A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING EUTHANASIA AMONG STAFF NURSES IN SELECTED HOSPITALS AT MANGALURU

Ms. ROSITA MARTHA ROSARIO[1]

Assistant Professor, Department of Psychiatry Nursing, Srinivas University, College of Nursing Sciences Mangalore, Karnataka India.

ABSTRACT

Background: *Advances in medicine have led to significant progress in prolonging life. At the same time this progress has brought to the fore issues of quality of life, and heightened debates with respect to euthanasia. The word "euthanasia", derived from the Greek words "eu" (good) and "thanatos" (death), literally means "good death". Euthanasia is defined as the administration of lethal drugs at the explicit request of the patient with the explicit intention of shortening the patient"s life. Euthanasia is generally classified as either active or passive, and voluntary or involuntary euthanasia. Research on euthanasia and PAS (Physician assisted suicide)has mainly concentrated on physicians, due to the nature of their roles and responsibilities; however, the specificity of nursing expertise and their experiences in providing EOL (End of life) care means that nurses play a major role in caring for dying patients and dealing with requests to hasten death. While nurses can make a significant contribution to the quality of care by providing professional assistance and counseling for patients, families, physicians and fellow nurses, even in countries where PAS is penalized, and despite the involvement of the nursing profession at an international level in euthanasia, little is known about their attitudes, knowledge and experiences in this area*

Objectives: *The objectives of the study aretoassess the To assess the attitude of ICU staff nurses regarding euthanasia, To determine the association between attitude of ICU staff nurses with selected demographic variables such as age, experience, religion, professional qualification, critically ill patients in house, number of death witnessed and end of life care given.*

Methodology: *A pre experimental study was conducted among 60 staff nurses who were selected by non-probability purposive sampling technique. The study was conducted in Indiana Hospital, Mangaluru. Data was collected through demographic proforma, structured knowledge questionnaire and euthanasia attitude scale. The data collected was analysed and interpreted based on descriptive and inferential statistics.*

Result: *With regard to the level of knowledge majority of the staff nurses 51.67% had inadequate knowledge, 40% were having moderate level of knowledge and only 8.33% of the samples were having adequate knowledge and majority of the staff nurses 56.67% had neutral attitude, 38.33% were having negative attitude and only 5% of the samples were having positive attitude regarding euthanasia in the pre test assessment. After giving the structure teaching programme majority 56.67% had moderate level of knowledge, 43.33% of them had adequate knowledge and none of them had inadequate knowledge and majority i.e. 58.33% had neutral attitude, 33.34% of them had positive attitude and only 8.33% of them had negative attitude in the post test. The overall mean, SD and mean percentage of pre-test knowledge scores regarding euthanasia were 8.68±3.83 and 37.73% respectively. The overall post test mean, SD and mean percentage of knowledge score was 15.71±3.35 and 68.30% respectively. The overall mean, SD and mean percentage of pre-test attitude scores regarding euthanasia were 41.10±13.75 and 39.14% respectively. The overall post test mean, SD and mean percentage of attitude score was 66.01±14.70 and 62.86% respectively. The calculated „t‟ value in all the areas of knowledge and attitude was higher than the table value (t=1.6711) at p<0.05 level of significance. It implies that the mean post-test knowledge and attitude scores were significantly higher than the mean pre-test knowledge and attitude scores in all the areas. It indicates that structure teaching programme was effective in enhancing the knowledge and attitude of staff nurses regarding euthanasia and there was no significant association found between pre-test knowledge and attitude scores with their selected demographic variables.*

Conclusion: *Findings of the present study showed that the staff nurses are not had adequate knowledge, so the researcher administered the structure teaching programme on euthanasia which enhanced the knowledge and attitude of the staff nurses. The study concluded that structured teaching programme is an effective strategy to enhance knowledge and attitude of staff nurses regarding euthanasia.*

Key words: *Euthanasia, Staff nurses, structure teaching programme, Knowledge, Attitude*

Introduction:

Today, with the advancements in dialysis machines, mechanical ventilators, artificial pacemakers and artificial feeding devices, as well as in processes such as direct current counter shock, the human lifespan has increased and healthcare providers encounter more ethical and moral challenges than before.[1] The word "euthanasia", derived from the Greek words "eu" (good) and "thanatos" (death), literally means "good death". The term euthanasia was first used in medical the context by Francis Bacon in the 17 century to refer to an easy, painless, happy death during which it was physicians' responsibility to alleviate the physical sufferings of the body.[2] Many define it as the "mercy killing" of people suffering from fatal diseases, injuries, incapacities or extreme pain and the ending of life in as painless a way as possible.[3] Advances in medicine have led to significant progress in prolonging life. At the same time this progress has brought to the fore issues of quality of life, and heightened debates with respect to euthanasia. Euthanasia is defined as the administration of lethal drugs at the explicit request of the patient with the explicit intention of shortening the patient‟s life.[4]

