

## Informed Consent Knowledge And Practices Among Nurses In A Tertiary Care Hospital: A Cross-Sectional Study

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### Abstract

#### Author Details

**Keywords:** Informed Consent, Nurses, Knowledge, Practice, Patient Autonomy, Tertiary Care Hospital, Nursing Ethics, Pakistan

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**Background:** Informed consent is a fundamental ethical and legal requirement in healthcare that safeguards patient autonomy and promotes shared decision-making. Nurses play a vital role in facilitating the informed consent process; however, challenges related to knowledge gaps, institutional barriers, and workload may affect its proper implementation. This study aimed to assess the level of knowledge and practices regarding informed consent among nurses working in tertiary care hospitals in Lahore, Pakistan.

**Methods:** A descriptive cross-sectional study design was employed. The study was conducted at Jinnah Hospital and Lahore General Hospital, Lahore. A total of 202 registered nurses were selected using simple random sampling. Data were collected through an adopted structured questionnaire consisting of 21 Likert-scale items assessing knowledge, practices, and perceived barriers related to informed consent. Data were analysed using SPSS version 25, and

descriptive statistics, including frequencies, percentages, means, and standard deviations, were calculated.

**Results:** The findings revealed that nurses demonstrated a moderate level of knowledge regarding informed consent, with a mean score of 3.13 (62.6%). Practice-related activities showed relatively higher engagement, with a mean score of 3.78 (75.6%), indicating that nurses frequently incorporated informed consent procedures into routine clinical care. However, moderate barriers (mean score 3.35; 67.0%) were reported, particularly concerning communication challenges and role boundaries. Notably, none of the participants had received prior formal training on informed consent.

**Conclusion:** The study concludes that while nurses routinely participate in informed consent practices, conceptual understanding and clarity regarding ethical and legal responsibilities require strengthening. Structured training programs, clear institutional

guidelines, and supportive work environments are recommended to enhance informed consent practices and promote patient-centered ethical care.

## **Introduction**

### **CHAPTER-1**

**Background:** Informed consent (IC) is a foundational ethical and legal requirement in modern healthcare, intended to protect patient autonomy, promote shared decision-making, and foster trust between healthcare providers and patients. For consent to be valid, patients must be provided with clear, understandable information and must voluntarily agree to treatment. However, in countries like Pakistan, where cultural, linguistic, and educational barriers are prevalent, the ideal practice of informed consent is often compromised. Studies have shown that even in tertiary hospitals, informed consent is frequently obtained without ensuring patients fully understand the nature of the treatment or their right to refuse. It is reported that although 72.6% of patients in public hospitals were familiar with consent forms, only 50.1% were informed about the associated risks and benefits, and less than 34% felt the process was free and fair (Khan et al., 2025).

Nurses play a critical role in the consent process, often being the first and last point of communication for patients. Despite this, their contribution is largely undervalued and poorly studied. It is also highlighted how cultural expectations in Pakistan often require family members, particularly male relatives, to make healthcare decisions, reducing the agency of both patients and (Memon et al., 2024). Moreover, nurses frequently face ethical dilemmas and institutional pressures, leading to the normalization of inadequate consent practices (Jafree et al., 2015). Limited ethical training, lack of empowerment, and hierarchical constraints often prevent nurses from engaging in meaningful consent discussions. These challenges emphasize the urgent need to assess nurses' knowledge and real-world practices regarding informed consent in order to improve patient rights and ethical care standards in Pakistani healthcare settings.

### **Research Objective**

To assess the level of knowledge of nurses regarding informed consent in clinical settings.

To assess the level of practice of nurses regarding informed consent in clinical settings.

### **Significance**

This study will help improve nursing practice by identifying areas where informed consent is not properly followed. It will guide hospital management in developing better SOPs and policies. The findings will also support the education and training of nurses and provide a base for future research on ethical nursing practices in Pakistan.

