A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED EDUCATIONAL PROGRAMME IN TERMS OF KNOWLEDGE AND ATTITUDE REGARDING EUTHANASIA AMONG STAFF NURSES IN SELECTED HOSPITALS AT LUCKNOW, U.P.

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ABSTRACT

Introduction: The word euthanasia is a derivate from the Greek words 'Eu' and 'Thanotos' which literally mean "good death". It is otherwise describe as mercy killing. The death of terminally ill patient is accelerated through active or passive means in order to relieve such patient of pain or suffering. It appears that the word was used in the 17th century by Francis bacon to refer to an easy, painless and happy death for which it was the physician's duty and responsibility to alleviate the physical suffering of the body of the patient. **Objectives:** 1. To assess the effectiveness of the Structured Educational Programme on knowledge regarding euthanasia among staff nurses. 2. To assess the effectiveness of the Structured Educational Programme on attitude regarding euthanasia among staff nurses. 3. To determine the correlation between knowledge and attitude regarding euthanasia among staff nurses. 4. To determine the association between knowledge and attitude scores with selected demographic variables. **Material and methods:** A quantitative research approach with a quasi-experimental pre-test–post-test control group design was adopted. The study was conducted among 100 staff nurses working in selected hospitals at Lucknow, with 50 participants in the experimental group and 50 participants in the control group selected through a non-probability convenient sampling technique. Data were collected using a structured knowledge questionnaire and a five-point Likert attitude scale. After the pre-test, the Structured Educational Programme was administered to the experimental group, while the control group received no intervention. A post-test was conducted after seven days using the same tools. Data were analyzed using descriptive and inferential statistics, including

frequency, percentage, mean, standard deviation, Chi-square test, and Karl Pearson's correlation coefficient. **Result:** The findings demonstrated that the Structured Educational Programme significantly improved both knowledge and attitude regarding euthanasia among staff nurses in the experimental group. Post-test knowledge and attitude scores were significantly higher than the pre-test scores ($p < 0.05$). A positive correlation was observed between knowledge and attitude scores, indicating that increased knowledge was associated with a more favourable attitude. Significant associations were also found between selected demographic variables and knowledge and attitude scores. **Conclusion:** The study concluded that the Structured Educational Programme was effective in enhancing knowledge and developing favourable attitudes regarding euthanasia among staff nurses. Regular educational programmes and continuing nursing education are recommended to strengthen ethical decision-making, improve professional competence, and promote quality end-of-life care in healthcare settings.

Keywords: Euthanasia, Structured Educational Programme, Knowledge, Attitude, Staff Nurses.

INTRODUCTION:

The word euthanasia is a derivate from the Greek words ‘Eu’ and ‘Thanotos’ which literally mean “good death”. It is otherwise describe as mercy killing. The death of terminally ill patient is accelerated through active or passive means in order to relieve such patient of pain or suffering. It appears that the word was used in the 17th century by Francis bacon to refer to an easy, painless and happy death for which it was the physician’s duty and responsibility to alleviate the physical suffering of the body of the patient.

The study is highlighted in India with the reference to the decision of the supreme court of India in Aruna Ramachandra Shanbaug vs Union of India. Active euthanasia involves putting down a patient by injecting him a lethal substances e.g. sodium pentothal which causes the patient to go in deep sleep in a few seconds and the person dies painless in sleep. Thus it amount to killing a person by a positive act in order to end suffering of a person in a state of terminal illness. It is considered to be a crime all over the world except where permitted by legislation, as observed earlier by the Supreme Court.

In India too, active euthanasia is illegal and a crime under section 302 OR 304 of the IPC (abetment to suicide).

Passive euthanasia, otherwise known as negative euthanasia, however stands on different footing. It involves withholding of medical treatment or with holding life support system for continuance of life e.g., withholding of antibiotic whereby doing so, the patient is likely to die or removing the heart lung machine from a patient in coma. Passive euthanasia is legal even without legislation provided certain condition and safeguards are maintained. The Supreme Court pointed out that according to the proponent of euthanasia, while we can debate whether Active euthanasia should be legal, there cannot be any doubt about passive euthanasia as “you cannot prosecute someone for failing to save a life”.

Need for the study

In America the total percentage of medical practitioners who supports Euthanasia is 54%, public who support euthanasia for the terminally ill or on life support is 86%. Average percent of terminally ill patients who die in pain is 55%, Total number who supported Euthanasia 42%. In October 22nd 2015, 1001 Americans asked “Generally speaking, do you support or oppose legalizing euthanasia in the U.S.?" The among all 37% of them were disagreeing euthanasia 22% of them were unsure about euthanasia, 28% of them were strongly supporting for euthanasia, Total number who were moderately Supporting for euthanasia

is 28%. 14% of them were moderately apposing for euthanasia. 23% of them were strongly opposing for euthanasia. 47% of democrats supports for euthanasia. 51% of Republicans apposes euthanasia.

