

Adequacy of Preoperative Counseling and Informed Consent at Shree Birendra Hospital.

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ABSTRACT

Introduction: Preoperative counseling is the physical and psychological preparation of a patient prior to surgery. In recent past, a surge of unrest seen in our country was mostly because of inadequate counseling. There are very limited researches conducted to analyze the adequacy of counseling in surgical patients. The aim of this study was to analyze the adequacy of counseling in patients admitted for surgical procedure at division of surgery, Shree Birendra Hospital.

Methods: A prospective survey was done using set questionnaire to the patients who are admitted for surgery over a period of 2 months (May- July 2012). All Patients who were admitted to Gynaecology, General Surgery, Orthopedic and ear nose and throat (ENT) department for a major elective surgical procedure, were included in this study. Those who have already undergone some surgery in the past or patients admitted for emergency surgery were excluded.

Results: Among 100 consecutive patients, 44 patients were graded as inadequately counseled. There were 28 patients who were categorized as illiterate; the counselling was inadequate in 17 (60.7%). Among 100 cases, 50 were counseled by the treating doctors, and only 10 (20%) counseling by them were inadequate. Whereas the inadequacy of counseling was 57.69% and 79.16% respectively in those who were counseled by nurses or the family members.

Conclusions: Counseling was inadequate in 44% of patients. Inadequacy of counseling was higher in illiterate and if counseling is done by anybody other than treating physician.

Keywords: counselling, consent, patient satisfaction, surgery.

INTRODUCTION

In recent past, media have highlighted the dissatisfaction of patients and patient party regarding the treatment by the medical professionals mainly in civil hospital context. Especially when any mishap occurs during treatment process, an unrest has become almost associated with it. Not only the private institution, but also the government institution have become victim of this unrest and in fear of physical damage to people and infrastructure the hospital administration has to negotiate even if when there is no act of negligence. Inadequate counselling of their disease and the treatment process remained the major cause of this dissatisfaction.

Our institution being a military hospital, these kinds of acts may be unlikely. However dissatisfaction will remain in patients and their family members¹⁻³. There has been no research performed so far in our institution to analyze the adequacy of counselling to the patients

undergoing surgery. The aim of this study was to analyze the adequacy of counselling in patients admitted at Shree Birendra Hospital, Division of Surgery.

METHODS

This was a prospective observational study performed at Surgical division of Shree Birendra Hospital over a period of 2 months (From May 2012 to July 2012). All patients who were admitted to Gynaecology, General Surgery, Orthopedic and Ear Nose and Throat (ENT) department for a major elective surgical procedure, were included in this study. Those who have already undergone some surgery in the past or patients admitted for emergency surgery were excluded. After obtaining ethical approval from our institution and obtaining an informed written consent about this research, a set of questionnaire was given and patients were interviewed. Questionnaire included 10 structured questions (Table 1).

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| Q. No. | Question | Yes | No |
|--------|--|-----|----|
| 1 | Do you know for which disease you are admitted this time? | | |
| 2 | Have you been explained about the prognosis of operation? | | |
| 3 | Have you been explained, either the surgery is major or minor? | | |
| 4 | Have you been explained, the reasons for laboratory test and investigations? | | |
| 5 | Do you know the reason for staying Nil Per Orally? | | |
| 6 | Do you know the possible complications of surgery? | | |
| 7 | Have you been explained about pain management? | | |
| 8 | Are you aware about the type of anesthesia, you are going to receive? | | |
| 9 | Do you Know how long you are going to stay at the hospital? | | |
| 10 | Have you been explained about measure to prevent post-operative complications? | | |

The adequacy of preoperative counseling was determined based on the number of yes the patients said. If patients gave three or less than three yes answers, the counselling was considered as inadequate. If patients answered 4-6 questions positively then the counselling was considered as moderately adequate. Finally if 7 or more than 7 responses were positive the counselling was considered as adequate.

The obtained data were analysed using Excel 2010 for Windows.

RESULTS

The survey was done on 100 consecutive patients. Among these, counseling for only 25 patients were graded as adequate, 31 counseling were moderately adequate whereas 44 patients were graded as inadequately counseled (Table 1).