### **Material And Methods**

This study was utilize a **descriptive cross-sectional study design** to assess the knowledge and practices related to informed consent among registered nurses working in a tertiary hospital in Pakistan. A **cross-sectional study** is suitable for observing variables as they exist at a single point in time, without manipulating the study environment (Polit & Beck, 2021).The study was conducted at Jinnah Hospital and Lahore General Hospital, two major tertiary care institutions situated in Lahore, Punjab, Pakistan. The study was completed in **4 months**, starting from the date of synopsis approval. July 2025 to October 2025. The data was collected using an adopted questionnaire. It was designed to assess the **knowledge and practices of nurses regarding informed consent** in a tertiary care hospital.

Now, putting the values in the above formula to find the “required sample size, which is n=202”.

A **simple random sampling** technique was used to recruit nurses who meet the inclusion criteria and are willing to participate. Registered nurses working in surgical wards, operating theatres, and ICUs Having at least 6 months of clinical experience in a relevant department.

Willing to give informed consent to participate in the study. Nurses who were on leave during the data collection period. Nurses working in purely administrative or non-clinical roles.

Student nurses and nursing interns. Nurses with known psychiatric illness

## Results

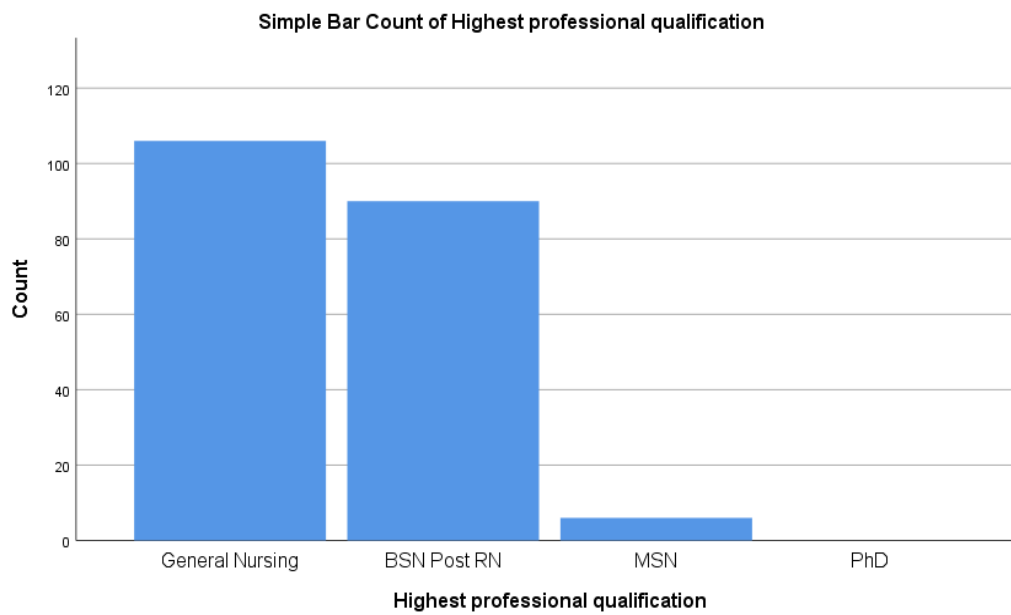
### Demographic Characteristics:

A total of 202 nurses participated in the study, and complete demographic data were obtained for all respondents. Most nurses held General Nursing or Post RN BSN qualifications and had moderate clinical experience ranging from 7–12 years. The majority of participants were in early to middle adulthood. Notably, none of the respondents had received prior formal training related to informed consent, in accordance with the study inclusion criteria. These demographic characteristics provide an appropriate context for interpreting nurses’ knowledge and practices regarding informed consent in tertiary care hospital settings.

