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Analysis of Knowledge and Perception of Implementation of Informed Consent in Patient Pre Operations in HVA Toeloengredjo Pare Hospital

Sandu Siyoto¹, Rudy Surya K. Hedo²

¹Associate Professor of STIKes Surya Mitra Husada Kediri; ²Magister of Health Study Programe of STIKes Surya Mitra Husada Kediri

ABSTRACT

Incompleteness and inaccuracy of charging informed consent in patient's pre-operation is a problem related to patient safety, professionalism, behavior, and quality culture. The research objective is to analyze the knowledge and perception of the Implementation of Informed Consent in Patients with Pre-Operations at RS HVA Toeloengredjo Pare.

Design Cross-sectional study using. The population is the preoperative patient at RS HVA Toeloengredjo Pare. Exclusion criteria using simple random sampling technique. The independent variable of research is the knowledge and perception of the patient, and the dependent variable of the study is the completeness and the accuracy of implementation preoperative patient's informed consent. Data were collected by questionnaire and a check list, then the data were analyzed using logistic regression with a <0.05 and cross tabulation analysis.

The results showed most respondents have sufficient knowledge of as many as 69 respondents (44.8%), most respondents have the perception that quite as much as 82 respondents (53.2%), regression Logistic showed that the variables significantly affect the perception of completeness informed consent (p = 0.000) and in the knowledge variables significantly affect the accuracy of informed consent (p = 0.006).

The conclusion of this research is knowledge and perception influence together to the completeness or accuracy of Informed Consent. Good knowledge and perception will support the application of informed consent accuracy and precision of informed consent delivery.

Keywords: Informed Consent, Pre-Operation, Knowledge, Perception

INTRODUCTION

Pre-operation begins when the decision for surgery was made and ends when the patient was transferred to the operating table. Pre-surgery there is some preparation to be prepared by the patient prior to surgery ¹. Officers in explain procedures and patient readiness in carrying out various operations should be assessed properly. Patients and families who have not received a full explanation will have an impact on a variety of factors that could harm the patient or attendant. The problem can be overcome by giving informed consent, namely the delivery of information containing elements: diagnosis, action will be planned, alternative procedures, the risks that arise when not carried out such an action, the patient’s ability to make decisions, volunteerism of patients who gave consent².

Informed consent is a unilateral statement of a legitimate patient or represent that the contents of the approval of the action plan medical or dental filed by a doctor or dentist ³. Officers in charge completeness of informed consent in patients pre-operation are still many incomplete. Research in Switzerland in 2011 found that 45% would prefer to receive informed consent through an explanation of the writing, and 80% of patients preoperativdoes not want informed consent to read it ⁴. The results of the study in 2014 at the General Hospital of Karanganyar are Teak Husada 50 surgery on form Informed Consent not yet appear what information will be explained to the patient, not the full completenessform informed consent at charging No.KTP/SIM (100%) and the type of information presented by the highest doctor medical action (100%) ⁴. The results showed
Results of a preliminary study on the evaluation of charging informed consent in January 2017 in RS. HVA Toeloengredjo Pare of 1608 informed consent obtained as much as 3% approver name is not filled, 3.5% signature approver is not filled, 55% of families witness name is not filled, 42.8% signature witness family name not be filled, 45, 8% name is not filled witness officers, 22.8% signature of witness officer name was not filled, 71.1% DPJP name (Doctor patient Responsibility) is not filled, 18.4% DPJP signature is not filled and there are a total of 33.9% informed consent is not filled out completely. Incompleteness informed consent in patient’s pre-surgery at the RS. HVA Toeloengredjo Pare in January 2017 by 13%.

Factors that lead to compliance with the implementation of informed consent in the completeness and accuracy of charging informed consent comes from organizational factors, namely the implementation of system reward and punishment that has not been balanced. The solution may be in the form of policy, change the format of informed preoperative consent, or even the standard procedure in informed consent charging. Application of a good policy to be followed by the completeness of the info informed consent is complete and well too. Based on the results of this study and the background, researchers has studied perception and knowledge Analysis on the Implementation of Informed Consent in Patients with Pre Operations at RS HVA Toeloengredjo Pare.

**MATERIALS AND METHOD**

This study use Cross sectional design, population is the preoperative patient at RS HVA Toeloengredjo Pare. Exclusion criteria using simple random sampling technique. The independent variable of research is the knowledge and perception of the patient, and the dependent variable of the study is the completeness and accuracy of implementation preoperative patient’s informed consent. Data were collected by questionnaire and a check list, then the data were analyzed using linear regression with a <0.05 and cross tabulation analysis.

