



A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal.

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ABSTRACT

Cancer pain is one of the alarming condition that is a big issue of major concern. The majority of people having cancer experiences pain. The use of opioids in management of the pain has received great success. It is important to have proper knowledge about the use of opioids and the attitude of taking the same by the patients so that the patients and their family member can get proper idea about the medicine, its uses and side effects. A descriptive study was conducted to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal. Non-probability purposive technique was used to collect data from 117 cancer patients attending palliative care unit. Structured knowledge questionnaire and 5 point Likert scale is used for measuring the attitude. Major findings of the study is most of the cancer patients attending palliative care unit were in the age group of 38-57 years, male belonged to Hindu had education up to primary level. Most number of cancer patients attending palliative care unit had rectum cancer, disease was diagnosed within stage 3 were suffering from 1-4 year from the disease. Majority of cancer patients attending palliative care unit were taking opioids less than 6 months. Majority of cancer patients attending palliative care unit were only in medication 17.94% of patients had good knowledge about use of opioids in pain management and 16.23% of patients had poor knowledge about use of opioids in pain management and 13.67% of patients attending palliative care unit had favorable attitude whereas 11.96% of patients attending palliative care unit had unfavorable attitude regarding use of opioids in pain management. The correlation between knowledge score and attitude is weakly positive about use of opioids in pain management. There is significant association between knowledge and demographic characteristics ie, education, years of suffering and duration of taking opioids.

CHAPTER 1

INTRODUCTION

Pain is one of the prominent and distressful symptom in every patients daily life presenting at end of life care. A data set presented a prevalence of pain at 20- 78% in CHF patients, 21-77% in COPD patients, and 21-64% in CRF patients. In other palliative cases, it is also a frequent symptom which is often underestimated. It has been seen that 68% of end of life stage patients have symptoms or manifestations of pain. Nevertheless, despite the advancement in pain medicine and even after the wider use of opioids in various chronic pain conditions, there is still considerable controversy surrounding the type of conditions that should be treated, whether the treatment can be generally safe and effective in selected patients and its uses and misuses.^[1]

The effectiveness in terms of relief from pain of a palliative patient depends upon mainly on comprehensive assessment to identify the different physical, psychological, social, and spiritual aspects that are specific to each and every patients, and optimally intervene on a multidisciplinary level. The pain must be measured with detail to ascertain which components of pain prevail, as this will lead to the distinguish choice of intervention for each individual. Pharmacological governance is one of many modalities in pain control. The choice of medication should be considered in conjunction with a patient's primary issues as well as their underlying comorbidities as all pharmacological management have distinct actions and potential side effects.^[1]

It is conceivable to manage pain effectually in most people with cancer or with a history of cancer. Although pain related to cancer is not always totally curable, therapy can reduce pain for nearly all people with cancer. Efficacious management of pain and other symptoms improves quality of life throughout almost all stages of the disease. It is advisable no one should hesitate to tell their doctors or nurses if they are in painful sensation. In fact, pain can interfere with the effectiveness of cancer management, so it is utmost important that members of care team know about the pain sensation that their patients may encounter.^[2]

BACKGROUND OF THE STUDY

In spite of the increased accessibility of strong opioids, published evidence suggests that pain remains undertreated which results from advanced disease especially cancer.^[3]

The 2008 World Cancer Declaration included a target to make effective pain control more approachable. Several testimonials highlight the importance of effective pain control, including 'Improving supportive and palliative care for adults with cancer' (NICE cancer service guidance 2004), 'Control of pain in adults with cancer' (Scottish Intercollegiate Guidelines Network guideline 106), 'A strategic direction for palliative care services in Wales' (Welsh Assembly Government 2005) and 'End of life care strategy' (Department of Health 2008).^[3]

Strong opioids, especially morphine, are the foremost treatments for pain management related to advanced and progressive disease, and their use has increased remarkably in the primary health care setting. Selection of opioids must be done very precisely and, because it is very difficult to carry out drug doses estimation or calculation in advance, thus it must be individually titrated. The World Health Organization has led down a pain ladder for the relief of cancer pain.^[3]