Euthanasia is generally classified as either active or passive, and voluntary or involuntary. Active euthanasia is defined as the commission of specific actions, ie the use of a lethal injection, to cause the patient‟s death. Passive euthanasia is usually defined as the withdrawal of medical treatment with the deliberate intention of causing the patient‟s death. Voluntary euthanasia involves a request by the patient that action be taken to end their life, while in involuntary euthanasia, the patient‟s life is ended without their knowledge and consent.[5] Research on euthanasia and PAS (Physician assisted suicide)has mainly concentrated on physicians, due to the nature of their roles and responsibilities; however, the specificity of nursing expertise and their experiences in providing EOL (End of life) care means that nurses play a major role in caring for dying patients and dealing with requests to hasten death. While nurses can make a significant contribution to the quality of care by providing professional assistance and counseling for patients, families, physicians and fellow nurses, even in countries where PAS is penalized, and despite

the involvement of the nursing profession at an international level in euthanasia, little is known about their attitudes, knowledge and experiences in this area.[6]

Healthcare professionals" attitudes to euthanasia may influence their behaviour in situations in which this issue arises. This is particularly important in the case of nurses because they are in constant contact with patients and, therefore, are often confronted with the issue of euthanasia. Traditionally, nurses have played a key role in caring for patients at the end of life in multiple care settings, such as hospitals, hospices, long-term care facilities and the home. Thus, they should be well educated in this area. A part of this education is obtained through training in nursing schools and colleges. When drawing up the curriculum for nursing courses, knowledge of the attitudes of nurses is imperative.[7]

Objectives of the study:

The objectives of the study were to:

- assess the knowledge of staff nurses regarding euthanasia.
- assess the attitude of staff nurses regarding euthanasia.
- determine the effectiveness of structured teaching programme regarding euthanasia among staff nurses .
- find the association between pretest knowledge scores of staff nurses and their selected demographic variables.
- find the association between pretest attitude scores of staff nurses and their selected demographic variables.

Hypotheses:

Hypotheses is tested at 0.05 level of significance
- H1: There will be a significant difference between pre-test and post-test knowledge scores regarding euthanasia among staff nurses.
- H2: There will be a significant difference between pre-test and post-test attitude scores regarding euthanasia among staff nurses.
- H3: There will be significant association between the post-test knowledge scores with the selected demographic variables.
- H4: There will be significant association between the post-test attitude scores with the selected demographic variables.

Materials and Methods: A pre experimental study was conducted among 60 staff nurses who were selected by non-probability purposive sampling technique. The study was conducted in Indiana Hospital, Mangaluru. Data was collected through demographic proforma, structured knowledge questionnaire and euthanasia attitude scale. The data collected was analysed and interpreted based on descriptive and inferential statistics.

Result:

PART – I: Description of demographic variables of the staff nurses

Table 1: Frequency and percentage distribution of samples according to the demographic variables

SL.NO	Variable	Frequency	Percentage
1	**Age in year**		
	22-30	28	46.6
	31-40	19	31.7
	41-50	10	16.7
	Above 51	3	5
2	**Gender**		
	Male	9	15
	Female	51	85
3	**Religion**		
	Hindu	14	23.3
	Muslim	9	15
	Christian	37	61.7
	Others		
4	**Professional education**		
	GNM	15	25
	B.Sc (N)	26	43.4
	P.B.B.Sc (N)	17	28.3
	M.Sc (N)	2	3.3
5	**Work area**		
	Medical ward	16	26.7
	Surgical ward	18	30
	ICU	9	15
	Others	17	28.3
6	**Professional experience**		
	$\leq$ 1 year	19	31.7
	1.1-3 years	18	30
	3.1-6 years	16	26.7
	6.1-9years	4	6.6
	Above 9 years	3	5
7	**Cared terminally ill patients**		
	Yes	23	38.3
	No	37	61.7
8	Terminally ill patient in family		
	Yes	9	15
	No	51	85
9	**Request received for euthanasia**		
	Yes	10	16.7
	No	50	83.3
10	**Source of information**		
	Mass media	37	61.7
	Colleagues	15	25
	Academics	8	13.3
	Not aware	0	00
	Others	0	00

PART – II: Description of the knowledge level of staff nurses regarding euthanasia