### RESULTS

**Table 1: Frequency Distribution of Knowledge in patients with pre-Operations at RS HVA on 12 October-11 November 2017 (n = 154)**

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<th>No.</th>
<th>Knowledge</th>
<th>Frequency</th>
<th>Percentage</th>
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<tr>
<td>1.</td>
<td>Less</td>
<td>26</td>
<td>16.9</td>
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<tr>
<td>2.</td>
<td>Enough</td>
<td>69</td>
<td>44.8</td>
</tr>
<tr>
<td>3.</td>
<td>Good</td>
<td>59</td>
<td>38.3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>154</td>
<td>100</td>
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Based on table 1 note that of the 154 respondents, most respondents have sufficient knowledge with 69 respondents (44.8%).

**Table 2: Frequency Distribution of perception in patients with pre-Operations at RS HVA on 12 October-11 November 2017 (n = 154)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Less than</td>
<td>29</td>
<td>18.8</td>
</tr>
<tr>
<td>2.</td>
<td>Enough</td>
<td>82</td>
<td>53.2</td>
</tr>
<tr>
<td>3.</td>
<td>Good</td>
<td>43</td>
<td>27.9</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>154</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 2 note that of the 154 respondents, showed that most respondents have the perception that of 82 respondents (53.2%).

**Table 3: Distribution Frequency Completeness Informed Consent in patients with pre-Operations at RS HVA on 12 October-11 November 2017 (n = 154)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Fittings</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complete</td>
<td>133</td>
<td>86.4</td>
</tr>
<tr>
<td>2.</td>
<td>Not complete</td>
<td>21</td>
<td>13.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>154</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 3 note that of the 154 respondents, showed that most informed consent respondents were complete with 133 respondents (86.4%).

**Table 4: Distribution Frequency Accuracy of Informed Consent in patients with pre-Operations at RS HVA on 12 October-11 November 2017 (n = 154)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Accuracy</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Accuracy</td>
<td>137</td>
<td>89</td>
</tr>
<tr>
<td>2.</td>
<td>Not Accuracy</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>154</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on table 4 known that from 154 respondents, showed that most informed consent respondents are 137 respondents (89%).
Table 5: Logistic Regression Test Variables Between Knowledge and Perception With Completed Informed Consent in patients pre Operations at RS HVA on 12 October-11 November 2017 (n = 154)

<table>
<thead>
<tr>
<th>Step 0</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-1.846,235</td>
<td>61.792</td>
<td>1,000,158</td>
<td>1,</td>
<td>0.158</td>
<td>000,158</td>
</tr>
</tbody>
</table>

The statistical test on this new study used regression, logistics the test results listed in the table above. Statistical analysis showed that the variables in the equation obtained the value of the slope or coefficients Beta (B) of the constants (Exp (B) of 0.158, the significant value of \( p \) value of wald test of 0.000, which means that each variable give partial effect. Value B is identical to the beta coefficient on ordinary least squares (OLS) with Exp (-1.1846) = 0.158, which means that the independent variable has an influence 0.158 times the dependent variable. Statistical test results obtained total df is 2 (two), which tells us the number of variables independent 2 (two).

Table 6: Logistic Regression Test Variables Between Knowledge and Perceptions of the Appropriateness of informed consent in patients with pre Operations at RS HVA on 12 October-11 November 2017 (n = 154)

<table>
<thead>
<tr>
<th>Step 0</th>
<th>B</th>
<th>SE</th>
<th>Wald</th>
<th>Df</th>
<th>Sig.</th>
<th>Exp (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-2.087,257</td>
<td>65.856</td>
<td>1,000,124</td>
<td>1,</td>
<td>0.124</td>
<td>000,124</td>
</tr>
</tbody>
</table>

The statistical test on this new study used regression, logistics the test results listed in the table above. Statistical analysis showed that the variables in the equation obtained the value of the slope or coefficients Beta (B) of the constants (Exp(B) of 0.124, the significant value of \( p \) value of wald test of 0.000, which means that each variable give partial effect. Value B is identical to the beta coefficient on ordinary least squares (OLS) with Exp (-2.087) = 0.124, which means that the independent variable has an influence 0.127 times the dependent variable. Statistical test results obtained total df is 2 (two), which means the number of independent variables exist 2 (two).

