



Determine the Influence of Social Demography and Access to Information on Giving Consent of Medical Action Toward an Understanding of Informed Consent in Public Hospital With Class C at Pekanbaru.

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Abstract

Informed consent is approval of medical action which is given by the patient or his immediate family after obtaining a complete explanation about medical or dentist action that will be performed on that patient. This study aims to determine the influence of social demography and access to information on giving consent of medical action toward an understanding of informed consent in Public hospital with class C at Pekanbaru. This study employs quantitative method with cross sectional analytic design. The population in this study were all Patient or Families of patient who had received medical treatments in inpatient room for three days before the return of patient as much 267 respondent where the total sample of this research are 194 respondents. The sampling technique is Proportional Random Sampling. Data analysis was carried out in three stages: univariate, bivariate, and multivariate analysis. Based on the result of study found that there was a significant relationship between Education variable (p value 0.007 POR 2,368), work variable (p value 0.042 POR 1,937), age (p value 0.017 POR 2,158), Completeness Information (p value 0.001 POR 2,857), Language Delivery (p value 0.002 POR 2,871) with an understanding of the approval of medical action. Based on the results of multivariate test, it was found that education, completeness of information and language of delivery were the most influential factors. The submission of information must be adjusted to the characteristics of consent provider, especially those related to education, completeness of information and language delivery, so that, if things happen that are not desirable after surgery, the patient or family is expected to receive it because before the surgery is done, the doctor has given an explanation to the patient.

Keywords: Social Demography, Information Access, Understanding of Informed Consent

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INTRODUCTION

Informed Consent (IC) is the agreement/consent given by a patient or their family for the information or explanation about the medical intervention that will be done to the patient. Generally, IC is a consent obtained by a doctor before doing a check, medical treatment, and any medical interventions that will be conducted. In other words, IC is a consent obtained by a doctor after the patient has received information and explanation before the medical intervention is done. As revealed by Amir (1999), in health care, IC is related to a written agreement or consent from a patient or the patient's family toward surgical intervention or other risky invasive treatments.

This Informed Consent is based on the patient's right toward everything happens to their body and the doctor's prior duty in doing medical treatment to the patient. The purpose of giving the information completely about the disease and the medical treatment that will be conducted later is that the patient can make a decision based on their self-determination. In this case, the patient has the right to approve or reject the medical intervention that has been recommended.

If we take a look at the mass media carefully in these days, most of the conflicts (in a lawsuit) happen between the doctor and the patient or the patient's family, usually known as malpractice, happen because

there is lack of understanding towards the information given by the doctor.

There are many cases found that the explanation in the medical intervention that should be received by the patient is not conveyed as it should be since it is restricted by time, language for conveying the information, the completeness of information and the like are the obstacles that make the informed consent is just conducted by signature on a form done by the patient showing that they agree. It is done on a piece of paper and the patient actually does not really understand the medical intervention that will be conducted towards them.

In the development of malpractice conjecture, it has been reported that the number of this case is increasing. Many cases of malpractice conjecture and medical negligence are addressed to both the doctor and the hospital administration. The condition mentioned above is not different from the cases happened in Indonesia. In recent years, the lawsuit case addressed to the doctor for the malpractice conjecture is increasing compared to the previous years. Moreover, every day, the mass media, and electronic media often disclose the medical malpractice cases done by a doctor or other health practitioner in a hospital both in a capital city and in a district area.

This statement is supported by a suggestion by Purnomo cited by Kusumastuti (2006) stating that some cases of lawsuit addressed to the



health practitioner and/or the hospital in Indonesia happen because of lack of understanding toward Laws on Health and the legal doctrines.

According to Wiria (2007), the strategy to improve the understanding of the subject of informed consent is that the communication of the information should be adjusted based on the characteristic of the subject of informed consent especially the education level. Concerning the importance of Informed Consent for both patient and doctor in conducting the duty and the function of the completeness of informed consent sheet when there is any legal problem, the writer was interested in conducting a research about the influence of social demography and the information access of the subject of informed consent toward the understanding on Informed Consent in all C- class public hospitals in Pekanbaru city.