Table 2: Frequency and percentage distribution of the staff nurses according to the level of knowledge regarding euthanasia

Level of knowledge	Pre test		Post test	
	f	**%**	**f**	**%**
Inadequate	31	51.67	0	0
Moderate	24	40	34	56.67
Adequate	5	8.33	26	43.33

Table 3: Range, maximum scores, means, standard deviation and median of pre-test and post-test knowledge scores of staff nurses

N=60

	Range of scores	Maximum possible score	Mean	Median	Standard deviation	Mean %
Pre-test knowledge score	3-19	23	8.68	7	3.83	37.73
Post-test knowledge score	10-22	23	15.71	15	3.35	68.30

PART – IV: Effectiveness of structured teaching programme on euthanasia among staff nurses

Comparison of the overall pre-test and post-test knowledge of the staff nurses

Table 4: Frequency, percentage and cumulative frequency distribution of pre-test and post-test knowledge score of the staff nurses

N=60

Range	Pre-test				Post-test			
	f	**%**	**cf**	**cf%**	**f**	**%**	**cf**	**cf%**
3-4	5	8.34	5	8.34	-	-	-	-
5-6	15	25	20	33.33	-	-	-	-
7-8	14	23.33	34	56.67	-	-	-	-
9-10	10	16.67	44	73.33	1	1.67	1	1.67
11-12	8	13.33	52	86.67	9	15	10	16.67
13-14	2	3.33	54	90	19	31.66	29	48.33
15-16	2	3.33	56	93.33	7	11.67	36	60
17-18	3	5	59	98.33	8	13.33	44	73.33
19-20	1	1.67	60	100	9	15	53	88.33
21-22	-	-	-	-	7	11.67	60	100

Table 5: Area-wise mean, standard deviation and mean percentage of pre-test and post-test knowledge scores of staff nurses regarding euthanasia

N=60

Areas of knowledge	Max. score	Pre-test			Post-test		
		Mean	SD	Mean %	Mean	SD	Mean %
General information	5	3.08	1.15	61.6	3.93	1.00	78.6
Types of euthanasia	10	3.05	2.018	30.5	6.53	1.93	65.3
Legal aspects of euthanasia	8	2.55	1.71	21.87	5.25	1.57	65.62

Table 6: Area wise mean percentage and mean gain of pre-test and post-test knowledge score of staff nurses regarding euthanasia

N=60

Sl. No.	Areas of knowledge	Mean percentage score		Mean possible gain (%)	Mean actual gain (%)	Modified gain
		Pre-test	Post-test			
1	General information	61.6	78.6	38.4	17	78.5
2	Types of euthanasia	30.5	65.3	69.5	34.8	69.43
3	Legal aspects of euthanasia	21.87	65.62	78.13	43.75	74.12

PART – III: Description of the attitude level of staff nurses regarding euthanasia

Table 7: Frequency and percentage distribution of the staff nurses according to the level of attitude regarding euthanasia

N=60

Level of attitude	Pre-test		Post-test	
	f	%	f	%
Negative	23	38.33	5	8.33
Neutral	34	56.67	35	58.33
Positive	3	5	20	33.34

Table 8: Range, maximum scores, means, standard deviation and median of pre-test and post-test attitude scores of staff nurses   N=60

	Range of scores	Maximum possible score	Mean	Median	Standard deviation	Mean %
Pre-test attitude score	25-87	105	41.10	39.50	13.75	39.14
Post-test attitude score	30-94	105	66.01	65.50	14.70	62.86

Table 9: Frequency, percentage and cumulative frequency distribution of pre-test and post-test attitude score of the staff nurses

N=60

Range	Pre-test				Post-test			
	f	%	cf	cf%	f	%	cf	cf%
25-29	14	23.32	14	23.32	-	-	-	-
30-34	6	10	20	33.33	5	8.33	5	8.33
35-39	10	16.67	30	50	0	0	5	8.33
40-44	10	16.67	40	66.67	0	0	5	8.33
45-49	10	16.67	50	83.33	0	0	5	8.33
50-54	3	5	53	88.33	4	6.67	9	15
55-59	1	1.67	54	90	7	11.67	16	26.67
60-64	0	0	54	90	11	18.33	27	45
65-69	2	3.33	56	93.33	12	20	39	65
70-74	2	3.33	58	96.67	3	5	42	70
75-79	1	1.67	59	98.33	6	10	48	80
80-84	0	0	59	98.33	7	11.67	55	91.67
85-89	1	1.67	60	100	2	3.33	57	95
90-94	-	-	-	-	3	5	60	100

Table 10: Area-wise mean standard deviation and mean percentage of pre-test and post- test attitude scores of staff nurses regarding euthanasia