A wide range number of strong opioids are licensed in the UK. However in the management of pain a definite selected amount of opioids are only in use. This casted guideline has therefore looked at the following drugs: buprenorphine, diamorphine, fentanyl, morphine and oxycodone. Misapprehension and misconception have surrounded the use of strong opioids form a long period of time, and these are progressively being resolved. Until recently, prescribing advice of this opioids has been varied and sometimes conflicting too. These factors, along with the wide range of formulations and preparations, have resulted in confusion and errors causing under dosing and unbearable pain, or overdosing and distressing unfavorable effects. Despite of frequent warnings from regulatory bodies, these problems have caused several patient deaths, and resulted in doctors facing the General Medical Council or court proceedings. Auxiliary guidance, including advice on reduction in the error of dosing with opioid medication, patient safety incidents arising from medication errors involving opioids and safer injection practice is available from the National Patient Safety Agency (NPSA). This guideline will clarify the clinical pathway of using opioids and helps in the improvement in the field of pain

management and patient safety.^[3]

The WHO analgesic ladder was a strategical proposition given by the World Health Organization (WHO), in 1986, to provide maximize relief from pain in cancer patients.^[4] The analgesic ladder was part of a huge health program termed the WHO Cancer Pain and Palliative Care Program aimed at providing improved strategies for cancer pain management through various educational campaigns, the creation of shared strategies, and the development of a global network of continuous support.^[5] However, it still provides a simple, palliative approach towards minimizing morbidity caused due to pain in 70% to 80% of the patients.^[6]

The original analgesic ladder mainly consisted of three steps^[7]

1.First step. For Mild pain: non-opioid analgesics such as nonsteroidal anti- inflammatory drugs (NSAIDs) or acetaminophen with or without adjuvants are advised.

2.Second step. For Moderate pain: weak opioids (hydrocodone, codeine, tramadol) with or without non-opioid analgesics, and with or without adjuvants are advised.

3.Lastly in third step. For Severe and persistent pain: potent opioids (morphine, methadone, fentanyl, oxycodone, buprenorphine, tapentadol, hydromorphone, oxymorphone) with or without non-opioid analgesics, and with or without adjuvants are advised.

The fundamental concept of the ladder is that it is requisite to have sufficient knowledge about pain, for the evaluation of pain in a patient, and to prescribe appropriate dose of medications. As many patients will receive opioids in the course of time, with the side effects of the drug it is essential to balance the optimum dosage. Moreover, opioid titration can be adopted to improve analgesia and reduce side effects.^[7] Patients should receive education about the uses and its side effects to avoid misuse or abuse without compromising their beneficial foundation.

The term adjuvant refers to an enormous set of drugs belonging to different classes. Although their administration and use is typically for indications other than pain treatment, these medications can be of particular help in different painful conditions.^{[8][9]}

The indigenous WHO ladder was unidirectional, starting from the lowest step of NSAIDs, including COX-inhibitors, or acetaminophen, and heading up to the strong opioids, depending on the patient's level of pain.

Researchers in the field suggested eliminating the second level as because weak opioids contribute very little towards pain management. ^[10]

Miki Akiyama, Kei Hirai, Toru Takebayashi, Tatsuya Morita, Mitsunori Miyashita, Ayano Takeuchi, et al. conducted a worldwide survey in Japan on knowledge, beliefs, and concerns about opioids, palliative care, and homecare of advanced cancer patient. An incognito questionnaire was sent to 1,619 outpatients with advanced cancer at 25 hospitals in four different parts of Japan. The respondents were asked to report their knowledge about opioids, beliefs about palliative care, and concerns about homecare, along with that the levels of their sense of security regarding receiving cancer care in that geographical area is also asked to report. A total of 925 responses were received. In total, 28% believed that opioids are addictive and/or shorten life; 52% believed that palliative care is exclusively for terminally ill patients; 75% agreed that being taken care of the patients at home puts a lot of burden on the family; and 61% agreed that home-visit services cannot respond to sudden changes in a patient's living condition. Levels of patients' sense of security and satisfaction were significantly higher in those who agreed that "opioids can relieve most pain caused by cancer" "palliative care reduces pain and distress", "palliative care is provided along with chemotherapy and/or radiation therapy", and "pain can be increased as effectively through home-visit services as it can be at the hospital", and those who disagreed with the statements that "home-visit services cannot relieve sudden changes in a patient's condition" and "being taken care of at home increase burden on the family". Advanced cancer patients very often had incorrect knowledge about opioids, a belief that palliative care is exclusive for terminally ill patients, and concerns about homecare, especially the family burden and responses to sudden changes. Providing appropriate comprehensive information about the safety of opioids, the availability of palliative care during the entire course of the disease at any stage, and realistic information about homecare is of marked importance to promote patients' increase sense of security. ^[22]