LITERATUREREVIEW

Informed Consent

Informed Consent is the recognition for the patient's autonomy right i.e. the right to self-determination toward the thing that may be done toward themselves. Thereby, Informed Consent is a process showing an effective communication between a doctor and the patient and the consent based on their thoughts about what will be done and what will not be done toward the patient. (Hatta, 2008). The functions of Informed Consent are as follows (Guwandi, 2000):

- Promotion from the personal autonomy right
- Protection from the patient and subject.
- Preventing fraud or coercion.
- Causing the stimulus toward the medical professions and it can stimulate the introspection toward oneself (self-scrutiny).
- Promotion from rational decisions.
- The community order in developing the autonomy principle as a social value and conducting supervision in biomedical investigation.

Based on the Regulation of the Health Minister (PERMENKES) Number 290/MenKes/Per/III/2008 Article 3, the objectives of Informed Consent are as follows:

- Providing protection to the patient toward the intervention from the doctor that is not needed and there is no justification, medically, toward what is being done without the patient's knowledge.
- Providing the protection law for the doctor toward a failure and negative matter since the modern medical procedure has a risk and each medical intervention contains a certain risk

Social Demography of the Subject of Informed Consent

The subject of Informed Consent should have some characteristics that can be differed from one another. The characteristics that become the consideration are as follows:

EDUCATION

According to Notoatmodjo (2012) cited in a research by Sari (2016), education is also considered as the self-development of an individual and the personality done deliberately and full of responsibility. It aims to improve the knowledge, behavior, skill, and the values so that the person is able to adapt themselves to the environment. Generally, the higher the education of someone is, the better the level of knowledge of the person is. The education level will influence someone in making a decision based on his or her understanding of informed consent.

OCCUPATION

Occupation according to language means able or expert while according to the term, occupation is a job that requires high education level, for example, mental health job that is supported by personality and professional behavior. Therefore, the occupation can be classified

into some sectors, for instance in the health sector, it means a person is an expert in health based on their education level that has been experienced. The relevancy to informed consent is that it will influence the level of understanding of someone toward the information that has been conveyed about informed consent.

AGE

Age has a high impact on someone's characteristic. The teenager certainly has a different experience and emotional maturity from adult people. For instance, someone aged 17 years that is categorized as a teenager, different experience and lack of information because their different age from the adult will influence the decision-making in informed consent. In addition, the emotional factor will also be a factor in making a decision for informed consent. Therefore, someone aged 17 years is easily influenced by surrounding based on what they hear without asking the medical practitioners about the medical intervention information that will be conducted. Moreover, the adults have a thinking skill to be able to comprehend more than the teenagers are. The more the people getting old is, the more declining the memorization skill of someone is, however, in contrast, the thinking skill and the comprehension are getting better.

Access Toward Information

Based on the Official Dictionary of the Indonesian language (2005) cited in a research done by Wiria (2007), information is similar to disclosure, information, or news about something. Meanwhile, access is similar to an entrance. Therefore, the access toward the information can be defined as a way to make something that is conveyed becomes meaningful information. The access to the information given to the subject of informed consent can be seen from some viewpoints. They are:

INFORMATION COMPLETENESS

According to the Official Dictionary of the Indonesian language, complete means there is no lack of things, and everything has been completed or provided. Information is the data that has been processed, formed, or manipulated according to a certain need (Amsyah, 2003).

LANGUAGE OF COMMUNICATION

Language is an expression containing a meaning to convey something to other people. Something meant by the speaker can be understood and comprehended by the listener or addressee through a language they express.

UNDERSTANDING

According to the Official Dictionary of the Indonesian language (2005), an understanding is related to a comprehension (to understand). Comprehending something means completely understanding something. The understanding is the second level from the cognitive domain after the people are able to remember/to know. Understanding is defined as an ability to explain an object they found and to interpret the material correctly. The people that have been understood towards a certain object or material should be able to explain the object they learn. (Notoatmodjo, 2007).