Total No. of Respondents = N = 202				
Variable	Category	Number Respondents (Frequency)	of	Percentage (%)
Highest Professional Qualification	General Nursing	106		52.5
	BSN Post RN	90		44.6
	MSN	3		1.5
	PhD	0		0.0
Age Group (years)	20–26	32		15.8
	27–33	93		46.0
	34–40	58		28.7
	≥41	19		9.4
Clinical Experience (years)	1–6	55		27.2
	7–12	104		51.5
	13–18	31		15.3
	19–24	12		5.9
Number of respondents with informed consent training = Nil				

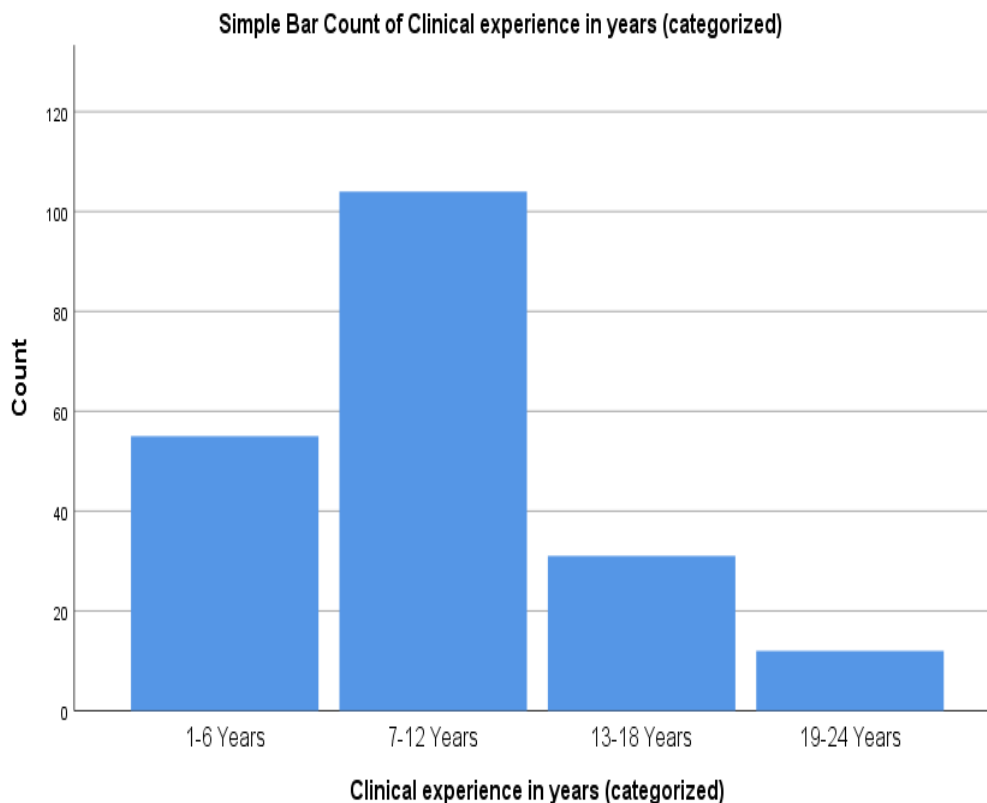
A total of 202 nurses participated in the study, and complete data were obtained for all demographic variables, with no missing responses. The demographic information collected included nurses’ age, highest professional qualification, categorized clinical experience, and prior training related to informed consent. The availability of complete demographic data enabled a comprehensive description of the study sample and supported the assessment of nurses’ knowledge and practices regarding informed

consent in tertiary care hospital settings. This complete dataset strengthens the reliability of the findings and provides an appropriate foundation for subsequent analysis in line with the study objectives.