Dadgari Atena, Bagheri Imane, Rassouli Maryam, Salmani Naiire & Tahani Fatemeh conducted a descriptive study on the level of knowledge about palliative care in Iranian patients with a convenience sample of 103 cancer patients admitted to an oncology center in Yazd, Iran, A three-part questionnaire including demographic information, sources of palliative care information and the Palliative Care Knowledge Scale (PaCKS) was used for the collection of data.. Of the total sample, 38.8% of patients received information about palliative care through the media and 36.9% from the care group and treatment team. 29.1% of participants reported

'good' level of knowledge; however 84.5% stated that they should not further see for doctors receiving palliative care, 71.8% stated palliative care is preferable for patients in the last six months of life, 84.5% considered palliative care for patients with cancer only, and 70.9% viewed that palliative care does not provide and also discourage their other treatment modalities. The study found most cancer patients have a moderate to weak level of knowledge and considerable myths about palliative care, which highlights the importance of providing palliative care education to patients. The development of training programs in this area could play an immense role in improving patients' knowledge of palliative care. ^[18]

Summarizing the findings identified in the reviews, it is evident that most of the palliative cancer patients have average to poor knowledge regarding palliative care and use of opioids in pain management. Thus it is marked important to provide appropriate knowledge about palliative care and the use of opioids in pain management so as to remove the myths and achieving the high quality care and support during this phase of disease.

NEED OF THE STUDY

Patients' knowledge and attitude about opioids in palliative care can be potential barriers to providing quality palliative care. The primary aim of this study was to assess knowledge and attitude of use of opioids in pain management among palliative care attending patients.

Pain management is an integral part of palliative care or end of life care. Pain relief is a very essential part in improving the quality of life in terminally staged patients. Because of unpleasant sensations, experiences and fear from pain, the treatment goes complex and multidisciplinary. ^[11]

Pain is a subjective phenomenon, and its very difficult to evaluate the objectives. This is especially difficult in palliative care because of the pain complexity and intensity. The neural compression and infiltration becomes the reason for the pain, especially in malignant diseases. In approximately 70–90% of the patients, during the palliative phase, pain is present. ^[12] The patients of palliative care deals with the fear from pain with a physical, emotional and psychological component of it. Today it is accepted about pain that its a complex perception experience with plasticity. ^[13]

When a patient is in home then he is advised to take non opioids ie, analgesics, NSAIDS for mild pain and for moderate pain weak opioid ie, tramadol and if pain is not reduced then morphine is advised to take and it is

titrated with pain intensity for severe pain. Along with morphine use of fentanyl patch and fentanyl lozenges is also advised. So its proper knowledge of use and discard procedure should be imparted in patient.

Through out my clinical experience in palliative department I have come across patients who came in OPD and IPD basis in palliative unit with the complain of unbearable pain. Among those patients some used to believe that by taking opioids they will eventually harm their body by weakening their body, few of them believe its all in mind and they try to avoid opioids, some of them believed that with it people gradually become addicted even in low dose. Hence I felt the need to aware and educate them regarding the effects of opioids in pain management in palliative care to bring out positive attitude towards opioids in managing pain through the research study.