According to Notoadmodjo (2003), the process in conveying information until a person can understand it is depended on the intellectual capability. Apprehending the stimulus from other people is strongly affected by the individual characters from the relevant people. The factor of individual character is used for illustrating the fact that each individual has a different level of understanding. It is because of various individual characteristics.

The individual characteristics explained above are, for instance, from the demographic characteristics such as age. In addition, the social structure such as education and occupation influence the people behavior in knowledge and in understanding a certain information or



concept. An environment is a place for the interaction between people. If the behavior that has been formed can be accepted by the environment, it can be accepted by the relevant individuals. Meanwhile, the education level can influence the way of thinking of an individual

METHODOLOGY/MATERIALS

This research was a quantitative research with the cross-sectional analytic design. The population in this research was all patients or the patient’s family that represented the patient who had medical intervention in an in-patient facility for three days before the patient’s discharge in all C-class hospitals in Pekanbaru city based on the result of investigation toward the in-patient care document 2018 with 267 patients in total. The sample in this research was 194 people in total and it was taken using Lemeshow formula. The sampling technique used in this research was Proportional Random Sampling and simple random sampling was used for determining the desired sample in each hospital. The instrument in this research was the questionnaire that was filled out by the respondents directly. The data was processed by editing, coding, doing an entry, and processing in that the data was entered into a computer using SPSS program. Then, the data was processed and analyzed. In this research, data analysis was done through univariate, bivariate, and multivariate analysis.

RESULTS AND FINDINGS

Bivariate

EDUCATION

Table 1. The relationship between education variables and the understanding of Informed Consent in all C-class hospitals in Pekanbaru city in 2018

Variable	Understanding				Total	p Value	OR 95%CI
	Low		High				
	n	%	n	%			
Education							
low	83	69,7	36	30,3	119	100	0,007 (1,302-4,307)
high	37	49,3	38	50,7	75	100	
Jumlah	120	61,9	74	38,1	194	100	

Based on table 1 above, it showed that The total respondents who were unemployed and tended to have a low-level understanding on informed consent were 67.8%, while the total respondents who were employed and tended to have high-level of understanding on informed consent were 47.9%. The statistical test result obtained a p-value of $0.042 < \alpha 0.05$ and OR value of 1.937 times. Theoretically, formal education is the foundation for someone to do something, understand, and comprehend something. The formal education level also enables the difference in knowledge and the decision-making.

Based on Notoatmodjo (2012), education is self-development and personality that are performed deliberately and full of responsibility. It aims to improve knowledge, behavior, skills, and values so that the person is able to adapt themselves to the environment. In general, the higher the education of someone is, the better the level of knowledge of the person is. Therefore, education level will give an impact on accessing the knowledge, especially in the health sector such as the understanding in informed consent. In this case, education is the highest degree of education level that has been accomplished based on the certificate that they have achieved from the recent formal school that can be seen from the graduation certificate.

In this research, there was a positive association strength i.e. there was a significant relationship between education and the understanding of the informed consent of 2.368 (95% C.I= 1.302-4.307). It had a meaning that the respondent with low education level tended to have low-level of understanding on the informed consent of 2.368 times that was greater than the respondent with high education level had.

This research was in line with a research done by Wahyuni (2015) who stated that the higher the education of the subject of informed consent toward surgical intervention is, the better the understanding on informed consent is. With a higher education level, it certainly influenced the person’s behavior in knowledge and the understanding.

OCCUPATION

Table 2. The relationship between occupation variables and the understanding of Informed Consent in all C-class hospitals in Pekanbaru city in 2018

Variable	Understanding				Total	p value	OR 95%CI
	Low		High				
	n	%	n	%			
Occupation							
TidakBekerja	82	67,8	39	32,2	121	100	0,042 (1,066–3,517)
Bekerja	38	52,1	35	47,9	73	100	
Total	120	61,9	74	38,1	194	100	

Based on table 2 above, it showed that the total respondents who were unemployed and tended to have a low-level understanding on informed consent were 67.8%, while the total respondents who were employed and tended to have high-level of understanding on informed consent were 47.9%. The statistical test result obtained a p-value of $0.042 < \alpha 0.05$ and OR value of 1.937 times.