The doctors or physicians should accept the patient's wish to overcome suffering seeking by wish to death and stated that "Death may be a fleeting desire arising out of transient depression"

Mr. Jeet Narayan of Mirzapur in Uttar Pradesh requested for euthanasia for his four sons who were paralyzed below the neck and bed ridden. The plea was written to President Pratibha Patil who rejected his plea and in the same year Dilip Machua, Jharkhand who was paralyzed following an accident pleaded for mercy killing which was rejected but Machua died later. Similarly Acid attack victim Sonali Mukherjee has appealed to the Indian government for medical support or to be mercifully killed because she has hardly received any help - nine years after she was attacked. Such crime against women has also influenced the victims to decide on death as the freedom from the suffering. The above facts and studies created an insight in the investigators mind that the knowledge and attitudes towards euthanasia among health care professionals will contribute to the core understanding on all the aspects of euthanasia which will ultimately contribute to the comprehensiveness in caring the chronically ill patients. Therefore to improve the knowledge and attitude this study is to be conducted.

STATEMENT OF THE PROBLEM

A Study To Assess The Effectiveness Of Structured Educational Programme In Terms Of Knowledge and Attitude Regarding Euthanasia Among Staff Nurses In Selected Hospitals at Lucknow, U.P.

OBJECTIVES OF THE STUDY

1. To assess the effectiveness of the Structured Educational Programme on knowledge regarding euthanasia among staff nurses.

2. To assess the effectiveness of the Structured Educational Programme on attitude regarding euthanasia among staff nurses.

3. To determine the correlation between knowledge and attitude regarding euthanasia among staff nurses.

4. To determine the association between knowledge and attitude scores with selected demographic variables.

RESEARCH METHODOLOGY

Research Approach:

A quantitative approach was adopted to determine the research study.

Research Design:

Quasi-experimental pretest post test control group design was used for the study.

Setting of the Study:

The setting of the study was ICON Hospitals, Lucknow.

Target Population:

The target population for this present study includes Staff Nurses working in ICON Hospital, Lucknow, Uttar Pradesh

Accessible Population:

The accessible population for the present study includes ICU, HDU & CCU unit in ICON Hospital, Lucknow, Uttar Pradesh

Sample Size:

The sample size of the present study was 100 staff nurses (50 each Experimental and Control Group).

Sampling Technique:

Non probability convenient sampling technique was adopted for this study.

Inclusion criteria:

- Staff nurses who were available at the time of study.
- Staff nurses who were willingly participate in the study.

Exclusion criteria:

- Staff nurses who was not present during collection of data.
- Staff nurses who was not willing to participate in the study.

Variables of the Study:

I. INDEPENDENT VARIABLE

Structured Educational Programme regarding Euthanasia.

II. DEPENDENT VARIABLE

Knowledge and attitude of staff nurses regarding Euthanasia.

III. DEMOGRAPHICAL VARIABLES: Age**,** Gender**,** Educational qualification**,** Years of Experience, Area of work, Previous knowledge about Euthanasia and source of Euthanasia.

Description of the Tool:

The tools used for the study consisted of three sections:

Part A- Demographic variable- Age**,** Gender**,** Educational qualification**,** Years of Experience, Area of work, Previous knowledge about Euthanasia and source of Euthanasia.

Part B –Structured knowledge questionnaire to assess the knowledge of staff nurses regarding Euthanasia.

Part C- Likert Attitude Scale to assess the attitude of staff nurse regarding Euthanasia.

RESULTS

Section 1: Evaluation of Effectiveness of Structured Educational Programme (SEP):

Variable	Mean	SD	Mean Difference	t-value	p-value	Significance
Pre-test	32.45	4.20	15.85	16.78	<0.001	Significant
Post-test	48.30	3.85				

Section 2: Comparison of post test knowledge scores between Experimental and Control Groups:

Group	Mean	SD	t-value	p-value	Significance
Experimental	**23.80**	**2.90**	**9.85**	**<0.001**	**Significant**
Control	**16.10**	**3.25**			

Section 3: Comparison of post test attitude scores between Experimental and Control Groups:

Group	Mean	SD	t-value	p-value	Significance
Experimental	**48.30**	**3.85**	**11.24**	**<0.001**	**Significant**
Control	**35.20**	**4.10**			

Section 4: Gain score comparison between Experimental and Control groups:

Variable	Experimental Mean Gain	Control Mean Gain	t-value	p-value	Significance
Knowledge	**9.60**	**2.25**	**10.12**	**<0.001**	**Significant**
Attitude	**15.85**	**3.30**	**12.45**	**<0.001**	**Significant**

Section 5: Correlation between knowledge and attitude scores:

Variables	Mean (Knowledge)	Mean (Attitude)	r-value	p-value	Interpretation
Knowledge & Attitude	**23.73**	**47.63**	**0.989**	**<0.001**	**Very positive correlation**

RECOMMENDATIONS FOR FUTURE RESEARCH:

Based on the findings of the present study, the following recommendations are made:

1. Similar studies can be conducted with larger sample size.
2. Replication of the study in different hospitals and region is recommended.
3. Comparative studies between private and government hospitals can be undertaken.
4. Longitudinal studies may be conducted to assess long term effectiveness.
5. Structured educational programme should be implemented regularly in clinical settings.
6. Ethical awareness training should be incorporated in continuing nursing education.

CONCLUSION:

The present study findings revealed that the Structured Educational Programme was effective in improving the knowledge and attitude of staff nurses regarding euthanasia. The findings indicated that staff nurses had inadequate to moderate knowledge and a moderately favourable attitude toward euthanasia before the educational intervention. Following the administration of the Structured Educational Programme, a significant improvement was observed in both knowledge and attitude scores among the experimental group.

The study also demonstrated a positive correlation between knowledge and attitude indicating that increased knowledge contributed to the development of a more favourable and informed attitude regarding euthanasia.

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