Opioids are the most effective medications in the management for moderate to severe pain. Although there is a consensus on their utility as a treatment for chronic cancer pain, their long-term use for chronic non-malignant pain still remains controversial. This controversy is enhanced by the increased prevalence of prescription of opioid abuse, which has developed concomitantly with an increase in opioid administration in the clinical field. The resolution of this controversy will require much more light in this field and the acceptance of treatment that recognize the dual obligations of the prescriber: to optimize the balance between analgesia and its side effects, and promote other favorable outcomes of it, while contemporaneously assessing and managing the risks associated with abuse, addiction and diversion. Finally, it is imperious to advance a research agenda that leads to the modification of methods that would enhance pain relief while reducing the likelihood of addiction and other adverse events when opioids are selected for therapy.^[14]

Opioids are effective analgesics that may provide relief for many types of CNCP. Opioids in other hand also have side effects that many patients cannot tolerate (e.g., nausea, sedation, constipation). Other drawbacks of using opioids include risk of addiction or addiction relapse, opioid-induced hyperalgesia (OIH), and many potential drug interactions with it.^[15]

Patients often do not report pain because of fear or negligence. They simply bear pain for a religious or theological reason or consider it a part of aging. They are concerned about adverse effects, dependency, financial and occupational consequences. The terminally ill patients with family problems and spiritual troubles, poor information of sickness and etiology of pain and the lack of control of the side effects of the

opiods show lack response to the treatment and its management. Limited availability of opiods due to complicated licensing system or regulatory oversight or government policy is the prime issue. There is a need for a formal initiative to identify and eliminate hindrance for the use of controlled substances in the treatment of pain. Fear of development of drug dependency and diversion impede with opiods prescription. There is misbelief that opiods can hasten death in such patients or can also cause respiratory distress. Lack of money results in poor affordability of sustained morphine and limited availability of other analgesics. Target the increase availability of immediate release morphine as the first step, and other inexpensive drugs like methadone as second. There should be increased access to effective intravenous and oral opiods for out-of hospital use, such as high concentration morphine and/or methadone by the license holder pharmacy stores.^[16]

Hence I felt the need to study about the knowledge level attitude about use of opiods in pain management among the patients those who all are coming in palliative department. Henceforth developing the awareness about proper usage of opiods and educate them regarding the effects of opiods in pain management in palliative care to bring out positive attitude towards opiods in managing pain through this study.

PROBLEM STATEMENT

“A study to assess the knowledge and attitude about use of opiods in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal.”

OBJECTIVES

1. To assess the knowledge about use of opiods in pain management among patients attending palliative care unit.
2. To assess the attitude about use of opiods in pain management among patients attending palliative care unit.
3. To find out the co-relation between knowledge and attitude regarding use of opiods in pain management among patients attending palliative care unit.
4. To find out the association between knowledge regarding use of opiods in pain management with selected demographic variables.

PURPOSE

To assess the knowledge and attitude about use of opiods in pain management among patients attending palliative care unit.

OPERATIONAL DEFINITION OF VARIABLES

Knowledge- In this study knowledge refers to familiarity, awareness, or understanding about opioids and its use in pain management as measured by structured knowledge questionnaire

Attitude- In this study attitude refers to a way of feeling or acting toward use of opioids for pain management as measured by structured checklist.

Opioids- A substance used to treat moderate to severe pain. Opioids are like opiates, such as morphine and codeine, but are not made from opium. Opioids bind to opioid receptors in the central nervous system. Opioids used to be called narcotics. An opioid is a type of alkaloid.

Pain management-The process of providing medical care that alleviates or reduces *pain*. Mild pain can usually be treated with analgesic medications ie with non-opioids such as brufen, buscogast, and moderate pain with weak opioids like tramadol and severe pain with narcotic such as morphine injection and tablets, fentanyl injection, fentanyl lozenges, fentanyl patches.

Palliative care unit-Palliative care is specialized medical care that focuses on providing patients relief from pain and other symptoms of a serious illness, no matter the diagnosis or stage of disease. Palliative care teams aim to improve the quality of life for both patients and their families.