Occupation is something done to get a certain amount of salary or livelihood. The community who are busy with the daily activities or duties will have less time to get some information. By the existence of occupation, someone would need more times and more attention. The busy community would only have less time for obtaining some information so that the knowledge they got would also less (Notoatmodjo, 2012).

Occupation, in this case, is the ability or proficiency in a certain field/sector, and it requires high education level. In this research, there was a positive association strength where there was a significant relationship between occupation and the understanding of the informed consent of 1.937 (95% C.I= 1.066-3.517). It means that the unemployed respondents tended to have low-level of understanding on the informed consent of 1.937 times compared to the employed respondent.

This research finding was in line with the statement revealed by Arikunto (2006), that social structure such as occupation and economic level or income influenced the human behavior in knowledge and the understanding on certain information.

This research finding was also in line with a research conducted by Ateta (2005) who stated that there was a significant relationship between the factors of patient’s characteristic such as occupation and the patient’s understanding on information given by a doctor.

AGE

Table 3. The relationship between age variables and the understanding of Informed Consent in all C-class hospitals in Pekanbaru city in 2018

Variable	Understanding				Total	p value	OR 95%CI
	Low		High				
	N	%	N	%			
Occupation							
Remaja	82	68,9	37	31,1	119	100	0,017 (1,189 – 3,917)
Dewasa	38	50,7	37	49,3	75	100	
Total	120	61,9	74	38,1	194	100	

Based on table 2 above, it showed that the total respondents who were teenagers and tended to have low-level of understanding on informed consent were 68.9%, while the total respondents who were adults and tended to have a high level of understanding on informed



consent were 49.3%. The statistical test result obtained a p-value of $0.017 < \alpha 0.05$ and OR value of 2.158 times.

Age can be defined as the total day, month, and year that had been through after someone born until a certain time. Age can also be defined as a unit of time that measures the existence of both a thing and alive or dead living thing (Notoatmodjo, 2007).

According to Tuslihah (2011), age influenced someone's characteristic. The teenager certainly has a different experience and emotional maturity from adult people. In addition, adult people have the thinking skill to be able to understand something better than the teenagers do. The more the people get older, the more decline the memorization skill of someone is; but, in contrast, the thinking skill and the understanding are getting better.

In this case, age is the duration of someone life measured in a unit of time based on the chronologic viewpoint, a normal individual that shows the degree of similar anatomic and physiologic development. In this research, there was a positive association strength i.e. there was a significant relationship between age and the understanding of the informed consent of 2.158 (95% C.I= 1.189-3.917). It means that the total respondents who are teenagers and tended to have low-level of understanding on informed consent were 2.158 times that was greater than the total respondents who are adults.

This research finding was in relevant to the research done by Wiria (2007) who stated that age was one of the characteristics of the subject of informed consent since age could influence the level of someone's understanding on informed consent.

INFORMATION COMPLETENESS

Table 4. The relationship between Information Completeness variables and the understanding of Informed Consent in all C-class hospitals in Pekanbaru city in 2018

Variable	Understanding				Total	p value	OR 95%CI
	Low		High				
	N	%	N	%			
Information Completeness							
TidakLengkap	85	71,4	34	28,6	119	100	0,001 2,857
Lengkap	35	46,7	40	53,3	75	100	(1,563– 5,223)
Total	120	61,9	74	38,1	194	100	

Based on table 4 above, it showed that the total of respondents who received incomplete information and tended to have low information on information was 71.4%, while the total respondent who received a complete information and tended to have high-level of understanding on informed consent was 53.3%. The statistical test result obtained a p-value of $0.001 < \alpha 0.05$ and OR value of 2.857 times.

According to Amsyah (2003), complete information means that the information consists of a unit of whole information and it comprises various relevant things inside of it. This can be meant that the information resulted or needed should have a good completeness because if the information is in form of sections, it certainly influences the decision-making or determines the action in a whole. Thereby, it will influence the ability to solve a problem.

