

SUMMARY

In this essay we try to know the importance that nurses give to the informed consent in the care practice of nursing. The informed consent appears in the hospital context, as a possibility for the patients to use their own body and free will, to participate simultaneously in the decisions related to themselves. The informed consent rises also with the goal of helping the health professionals to respect more and in a better way the human being. We must respect, defend and promote the dignity, freedom and the total fulfilment of the human being. The need to obtain the informed consent leads to an individualization of the human being and, consequently, contributes to the humanization of care. If there is respect for the patient, his autonomy, individuality and dignity are accepted.

Therefore, this study aims to contribute for the identification of the knowledge that nurses have on the informed consent, identifying if the nurses apply it in their care practice and knowing the nurses position about some aspects of the informed consent. The dilemmas and doubts felt by the health professionals are innumerable, in relation to what to do with the information, in terms of the type of explanation they should give, its content, the moment in which this information should be given, as well as understanding and recognizing the needs of each patient. From our personal experience resulted the conviction that the process of the informed consent needs to be implemented in the reality lived by nurses, in order for them to face it in its global sense and as a process. We find it a very interesting subject for nurses, as on their daily life they frequently face matters that are hard to manage, related to the problem of the informed consent. In these situations, nurses often feel difficulties and limitations that put them, sometimes, in an ambivalent position. On one hand, they feel that it is their duty to inform (Nursing Deontological Code) and that the patients have the right to be informed; on the other hand, they question who has the competence to inform.

The sample was constituted by 106 nurses, who corresponded to 64, 24% of our population. The population on which the study was based was constituted by 165 nurses working in the services of Internal Medicine (75 nurses) and General Surgery and Specialties (90 nurses) in the Centro Hospitalar de Vila Nova de Gaia. The data collection instrument was a questionnaire, which was divided in two different parts, for functionality and presentation reasons: the first part has questions that aim to obtain data to characterize the respondents; the second part is related to the questionnaire itself. The data collection process happened from the 2nd February to the 2nd March 2006.

The collected data was analysed through Excel 2000 and SPSS 12 (Statistical Package and Social Science), using descriptive and inferential statistics. To establish the relations between variables, we used the “t of student” Test to get equality on averages, for two samples the Analysis of Variance Test, based on the One Way ANOVA method to determine the equality of averages between the considered groups.

The results show that all the nurses know what the informed consent is. There is the recognition that the knowledge on the subject is good, but does not achieve the excellence level. Fortunately, the nurses who are able to adopt the ethical and deontological principles as true values, and not only as “dead letter”, led us to conclude that the vast majority has already assumed them as their own. The nurses still state that the patients’ autonomy principle is a value that is above the socially pleasant etiquette of the vulgar consent. According to the knowledge that the nurses claim to have, there is a clear “attitude” difference about the informed consent, which is confirmed both by the knowledge they show and the resulting practice. It seems correct to say, in this study, that there was genuineness, both on self-evaluation and consumed practice, according to the statistical evidence. There is also a significant correlation in the “attitude” towards the informed consent, according to its valorisation, once more stated by the expressed facts and knowledge. Finally, we can also confirm that where the informed consent is more frequently applied is where we find a clear “attitude” difference towards

it, which is evident in the care practice; also, the more knowledge on the subject, the more correct performance in the care practice.

In conclusion, we can infer that the ethical and deontological problems oblige us to frequently mobilize the accumulated erudition, but in a much more significant way to judge, facing real facts and not always finding easy answers to give. The practical wisdom to ethics in the nursing care should be obtained throughout the actions with patients. It is, for that reason, the services and nurses responsibility to, in their relationship with the patients, play the role of their defenders, as the respect for their autonomy is the basis of the pedagogical process for the development of the autonomous decision ability.