ASSUMPTION

The study assumes that

- The patients who are attending palliative care unit of the selected hospital has knowledge about proper use of opioids in pain management.
- The patients who are attending the palliative care unit of the selected hospital has a favorable attitude in the use of opioids for pain management.

DELIMITATION

- The study will be only done on the patients attending palliative care unit of a selected cancer hospital of Kolkata.

VARIABLES

Demographic variable

- Age
- Sex

- Religion
- Education
- Occupation
- Part of body effected
- Stage on diagnosis
- Years of suffering
- Duration of taking opioids
- Treatment modalities

Research variable

- Knowledge about use of opioids in pain management among patients attending palliative care unit.
- Attitude about use of opioids in pain management among patients attending palliative care unit.

CONCEPTUAL FRAMEWORK

A conceptual framework is a written form or visual representation of anticipated relationship between variables to be studied. Variables are simply the characteristics or properties that one need to study. The conceptual framework is generally developed based on a literature review of existing studies and theories about the concern topic.

This study is been led down on the basis of KAP Survey Model (Knowledge, Attitudes and Practices).

“KAP theory” is a health behaviour change theory, lead down by western scholars in the 1960s, in which the changes of human behaviour are divided into three successive processes: the possession of knowledge, the generation of attitudes and the formation of behaviour.

