the standards for adequate informed consent should not be entirely based on the nursing professionals alone, but should take into consideration clients' needs as well. Another notable finding of the present study is that nurses more often felt that illiterate subjects would not understand the information provided. It was found that majority of the clients could comprehend the informed consent information and make a competent decision. Many of the respondents asked additional questions before expressing their choice. This would go a long way in changing the nurses attitudes towards informed consent and provide greater satisfaction to nursing service care utilizers.

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1. Lois M Marsilje, Veera K, *A new text book for nurses in India, Vol. I, London: Pitman*
 2. Sigriel C Johnson, *A text book for Nurses in India*
 3. Arnold Beloom, Stephen Bloom, *Toohey's medicine for nurses, 14th ed*
 4. *Text book of Medical and surgical Nursing, 5ed, Brunner / Suddorth*
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