DISCUSSION

Based on the results showed that the variables in the equation values obtained slope or coefficient Beta (B) of the constants (Exp (B) of 0.158, the significant value \( p \) value of wald test of 0.000, which means that each variable give partial effect. Value B is identical to the beta coefficient on ordinary least squares (OLS) with Exp (-1.1846) = 0.158, which means that the independent variable has an influence 0.158 times the dependent variable. Statistical test results obtained total df is 2 (two) which tells us the number of independent variables there are 2 (two). And found that \( p \) <a with a value \( \leq 0.05 \), as seen in the Overall Statistics with significance value of \( (p) \) 0.000, which means that there are variables that affect the completeness IC good knowledge and perception of respondents. When viewed value \( (p) \) for each independent variable that is variable knowledge \( (p) \) of 0.005 and a variable perception of respondents about IC \( (p) \) was 0.000.

The medical record is a file that contains records and documents of identity, history taking, diagnosis treatment, examination, treatment, action, and other services provided to patients in health care facilities include patient registration that starts from a place of admission.

Informed consent is an approach to the truth and patient involvement in decisions their treatment. Often the best approach to obtain informed consent is that doctors will propose or perform procedures to give a detailed explanation in addition to asking patients to read the form. Medical Record is the who, what, where, and how to care for a patient in the hospital, to complement the medical record must have enough data is written in a series of activities in order to produce a diagnosis, assurance, treatment, and outcomes. The medical record is a testimony both written and recorded on the patient’s identity, anamneses determination of the physical laboratory, diagnosis of all services and medical action that is given to the patient and the treatment of both the inpatient, outpatient and getting emergency services.
Perception and a good knowledge directly proportional to the completeness of informed pre Operationsconsent. It is an interpretation that perception and knowledge about informed consent is obtained capable of affecting the completeness of informedconsent to do the clerk this can be influenced by the stimulus or process that occurs when the giver of the current explanation given informedconsent, in accordance with the disclosed which suggests that the perception is the brain’s ability to translate the stimulus or process for translating stimulus into the human sensory organs. Researchers found IC completeness variables that affect both knowledge and perception of respondents, is the picture of the implementation of the management condition in hospital, so that management needs to continue improving the quality of service and charging IC in hospitals, especially in patients with pre-surgery. This will increase customer confidence in the use of hospital services in particular-surgery patients.

Based on the results of the study showed that the variables in the equation obtained the value of the slope or coefficients Beta (B) of the constants (Exp (B) of 0.124, the significant value of p value of wald test of 0.000, which means that each variable give partial effect. Value B is identical to the beta coefficient on ordinary least squares (OLS) with Exp (-2.087) = 0.124, which means that the independent variable has an influence 0.127 times the dependent variable. Statistical test results obtained total df is 2 (two), which means the number of independent variables exist 2 (two). Statistical test results showed that p≤a with a value ≤ 0.05, as seen in the Overall statistics with significance value of (p) 0.050, which means that there are variables that affect the accuracy of IC both knowledge and perception of respondents, when seen the value of (p) for each independent variable that is variable knowledge (p) of 0.006 and a variable perception of respondents about IC (p) 0.016.

Based on the research that all independent variables affect the dependent variable. The results showed that the informed consent incomplete and imprecise as much as 6.9%. Information informed consent given to patients is very important preoperative information is data that has been processed into a form that is meaningful to the recipient and useful in making decisions. Relations with the communication, information is one element of communication is the process of delivering information on the “communicator” to “communicant” 23. Ease of obtaining information will accelerate a person to acquire new knowledge 24. Research has been conducted by Sirani found that the incompleteness figure reached 70% which is not exhaustive and is only 30% complete. Appropriateness of informed consent is determined by the timeliness of the provision, the competent authorities deliver, and the accuracy of the information on the type of sheet. informed consent Approval granted by competent individuals. In terms of age, a person is considered competent when aged 18 years or older or have never been married. While children aged 16 years or older but not yet 18 years of age can make certain medical consent that are not at high risk if they can demonstrate competence in making decisions. A good knowledge of the informed consent then the person will be more responsive and simulating a person to want to get the fullest information before surgery. A good knowledge affects the accuracy of giving informed consent for influencing attitudes in accordance with knowledge. A national standard formulation, education is a conscious effort to prepare students through guidance, instruction, and / or training for its role in the future. A good knowledge will cause accuracy in giving informed consent 18-21.

CONCLUSION

The researchers found the variables that affect the accuracy of IC both knowledge and perception of respondents. Knowledge and perception variables jointly affect the accuracy of informed consent. But if you look one by one variable obtained that knowledge variable affecting the completeness variable IC. Information is a collection of data that is formed to provide the knowledge or can change the perception. With that knowledge and correct information about the health of the IC can support the accuracy of the IC administration. The accuracy of the IC Award in the form of punctuality given and the person who gives the IC. Is the risk that the information given is wrong, and officers who provide pre-IC operation is not medical personnel who will carry out an act of surgery.

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REFERENCES