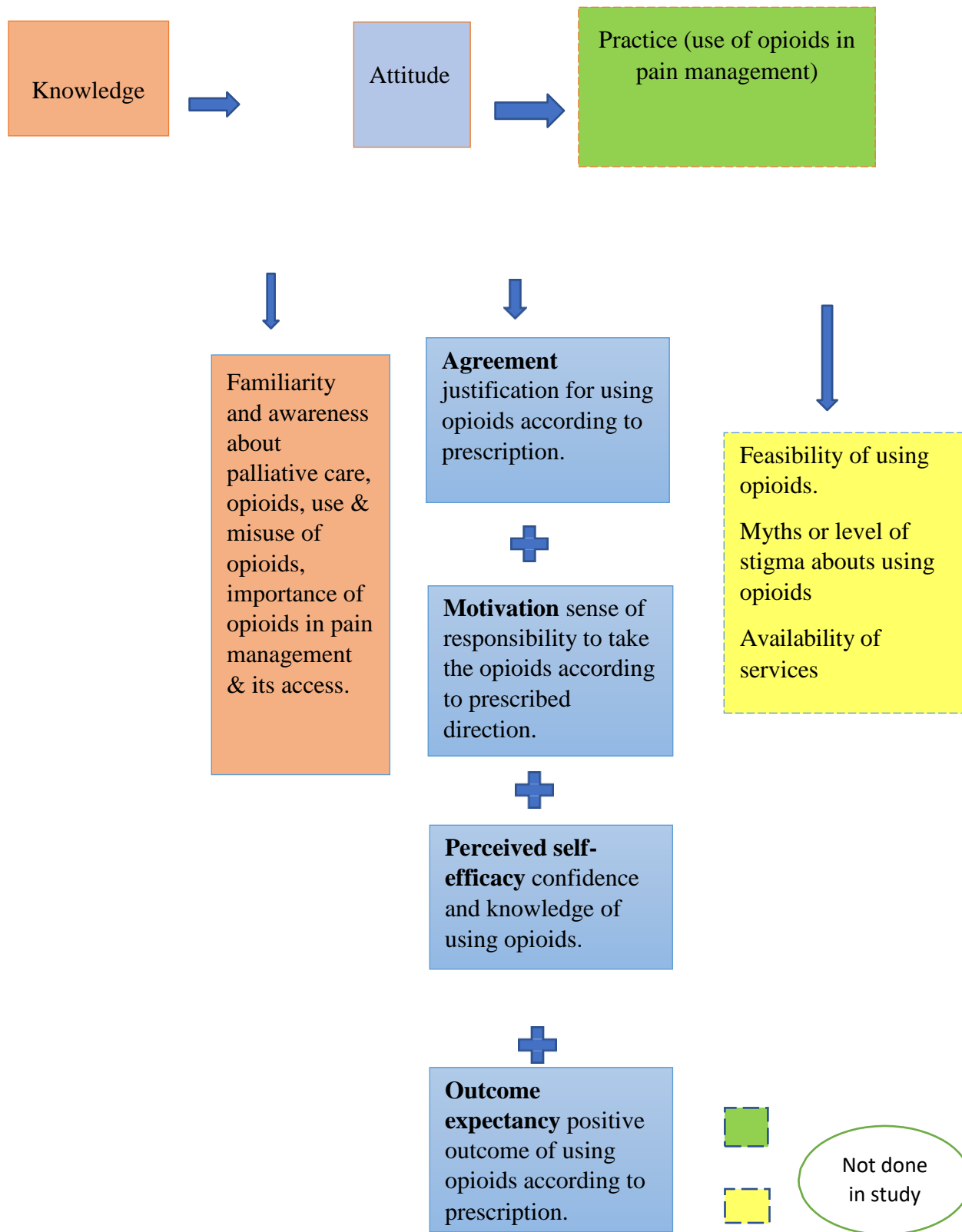


Figure 1 showing the schematic presentation of conceptual framework based on KAP available from

https://www.researchgate.net/figure/Conceptual-framework-of-knowledge-attitude-and-practice-as-determinants-of-screening_fig1_6791364

A Knowledge, Attitude and Practices (KAP) survey is a quantitative method (predefined questions formatted in standardized questionnaires) that come up with assessment of quantitative and qualitative details both. KAP surveys let drop misconceptions or misunderstandings that may represent hindrance to the activities that we would like to implement and potential hurdle that leads to behaviour change. Note that a KAP survey significantly document an “opinion” and is based on the “declarative” (i.e., statements). In other words, it can be stated the KAP survey reveals what was said, but there may be considerable gaps in between what is said and what is done.^[17]

Knowledge is my study generally defined as knowledge about concept of palliative care, concept about opioids, knowledge about use & misuse of opioids, about importance of pain management & access of opioids.

Attitude refers to their feelings towards the same subject, as well as any preoccupied ideas that they may have towards concept of palliative care, concept, belief & use about opioids.

SUMMARY

This chapter has dealt with the background, need of the study, statement of the problem, purpose, objectives, assumption, variables, conceptual framework, operational definition and delimitation.

CHAPTER II

REVIEW OF LITERATURE

According to ANA (2000), a literature is a body of text that aims to review the critical points of knowledge on a particular topic of research.

A review of the existing literature relevant to the study helps the researcher to design the theoretical framework of the study and assess the nature and quantum of studies which already taken in that particular area of research.

A literature review or narrative review is one of the two main types of review articles, the other being the systematic review. A literature review is a scholarly paper, which includes the current knowledge including substantive findings, as well as theoretical and methodological contributions to a particular topic.

The objectives / questions that guide the reviewer are as follows:

- What is palliative care?
- What is the prevailing knowledge about use of opioids?
- What is the importance of opioids in pain management?
- What is the attitude of patients about opioids?

Methods of Review

Various studies from different communities in the world published in the internet journal are reviewed. Internet material are searched through Google, Pub-Med & Google Scholar. The enlisted 18 reviews are taken from different regions of world. Literature published on these journals are critically reviewed ranging from 2011-2022

Gaps in knowledge & attitude about use of opioids among cancer patients attending palliative care unit

- No study related to knowledge & attitude about use of opioids in pain management among patients attending palliative care in India is found in recent 10 years.
- The knowledge level differs for various parts of World which interns differs the findings related to knowledge about use of opioids among patients attending palliative care unit.
- The culture & belief varies from region to region, so due to different level of beliefs in various parts of World there will be difference in attitude level of patients from others region with Indian patients.

In my present research study review of literature done in following areas-

- Review of literature related to knowledge about use of opioids in pain management among patients attending palliative care unit.
- Review of literature related to attitude about use of opioids in pain management among patients attending palliative care unit.

Literature related to knowledge about use of opioids in pain management among patients attending palliative care unit.