N=60

Areas of attitude	Max. score	Pre-test			Post-test		
		Mean	SD	Mean %	Mean	SD	Mean %
Ethical	11	20.5	7.70	37.27	34.35	9.23	62.45
Practical	4	8.06	3.57	40.3	12.96	4.36	64.8
Treasuring life	4	8.33	3.35	41.65	11.91	3.37	59.55
Naturalistic beliefs	2	4.20	2.22	42	6.78	1.58	67.8

Table 11: Area wise mean percentage and mean gain of pre-test and post-test attitude score of staff nurses regarding euthanasia

N=60

Sl. No.	Areas of attitude	Mean percentage score		Mean possible gain(%)	Mean actual gain (%)	Modified gain
		Pre-test	Post-test			
1	Ethical	37.27	62.45	62.73	25.18	69.04
2	Practical	40.3	64.8	59.7	24.5	65.64
3	Treasuring life	41.65	59.55	58.35	17.9	68.72
4	Naturalistic beliefs	42	67.8	58	25.8	77.38

Table 12: Comparison of pres test & post-test knowledge scores of staff nurses

N=60

Parameter	Mean	Standard deviation
Pre test	8.68	3.83
Post test	15.71	3.35

t59= 1.67, P<0.05 Significant.

Table 13: Comparison of area wise pres test & post-test knowledge scores of staff nurses

N=60

SL.NO	Area	Pre test		Post test		Mean % difference	T value
		Mean	SD	Mean	SD		
1	General information	3.08	1.15	3.93	1.00	17	6.33*
2	Types of euthanasia	3.05	2.018	6.53	1.93	34.8	13.29*
3	Legal aspects of euthanasia	2.55	1.71	5.25	1.57	43.75	11.51*

t59= 1.67, P<0.05 Significant

H02: There is no significant difference between pre-test and post-test level of attitude among staff nurses on euthanasia at 0.05 level of significance.

Table 14: Comparison of pre test & post-test attitude scores of staff nurses

N=60

Parameters	Mean	Standard deviation
Pre-test	41.10	13.75
Post- test	66.01	14.70

t59= 1.67, P<0.05   *Significant

Table 15: Comparison of area wise pres test & post-test attitude scores of staff nurses

N=60

SL.NO	Area	Pre test		Post test		Mean % difference	"t" value
1	Ethical	20.5	7.70	34.35	9.23	25.18	8.95*
2	Practical	8.06	3.57	12.96	4.36	24.5	12.19*
3	Treasuring life	8.33	3.35	11.91	3.37	17.9	7.34*
4	Naturalistic belief	4.20	2.22	6.78	1.58	25.8	8.14*

t59= 1.67, P<0.05

PART – V: Association between the pre-test knowledge scores regarding euthanasia amongstaff nurses and their selected demographic variables.

H_{03}: There is no significant association between the pre-test knowledge scores of staff nurses and their selected demographic variables at 0.05 level of significance. There was no association between pre-test attitude score of the staff nurses regarding euthanasia and their demographic variables. Hence the research hypothesis is rejected and the null hypothesis is accepted.

Discussion: Findings related to objectives and hypothesis.

H_1: There will be a significant difference between pre-test and post-test knowledge scoresregarding euthanasia among staff nurses.

H_2: There will be a significant difference between pre-test and post-test attitude scores regarding euthanasia among staff nurses.

H_3: There will be significant association between the post-test knowledge scores with theselected demographic variables.

H_4: There will be significant association between the post-test attitude scores with the selected demographic variables.

Major findings of the study

Demographic characteristics of the sample

- Majority of the samples 28(46.6%) were aged between 22-30 years

- Most of the samples 51(85%) were females

- Majority of the samples 37(61.7%) were christians

- Majority 26(43.3%) of the samples completed b.sc (n) course

- Most of the samples 18(30%) were working in surgical wards

- Majority 19(31.7%) were having below a year of experience

- Majority 37(61.7%) of the samples never cared patients with terminally ill

- Higher number 51(85%) of the samples did not had any terminally ill patients in their family
- Most 50(83.3%) of the samples does not received any request for euthanasia by patients

- Most of the samples 37(61.7%) were got information by mass media

Conclusion: The following conclusions were drawn on the basis of the findings of the study:

- Pre-test findings showed that staff nurses had inadequate knowledge and neutral attitude regarding euthanasia.
- The structured teaching programme was effective in improving the knowledge and attitude of the staff nurses regarding euthanasia.
- There was no significant association found between selected demographic variables with the pre-test knowledge and attitude scores.

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