**Figure 4.1: Distribution of Nurses by Highest Professional Qualification**

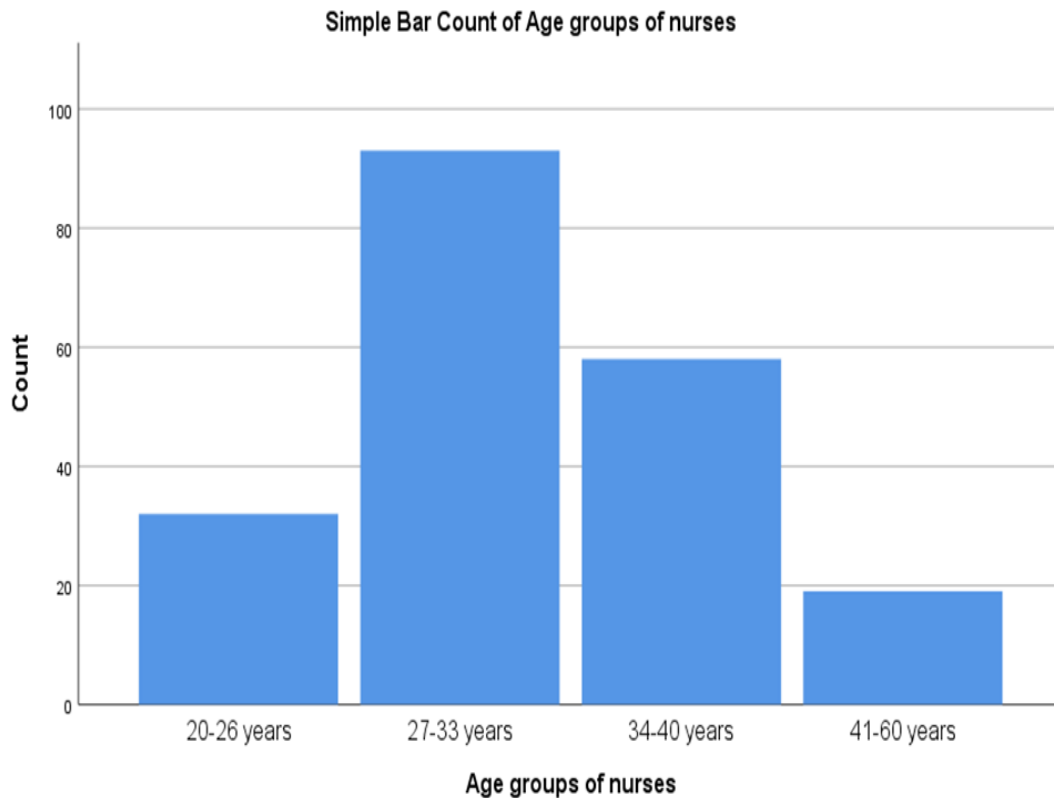
Regarding **educational background**, the majority of nurses (52.5%) had General Nursing qualifications, while 44.6% were Post RN BSN qualified. Only a small proportion of participants had higher academic qualifications, i.e 3% holding an MSN degree. This indicates that most nurses possessed basic to intermediate professional qualifications.



**Figure 4.2: Clinical Experience of Nurses**

Analysis of **clinical experience** showed that more than half of the nurses (51.5%) had 7–12 years of experience. About 27.2% had 1–6 years of experience, while 15.3% and

5.9% had 13–18 years and 19–24 years of experience, respectively. This suggests that the study sample largely consisted of nurses with moderate clinical experience.



**Figure 4.3: Age Group Distribution of Nurses**

The **age distribution** revealed that the largest proportion of nurses (46.0%) belonged to the 30–39 years age group. This was followed by 28.7% in the 40–49 years group, 15.8% aged 20–29 years, and 9.4% aged 50 years or above. The findings indicate that most participants were in their early to middle adulthood.

All nurses included in the study (n = 202) reported that they had **not received any formal training related to informed consent**. This finding is consistent with the **exclusion criteria of the study**, which specified that only nurses without prior formal training on informed consent were eligible to participate. Therefore, the absence of trained nurses in the sample was intentional and ensured a homogeneous group for assessing baseline knowledge and practices regarding informed consent without the influence of formal training.

**Analysis of Nurses’ Knowledge and Practices Regarding Informed Consent:**

This section presents the findings related to nurses’ knowledge and practices regarding informed consent based on responses to the 21-item structured questionnaire. Each item was rated on a five-point Likert scale ranging from *Never* (1) to *Always* (5). Frequencies, percentages, mean scores, and standard deviations were used to describe the response patterns.