1. Dadgari Atena, Bagheri Imane, Rassouli Maryam, Salmani Naire & Tahani Fatemeh conducted a descriptive study on the level of knowledge about palliative care in Iranian patients with a convenience sample of 103 cancer patients admitted to an oncology centre in Yazd, Iran. A three-part questionnaire including demographic information, sources of palliative care information and the Palliative Care Knowledge Scale (PaCKS) was used for the collection of data. Of the total sample, 38.8% of patients received information about palliative care through the media and 36.9% from the care group and treatment team. 29.1% of participants was

reported 'good' level of knowledge; however 84.5% stated that they should not further see for doctors receiving palliative care, 71.8% stated palliative care is preferable for patients in the last six months of life, 84.5% considered palliative care for patients with cancer only, and 70.9% viewed that palliative care does not provide and also discourage their other treatment modalities. The study found most cancer patients have a moderate to weak level of knowledge and considerable myths about palliative care, which highlights the importance of providing palliative care education to patients. The development of training programs in this area could play an immense role in improving patients' knowledge of palliative care. ^[18]

2.Salim M. Makhlouf, Simon Pini, Shenaz Ahmed & Michael I. Bennett conducted a descriptive study of Attitudes and Knowledge of Professionals, Patients, Caregivers and Public about opioids. The study result shows that professionals, patients, caregivers and the public there were similar attitudinal barriers to effective CPM. The most commonly observed obstacles were fear of drug addiction, tolerance of medication and side effects of opioids. Researchers also found differences between professional groups ie among physicians versus nurses and even between different countries based on their potential exposure to palliative care training and services. There are still barriers of pain management which might result in persistence of cancer pain. Hence, more educational programmes and training for professionals on CPM are needed. Furthermore, patients, caregivers, and the public need more general awareness, education and adequate level of knowledge about CPM.^[19]

connected on beliefs, knowledge, fears, opinions, and attitudes toward the use of opioids in pain management. The sample was divided into three groups of subjects were identified based on their outlook toward opioids: the result showed that a first group with sample of N = 448 composed of people older than 65 years who would accept a treatment if prescribed; a second group with sample of N = 337 formed by younger subjects with university education, better informed about opioids, more frequently associated them with drowsiness with odd ratio OR 2.58, nausea with OR 3.04; and a third group with sample N = 468, with lower educational level who would more often reject treatment with opioids, considering that they may not be able to stop the treatment with OR 3.04. The different level of knowledge of patients regarding the use of opioids to treat pain should be taken into consideration by the physician when designing strategies to inform patients about the treatment of pain with opioids. ^[20]

4.Wendy H. Old enmengera, Jenske I. Geerlingb, Irina Mostovayac, Kris C.P.Vissersd, Alexanderde Graeffe, Anna K.L.Reynersb,Yvette M.van der Lindenf conducted a systematic review of the

effectiveness of patient-based educational interventions to improve cancer-related pain. They performed a systematic review of randomized controlled trials (RCTs) identified from Medline and Cinahl, from 1995 to May 2017. Primary outcome of the study measures were pain potency and involvement. Secondary outcome measures were knowledge/barriers, medication compliance and self-awareness. Twenty- six RCTs total of 4735 patients were participated in study. Compared to the control group, 31% of the studies (including 19% of all patients) reported a significant difference in pain potency in favor of the intervention group. Twelve studies measured pain interference and four (30%) found a significant refinement. With regard to secondary endpoints, discrete differences in favor of the experimental arms were found for pain knowledge or barriers (15/22 studies; 68%), medication compliance (3/6 studies; 50%) and self-efficacy (1/2 studies). They concluded patient-based pain educational programs may result in betterment of relevant patient-reported outcomes. However, the interventions are heterogeneous and betterment of pain was only seen in less than one third of the studies and in less than 20% of all included patients.^[21]