The information completeness in this research was a unit of whole information and comprised all relevant things inside it. In this research, there was a positive association strength in that there was a significant relationship between information completeness and the understanding of the informed consent of 2.857 (95% C.I= 1.563-5.223). It means that the total respondents who received incomplete information and tended to have low-level of understanding on informed consent was 2.857 times that was greater than the total respondent who received complete information.

This finding was in line with a research done by Wiria (2007) who stated that information completeness or the thing that will be conveyed to someone was incomplete or the content is nothing, the information would certainly be useless to be delivered since the patient would not be understood.

This research finding was in line with the statement revealed by Burch and Grudnitski (Hartono, 1999) that the quality of information depended on the information accuracy i.e. the information received by the addressee should be complete, specific, and misleading, free from errors, and the meaning should be clear so that the addressee could understand the information.

Similarly, Permenkes No: 585/ 1989 Article 4, Paragraph 2 stated that a doctor should give information completely, only if a doctor considered that the information would damage the patient's health or the patient rejected to receive the information. In more detail, according to the Decree of Directorate General of Medical Service number HK. 00.06.3.5.1866 on April 21, 1999, on the Guideline of Informed Consent.

LANGUAGE OF COMMUNICATION

Table 5. The relationship between Language of Communication variables and the understanding of Informed Consent in all C-class hospitals in Pekanbaru city in 2018

Variable	Understanding				Total	p value	OR 95%CI
	Low		High				
	n	%	n	%			
Language of Communication							
TidakMudahDiterima	98	68,5	45	31,5	143	100	0,002 2,871 (1,488 – 5,538)
MudahDiterima	22	43,1	29	58,9	51	100	
Total	120	61,9	74	38,1	194	100	

Based on table 5 above, it showed that The total respondents who received information from the language of communication that was complicated to be understood and tended to have low-level of understanding on informed consent was 68.5%, while the total respondents who received information through language of communication that was easy to be understood and tended to have high-level of understanding on informed consent was 58.9%. The statistical test result obtained a p-value of $0.002 < \alpha 0.05$ and OR value of 2.871 times.

According to Notoatmodjo (2007), language is an expression contained a meaning to be conveyed to someone. It aims to make something meant by the speaker can be understood by the listener or addressee through expressing the language.

Language in conveying the information is the language used in giving information about the surgical intervention that will be conducted whether it is easily understood or difficult to be understood by the subject of IC. By using language as it is used in daily activities by the subject of IC certainly would facilitate the patient to understand the information that had been delivered while language that was difficult to be understood was language containing words that were rarely heard by people such as medical words/terms that were understood by the medical practitioners only.

The language of communication, in this research, was the way to convey thoughts, ideas, and concepts through communication between the parties. In this research, there was a positive association strength in that there was a significant relationship between the language of communication and the understanding of the informed consent of 2.871 (95% C.I= 1.488-5.538). It means the total respondents who received the language of communication that was not understandable and tended to have a low-level understanding on informed consent was 2.871 times that was greater than the total respondents who received language of communication that was understandable.

This research finding was in line with a research done by Wahyuni (2015) who stated that language used in daily by the subject of IC certainly would ease the person to understand the meaning of the information that had been conveyed while the language that was not understandable was the language that was rarely used by common



people and rarely heard by them such as medical words/terms that were only understood by medical practitioners only.

This research finding was relevant to the statement by Guwandi (2004) that the factor that could affect the level of understanding of a patient was the information was conveyed using words/terms that were not understood by the patient.

Komalawati (1999) explained that the ability to understand the information on medical intervention that would be conducted depending on the communication between the doctor and the patient. Through a good communication, the doctor can give information to the patient about everything that should be conveyed and the thing that becomes the patient's right. Through communication, the patient that has understood the doctor's explanation would give their consent about receiving the medical intervention to the doctor.