Questions	Never	Rarely	Sometimes	Almost Always	Always	n	Mean	Std Dev
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	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
How much do you agree that the course of study has adequately prepared me to communicate information to the patient	22	10.9	56	27.7	44	21.8	52	25.7	28	13.9	3.04	1.237
How much do you agree that nurse can provide the patient with information, even if it is not strictly his competence, if he has the knowledge to do so	20	9.9	45	22.3	63	31.2	54	26.7	20	9.9	3.04	1.134
How much do you agree that the nurse should provide information to the patient only if he requests it	27	13.4	58	28.7	65	32.2	38	18.8	14	6.9	2.77	1.114
How much do you agree that if the patient does not express his disagreement with an invasive nursing	26	12.9	33	16.3	70	34.7	49	24.3	24	11.9	3.06	1.183

procedure (e.g., insertion of a venous catheter), the nurse can proceed by assuming consent												
How much do you agree that providing the patient with complete information on nursing care can expose the nurse to a greater risk of complaints	31	15.3	30	14.9	59	29.2	60	29.7	2	10.9	3.06	1.224
How often did you provide information to patients about nursing care plan	13	6.4	25	12.4	40	19.8	74	36.6	50	24.8	3.61	1.172
How often did you provide information to patients about the therapies he/she gave him	4	2.0	29	14.4	39	19.3	85	42.1	45	22.3	3.68	1.036
How often did you provide information about an invasive nursing manoeuvre (e.g., insertion of a venous catheter),	3	1.5	18	8.9	43	21.3	74	36.6	64	31.7	3.88	1.005

before performing it												
How often did you provide information to patients about the disease they were suffering from	7	3.5	29	14.4	41	20.3	78	38.6	47	23.3	3.64	1.094
How often did you provide information to patients about the diagnostic test they had to do	4	2.0	18	8.9	52	25.7	67	33.2	61	30.2	3.81	1.031
How often did you provide information to patients about the surgery they had to undergo	8	4	13	6.4	46	22.8	81	40.1	54	26.7	3.79	1.035
How often did you provide information to patients that what to do after discharge	1	0.5	9	4.5	34	16.8	86	42.6	72	35.6	4.08	0.863
How much your therapeutic relationship facilitates your work to provide information to patient regarding therapy	4	2.0	15	7.4	33	16.3	91	45.0	59	29.2	3.92	0.964
How much your therapeutic	1	0.5	17	8.4	36	17.8	85	42.1	63	31.2	3.95	0.934

relationship facilitates your work to provide information to patient regarding the nursing care plan												
How much your therapeutic relationship facilitates your work to provide information regarding an invasive nursing manoeuvre (insertion of venous catheter) before performing it	3	1.5	20	9.9	35	17.3	84	41.6	60	29.7	3.88	0.995
Was it difficult to provide information to patients regarding invasive procedures (NG and venous catheter insertion)	9	4.5	20	9.9	52	25.7	65	32.2	56	27.7	3.69	1.114
How often did patients or their family member ask you for information that was not of nursing concern	11	5.4	18	8.9	51	25.2	60	29.7	62	30.7	3.71	1.153
How often you ask the patient for consent	3	1.5	22	10.9	45	22.3	55	27.2	77	38.1	3.90	1.081

before performing an invasive nursing manoeuvre (insertion of a venous catheter)												
How often you asked the patient to sign the written consent to perform surgery or an instrumental investigation	2	1.0	18	8.9	28	13.9	83	41.1	71	35.1	4.00	0.970
How often did you provide information to family members, separately that you did not provide to the patient	5	2.5	28	13.9	47	23.3	68	33.7	54	26.7	3.68	1.088
Were the nurse's duties in providing information to the patient well defined in the medical nursing team	3	1.5	25	12.4	47	23.3	64	31.7	63	31.2	3.79	1.065

### Knowledge-Related Findings

The knowledge domain included Items 1, 2, 3, 4, 5, and 21, which assessed nurses' understanding, beliefs, and perceptions regarding informed consent, including ethical and professional responsibilities. Responses were recorded on a 5-point Likert scale ranging from Never (1) to Always (5). The mean score for these six knowledge-related items was

**3.13 (62.6%)**, which falls within the **moderate range** according to the table below, indicating that nurses possessed an average level of understanding regarding informed consent principles.