Table 1. Adequacy of Preoperative counseling

| Adequacy of Preoperative counseling | Frequency | Percentage |
|-------------------------------------|-----------|------------|
| Adequate | 25 | 25 |
| Moderately adequate | 31 | 31 |
| Inadequate | 44 | 44 |
| Total | 100 | 100 |

Among 33 cases who were admitted in general Surgical ward, only 8 (24.24%) were adequately counseled, 9 (27.27) were moderately counseled and 16 (48.48%) were counseled inadequately. Similarly, there were 32 patients admitted in orthopedic ward during the study period and only 9 (28.12%) were adequately counseled whereas 12 (37.5%) received inadequate counseling. There were 18 cases in gynecology department and only 4 (22.22%) received adequate counseling in comparison to 8 (44.44%) inadequately counseled. Even in ENT

ward, among 17 cases admitted during the study period, 4 (23.52% were counseled adequately and 8 (47.05%) received inadequate counseling (Table 2).

There were 28 patients who were categorized as illiterate, only 5 (17.85%) received adequate counselling, whereas in 17 (60.7%) cases the counselling was inadequate and 6 received moderately adequate counselling. Among those who studied up to class 5, only 6 out of 29 were counseled adequately in comparison to 14 (48.27%) inadequately counseled.

Among 100 cases included in our study, 50 were counseled by the treating doctors, and only 10 (20%) counseling by them was inadequate. Whereas the inadequacy of counseling were 57.69% and 79.16% respectively in those who were counseled by nurses or the family members.

DISCUSSION

Informed consent is one important aspect of patient autonomy^{4,5}. The autonomy is now ingrained into medical practice in most of the countries. Although informed consent has been an integral part of medical practice in our country also, the counseling of patient and family member is far behind. Patient feedback is very important aspect for improvement in quality of health services, especially in institution like ours where active feedback is limited⁶. This study was done to collect the data regarding adequacy of counseling with patient centered questionnaire.

Table 2. Adequacy of preoperative counseling according to the type of surgery

| Types of surgery | Adequate Frequency | Moderately adequate Frequency | Inadequate Frequency | Total |
|--------------------|--------------------|-------------------------------|----------------------|-----------|
| General surgery | 8 (24.24%) | 9 (27.27%) | 16 (48.48%) | 33 (100%) |
| Orthopedic surgery | 9 (28.12%) | 11 (34.37%) | 12 (37.5%) | 32 (100%) |
| Gynecology surgery | 4 (22.22%) | 6 (33.33%) | 8 (44.44%) | 18 (100%) |
| ENT surgery | 4 (23.52%) | 5 (29.41%) | 8 (47.05%) | 17 (100%) |

Our study showed an alarming data of 44% inadequacy in counseling (Table1), which is unacceptably high in any given context. Although there is very little research comparing and directly measuring the adequacy rate of counseling but it ranged between 0.5-3% in most of the literature⁷⁻⁹. Tengilimoglu D and his colleague have mentioned the higher rate of patient dissatisfaction in government hospital rather than a private institution¹⁰. This indicates that government hospital pay less attention to counseling than the private institution which may be because of various factors like case loads, payment issues and many more.

Department wise also the inadequacy of counseling is alarmingly high. Although the sample size is very small to guarantee the result but the data are very similar in all the departments (ranging from 37-48%). This warrants an urgent look at the counseling process of surgical division. Despite the fact that Surgical Division is providing a high class service to the patient and doing major surgery with high risk, the counseling part looks very inadequate.

We also analyzed the literacy with adequacy of counseling and found that rate of inadequate counseling was significantly higher in illiterate when compared to the literate group of patients. But, literacy does not justify the inadequacy of counseling; it has to be according to the level of understanding of patients.

Counseling was inadequate in only 10% when it was done by the treating physician, whereas 57% counseling was inadequate when counseled by nurses and nearly 80% when counseling was done by family member. This emphasizes the role of the treating physician in counseling the patient.

This study can be considered as a pilot study of its kind and a detailed study can be and has to be conducted with larger number of patients with a detailed methodology.

CONCLUSIONS

Counseling is adequate in 44% of patients undergoing various surgical procedures. Inadequate counseling was significantly higher in illiterate patients. Counseling

was adequate when it was done by the treating physician.

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