Multivariate

Tabel 6. Hasil Seleksi Bivariat Variable Independendengan Pemahaman Persetujuan Medik

No	Variable	P Value	Keterangan
1	Pendidikan	0,007	Kandidat
2	Pekerjaan	0,042	Kandidat
3	Umur	0,017	Kandidat
4	KelengkapanInformasi	0,001	Kandidat
5	Bahasa Penyampaian	0,002	Kandidat

Tabel 7. AnalisisMultivariat (Permodelanakhir) PemahamanPersetujuanMedik di RumahSakitKelas C se Kota Pekanbaru

No	Variable	P Value	POR	(95 % CI)
1	Education	0,025	2,071	(1,097 – 3,911)
2	KelengkapanInformasi	0,001	3,111	(1,636-5,918)
3	Bahasa Penyampaian	0,002	3,082	(1,520 – 6,250)

Omnibus test: 0,000 Negelkerke R Square: 0,188

The final analysis of multivariate that had been done with 4 times of modeling resulted in some results as follows:

- It was obtained Omnibus Test value = 0.000; it means that the model resulted from the test has been appropriate to be used. Negelkerke R Square value of 0.188 showed that education, information completeness, and language of communication could explain the 'understanding' on the informed consent of 18.8% while the rest was explained by other variables that were not analyzed.
- Education gave a significant impact on the understanding the informed consent. The respondent who had low education level tended to have low-level of understanding on informed consent i.e. 2.071 times that was greater than the respondent with high education level was.
- Information completeness had a significant impact on informed consent. The respondent who received incomplete medical information tended to have a low-level understanding of informed consent i.e. 3.111 times that was greater than the respondent who received complete information.
- The language of communication had a significant impact on informed consent. The respondent who received medical information through incomplete information and language of communication that was difficult to be understood tended to have low-level of understanding on informed consent i.e. 3.082 times that was greater than the respondent who received the medical information using a complete language of communication.
- This research did not found any confounding variable.

EDUCATION

The low-level of education of the respondent could cause to inability to understand the informed consent. This can be seen from the research finding in that most of the respondents are junior high school graduates or senior high school graduates. Meanwhile, the rest of the subject of IC could accomplish a higher level of education. However, there were some of the subjects of IC who were elementary school graduates.

Based on the theory, the education level could influence someone in understanding health including the understanding of informed consent. According to Arikunto (2006), the social structure such as education level could influence the human behavior in knowledge and the understanding toward a certain information or concept. The education level could influence someone's way of thinking. At the elementary level, the learning method focused more on the process of remembering and memorizing; at the junior high school level, the learning method focused on reasoning rather than only memorizing, and so on. Furthermore, the higher the education level is, the more emphasized the process of thinking, understanding, and analyzing is.

To make the subject of IC able to understand the information conveyed in informed consent, the standing banner or leaflet should be made to make all group of people in society who comes to the hospital for having treatment know about the significance, benefit, and the purpose of informed consent. In addition, the relevant parties in the hospital should inform the subject of IC about the obligation and the rights of in-patient care patients.

INFORMATION COMPLETENESS

Incomplete information could cause an inability of the subject of IC to understand the information that had been conveyed. In this research, the total of respondents who considered that they did not receive complete information was 71.4%. It might happen because the doctor considered the psychical condition of the patient or the patient's family. They could cancel their intention to have surgical intervention. With good communication and the principle of effective communication between a doctor and the patient or the patient's family, such condition that had been explained above could be avoided. As far as we know, the conflict between the patient and the patient's family toward the doctor and/or hospital administration generally happens because of dissatisfaction toward the result of the surgical intervention that had been conducted. In other words, the result of surgical intervention was not in line with the expectation. In this case, the risk and complication certainly play an important role. Basically, information should be given completely either it is requested or not, only if the information could damage the patient's health.

Based on the theory, information completeness is the most important part of information access. If information completeness or the information that would be conveyed is not complete, the information would be useless since it would result in an inability of the addressee to get the meaning of the information.

To make the subject of IC could understand the information that was conveyed, the parties in the hospital should deliver the information completely to the subject of IC to make them understand, and they could explain it again about the informed consent. Thus, it could avoid misunderstanding that could damage both parties.