Mean Percentage	Range in	Mean Range according to the Likert Scale	Interpretation
Less than 52%		1.00–2.49	Poor
52% - 78%		2.50–3.49	Moderate
79% or above		3.50–5.00	Good

**Table 4.5: Interpretation of Mean Scores According to the 5-Point Likert Scale**

While nurses demonstrated awareness of their role in providing patient information, variability was observed in items related to professional boundaries, assumption of consent in the absence of explicit disagreement, and perceived legal risks associated with full disclosure. This variation contributed to an **overall moderate knowledge level**, as per the predefined scoring criteria (52–78%), highlighting the need to strengthen conceptual clarity regarding ethical and legal aspects of informed consent.

### Practice-Related Findings

The practice domain comprised Items 6–15 and 18–20, which assessed the frequency with which nurses performed informed consent–related activities in clinical settings. These activities included providing information about nursing care plans, therapies, invasive procedures, diagnostic tests, surgeries, post-discharge instructions, and obtaining verbal or written consent. Responses were recorded on a 5-point Likert scale ranging from Never (1) to Always (5). The mean score for these eleven practice-related items was **3.78 (75.6%)**, which falls within the **moderate range** according to the table 4.5, indicating that nurses generally incorporated informed consent activities into their routine clinical practice.

Most nurses reported performing these activities “Almost Always” or “Always,” reflecting consistent engagement in consent-related practices. While practice scores were generally higher than knowledge scores, variability was noted in items such as obtaining written consent and providing information to family members separately, highlighting areas where reinforcement of standard procedures may further improve patient care.

### Barriers to Providing Information and Obtaining Consent

The barriers domain included Items 16 and 17, which assessed the extent to which nurses experienced difficulty in providing information about invasive procedures and responding to patient or family inquiries outside the nursing scope. Responses were recorded on a 5-point Likert scale ranging from Never (1) to Always (5), with higher scores indicating greater perceived barriers. The mean score for these two barrier-related items was **3.35 (67.0%)**, which falls within the **moderate range** according to the table 4.5, indicating that nurses experienced barriers to providing information and obtaining consent to a **moderate extent**.

While barriers were not severe enough to consistently hinder informed consent practices, they were present to an extent that could influence effective communication. These findings highlight the importance of institutional support, clear role definitions, and targeted guidance to minimize obstacles and enhance nurses’ ability to provide comprehensive patient information during the informed consent process.

## CHAPTER-5 DISCUSSION

The study showed that the majority of nurses possessed basic to intermediate professional qualifications, with 52.5% holding General Nursing certificates, 44.6% having Post RN BSN degrees, and only 3% with MSN degrees, while no participants held a PhD. **Highest professional qualification** appeared to influence nurses' knowledge, decision-making, and ability to engage in ethical practices, including informed consent. Nurses with higher qualifications, such as BSN or MSN, are likely to have received more formal training in ethics, communication, and legal responsibilities, which may enhance their confidence and competence in providing patient information. In contrast, those with General Nursing qualifications may rely more on practical experience than structured instruction in these areas. This distribution highlights the need for continuous professional development and integration of ethics and informed consent training into nursing education, as encouraging nurses to pursue higher academic qualifications may strengthen their understanding of patient rights and improve the quality of informed consent practices in clinical settings.

Analysis of clinical experience revealed that the largest proportion of nurses (51.5%) had 7–12 years of experience, followed by 27.2% with 1–6 years, 15.3% with 13–18 years, and 5.9% with 19–24 years of experience. **Clinical experience** plays a critical role in shaping nurses' competence, decision-making, and ability to apply ethical principles in practice, including informed consent. Nurses with more years of clinical exposure are likely to encounter a variety of patient care scenarios, which can enhance their practical understanding and confidence in communicating information, obtaining consent, and managing patient or family inquiries. Conversely, less experienced nurses may have a more limited practical perspective and may require additional guidance or supervision to ensure informed consent practices are properly implemented. These findings underscore the importance of ongoing mentorship, structured orientation programs, and practical training to bridge experience gaps and strengthen informed consent procedures across all levels of clinical practice.

Regarding nurses' **knowledge of informed consent**, the study found that the mean score for knowledge-related items was 3.13 (62.6%), indicating a moderate level according to the predefined scoring criteria. While nurses demonstrated awareness of their role in providing patient information, variability was observed in areas such as professional boundaries, assumption of consent in the absence of explicit disagreement, and perceived legal risks associated with full disclosure. This moderate knowledge level suggests that nurses have a foundational understanding of informed consent principles, yet there is room for improvement, particularly in conceptual clarity regarding ethical and legal responsibilities. Strengthening formal education and providing targeted workshops on patient rights, ethical decision-making, and legal considerations may enhance nurses' overall knowledge and confidence in executing informed consent effectively.

In terms of **practice**, nurses scored an average of 3.78 (75.6%) on practice-related items, reflecting frequent engagement in informed consent-related activities within clinical settings. Most nurses reported providing information about nursing care plans, therapies, invasive procedures, diagnostic tests, surgeries, and post-discharge instructions “Almost Always” or “Always,” demonstrating that informed consent is regularly incorporated into routine practice. However, some variability was noted in tasks such as obtaining written consent and providing information separately to family members, indicating areas for reinforcement. These findings suggest that while nurses generally perform consent-related activities consistently, enhancing structured protocols, clear guidelines, and ongoing monitoring could further improve practice standards and ensure uniform implementation of informed consent procedures across all patient care scenarios.

**Limitations of Study:**

The study was conducted in a limited clinical setting, which may affect the generalizability of the findings to other hospitals or regions with different institutional policies, resources, and patient populations.

Being a cross-sectional study, it provides only a snapshot of nurses' knowledge and practices at a single point in time, limiting the ability to assess changes or trends over time.

Data were collected using a structured questionnaire relying on self-reported responses, which may introduce social desirability bias, as participants might overstate their engagement in informed consent practices.

The knowledge section focused on basic understanding and perceptions of informed consent but did not evaluate complex ethical reasoning or practical application in challenging clinical situations.

Nurses with formal training in informed consent were not included, which allowed assessment of baseline knowledge and practices but limits insight into the impact of prior training.

Interpretation of questionnaire items may have varied among participants due to differences in clinical experience, exposure, or personal understanding, potentially affecting response consistency.

The study did not include direct observation of informed consent practices, which could have provided a more accurate measure of actual behaviour in clinical settings.

Time constraints during data collection and nurses' workload may have influenced the completeness or accuracy of questionnaire responses.

Cultural norms, hospital protocols, and departmental practices that affect informed consent were not deeply explored, which may have an impact on both knowledge and practical behaviour.

**Recommendations:**

Implement structured training programs on informed consent, emphasizing ethical, legal, and communication aspects, to enhance nurses' knowledge and confidence.

Integrate ethics and informed consent modules into nursing curricula and continuing professional development to ensure that nurses receive both theoretical and practical guidance.

Encourage nurses to pursue higher academic qualifications, such as Post RN BSN or MSN, to strengthen their understanding of patient rights and improve clinical decision-making.

Develop clear institutional policies and standard operating procedures outlining nurses' roles and responsibilities in the informed consent process.

Provide practical workshops or simulations for nurses to practice obtaining informed consent, including handling patient and family inquiries effectively.