LANGUAGE OF COMMUNICATION

The language of Communication that is difficult to be understood could influence the respondent's understanding of informed consent. In this research, the total of respondents who received the information through a language of Communication that was difficult to be understood 68.5%. It might happen because the disclosing party used medical terms in conveying the information and they did not give the explanation. Therefore, it is difficult to be understood by the patient.

Language is an expression that is aimed to convey something to other people. Something meant by the speaker can be understood and comprehended by the listener or the addressee through a language that the speaker expresses.



The communication is the goal of a certain thing. If it was related to informed consent, the language of communication can be defined as the way used for communication between the parties to achieve the decision in determining the informed consent. The advantage of the language of communication is that the information provided to the patient or the patient's family could be understood well and clearly.

To make the subject of IC able to understand the information available in informed consent, the parties of the hospital should use language that is easily understood by the patient or the patient's family or use the medical terminology and then explain it afterward to the patient or the patient's family so that they can understand the information about informed consent that has been conveyed.

CONCLUSION

Based on the research finding, there is a significant relationship between education (p value=0.007, OR value =2.368), occupation (p value 0.042, OR value = 1.937), age (p value=0.017, OR value = 2.158), information completeness (p value = 0.001, OR value = 2.857), and language of communication (p value=0.002, OR value = 2.871) toward the understanding on informed consent. Based on the result of multivariate test, it has been obtained that information completeness and language of communication are the most affecting factors.

References:

- DepKes, RI. (2006). Pedoman Penyelenggaraan dan Prosedur Rekam Medis Rumah Sakit di Indonesia Revisi II. Jakarta: JIRJEN YANMED.
- Guwandi, J. (2003). Informed Consent dan Informed Refusal Edisi III. Jakarta: Balai Penerbit FKUI.
- Hatta, Gemala R. (2008). Pedoman Manajemen Informasi Kesehatan di Sarana Pelayanan Kesehatan. Jakarta: UI-Press.
- Notoatmodjo, Soekidjo. (2005). Promosi Kesehatan Teori dan Aplikasinya. Jakarta: PT Asdi Mahasatya.
- , (2007). Promosi Kesehatan dan Ilmu Perilaku. Jakarta: PT RINEKA CIPTA.
- Peraturan Menteri Kesehatan No. 290/Menkes/Per/III/2008, Tentang Persetujuan Tindakan Kedokteran. Jakarta
- Ratman, Desriza. (2013). Aspek Hukum Informed Consent dan Rekam Medis Dalam Transaksi Terapeutik. Bandung: Keni Media.
- Rustiyanto, Ery. (2009). Etika Profesi Perkam Medis dan Informasi Kesehatan. Yogyakarta: Graha Ilmu.
- Sari, TP. (2016). Faktor-Faktor Yang Berpengaruh Terhadap Pemanfaatan Jamban Sehat di Wilayah Kerja Unit Pelaksana Teknis Puskesmas Tembilahan Kota. Karya Ilmiah Megister tidak diterbitkan. Program Studi Pasca Sarjana SKM, Pekanbaru.
- Saryono. (2011). Metodologi Penelitian Kesehatan Penuntun Praktis Bagi Pemula. Yogyakarta: Mitra Cendekia Press.
- Sugiyono. (2014). Metode Penelitian Kuantitatif Kualitatif dan R&D. Bandung: Alfabeta.
- UU RI Nomor 23 Tahun 1992 tentang Kesehatan dan UU RI Nomor 29 Tahun 2004 tentang Praktik Kedokteran. (2007). Jakarta: Visimedia.
- UU RI Nomor 36 Tahun 2009 tentang Kesehatan dan UU RI Nomor 44 Tahun 2009 tentang Rumah Sakit. (2012). Bandung: Citra Umbara.
- Wiria, Nanang. (2007). Pengaruh Karakteristik Pemberi Persetujuan Tindakan Bedah dan Akses Informasi Terhadap Pemahaman Tentang Persetujuan Tindakan Medis (Informed Consent) di Badan Pelayanan Kesehatan Rumah Sakit Umum Dr. Pirngadi Medan. Karya Ilmiah Megister tidak diterbitkan. Program Studi Pascasarjana Administrasi dan Kebijakan Kesehatan, Medan.