Promote a supportive clinical environment that allows nurses sufficient time and resources to provide comprehensive patient information without workload pressures.

Incorporate periodic audits and feedback mechanisms to monitor adherence to informed consent practices and identify areas requiring improvement.

Foster interdisciplinary collaboration between nurses, physicians, and hospital management to clarify roles and improve communication during consent procedures.

Encourage patient-centered approaches that respect autonomy, facilitate understanding, and address cultural or language barriers in the consent process.

Conduct further research with larger and more diverse nurse populations to validate findings and explore the impact of training interventions on informed consent practices.

## CONCLUSION

The findings of this study provide valuable insights into nurses' knowledge, practices, and perceived barriers regarding informed consent in clinical settings. Overall, nurses demonstrated a moderate level of knowledge, indicating an adequate understanding of ethical and legal principles, but with variability in areas such as professional boundaries, assumption of consent, and perceived legal risks. In practice, nurses generally incorporated informed consent activities into routine care, frequently providing information to patients and obtaining verbal or written consent, although some inconsistencies were observed in areas such as documentation and communication with family members. Barriers, while not severe, were present to a moderate extent, highlighting challenges in effectively delivering patient information and obtaining consent. Demographic factors, including clinical experience and professional qualifications, influenced both knowledge and practice, emphasizing the importance of education and ongoing professional development. These findings underscore the need for structured training, clear institutional policies, and supportive environments to enhance nurses' competence in informed consent procedures. Strengthening nurses' understanding and implementation of informed consent is essential for promoting patient autonomy, safeguarding ethical standards, and improving the overall quality of healthcare delivery.

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10	How often did you provide information to patients about the diagnostic test they had to do					
11	How often did you provide information to patients about the surgery they had to undergo					
12	How often did you provide information to patients that what to do after discharge					
13	How much your therapeutic relationship facilitate your work to provide information to patient regarding therapy					
14	How much your therapeutic relationship facilitate your work to provide information to patient regarding the nursing care plan					
15	How much your therapeutic relationship facilitate your work to provide information regarding an invasive nursing manoeuvre (insertion of venous catheter) before performing it					
16	Was it difficult to provide information to patients regarding invasive procedures (NG and venous catheter insertion)					
17	How often did patients or their family member ask you for information that was not of nursing concern					
18	How often you ask the patient for consent before performing an invasive nursing manoeuvre (insertion of a venous catheter)					
19	How often you asked the patient to sign the written consent to perform surgery or an instrumental investigation					
20	How often did you provide information to family members, separately that you did not provide to the patient					
21	Was the nurse's duties in providing information to the patient well defined in the medical nursing team					



# ETHICAL REVIEW BOARD



ALLAMA IQBAL MEDICAL COLLEGE  
& JINNAH HOSPITAL LAHORE-PAKISTAN

Ref No: SC002/ERB/10./07-11-2025/AIMC/JHL

Dated: 07-11-2025

To

Samina Yaqoob  
Charge Nurse/Student of BSC

Subject: **Ethical Approval for Research Proposal Titled "Informed Consent Knowledge and Practices Among Nurses in a Tertiary Care Hospital: A cross-sectional Study"**

Dear Samina Yaqoob  
Charge Nurse/Student of BSC

With reference to your request for ethical approval of research article entitled: "Informed Consent Knowledge and Practices Among Nurses in a Tertiary Care Hospital: A cross-sectional Study". I would like to inform you that the ERB reviewed the documents submitted by you, including the protocol, informed consent forms and other documents. The ERB found the documents satisfactory and approved the conduct of this study for period of 06 months, after satisfying the following conditions:

1. You will acknowledge the source of the data in any publication related to the project.
2. You will submit a report on the project to the ERB at the conclusion of the project and also submit a copy of the paper for the ERB records.
3. You will abide by the code of conduct of the institution.

Yours sincerely,

Dr. Mehwish Akhtar  
Secretary ERB,  
AIMC/Jinnah Hospital,  
Lahore