5. Miki Akiyama, Kei Hirai, Toru Takebayashi, Tatsuya Morita, Mitsunori Miyashita, Ayano Takeuchi, et al. conducted an experimental study on the effects of community-wide dissemination of information on perceptions of palliative care, knowledge about opioids, and sense of security among cancer patients, their families, and the general public. The Study result shows overall perceptions of palliative care, opioids, and receiving care at home has improved significantly among the general public and families, but still it is lacking among the patients at the community level of Japan. However, multiple regression revealed that patients of extensive exposure category ie those with long term pain management had significantly more positive perceptions of palliative care to those of non-exposure category ($p=0.02$). The sense of security regarding cancer care of all patients, family members, and the general public has improved significantly. Findings indicate that providing palliative care information and knowledge via small media and lectures in the community level is effective in improving perceptions of palliative care and knowledge about opioids among the community dwellers, especially for caregivers of the patients in families. The accession of adequate knowledge about palliative care from various information sources may improve people's sense of security regarding cancer.^[22]

6. Miki Akiyama, Toru Takebayashi, Tatsuya Morita, Mitsunori Miyashita, Kei Hirai, Motohiro Matoba, et al. conducted a descriptive study to assess knowledge, beliefs, and concerns about opioids, palliative care, and homecare of advanced cancer patients: a nationwide survey in Japan. Result of the study shows a total of 925

responses were received as sample. In total, 28% believed that opioids are addictive and/or shorten lifespan of patients; 52% believed that palliative care is only for terminally ill patients; 75% believed that being taken care of at home puts a heavy burden on the family; and 61% of them agreed that home-visit services cannot respond to sudden changes in a patient's condition. Levels of patients' sense of security were significantly more higher in those sample who agreed that "opioids can relieve most pain caused by cancer" "palliative care relieves pain and distress", "palliative care is provided along with chemotherapy and/or radiation therapy", and "pain can be managed as effectively through home-visit services as it can at the hospital", and those who disagreed with the statements that "home-visit services cannot respond to sudden changes in a patient's condition" and "being taken care of at home puts a burden on the family" the sense of security is relatively lower in them. [23]

7. Bennett, Michael Ia; Flemming, Kateb; Closs, S Joséc conducted a study of Education in cancer pain management it showed that barriers in good cancer pain control prevails within patients and professionals and about deficit knowledge or poor attitudes towards pain and opioid analgesia. Result shows, targeted interventions that modify professional behaviour are effective. Educational mediations directed at patients result in ameliorated patient outcomes, although the mechanisms by which these refinements occur are not yet clear. Overall, educational arbitration directed at patients or professionals can result in significant but acceptable clinical benefit which is similar in magnitude to that accrued by some analgesics. [24]

Literature related to attitude about use of opioids in pain management among patients attending palliative care unit.

1. Tanya Smita, Andrew H. Rogersa, Lorra Gareya, Nicholas P. Allanb, Andres G. Via naa, Michael J. Zvolensky conducted a study on anxiety sensitivity and pain intensity independently predict opioid misuse and dependence in 429 adults chronic pain patients of US (73.9% female, age = 38.32 years, SD = 11.07). Results of this study suggested that both anxiety sensitivity and pain intensity were associated with opioid misuse and dependency on opioids. Post-hoc analyses showed that of the lower-order anxiety sensitivity facets, physical and mental ineptitude concerns contributed to discrepancy in opioid misuse and only mental incompetence concerns contributed to dissimilarity in opioid dependence. Overall, findings suggested that it is the most importance thing to assess anxiety sensitivity in screening for opioid-related problems among patients with chronic pain, as it may cause hamper in the pharmacokinetics of the drugs in this patients. [25]

2.Su-Jin Koh, Bhumsuk Keam, Min Kyung Hyun, Jeong Ju Seo, MSN, Keon Uk Park, Sung Yong Oh, et al. conducted a quasi experimental study of Cancer Pain Management Education Rectifies Patient's Misconceptions of Cancer Pain, Reduces Pain, and Improves Quality of Life. The study reported that after providing education, within 24 hours there was a significant reduction in overall pain intensity ($P < 0.001$). The outpatients history showed more use of short- acting analgesics for breakthrough pain. Sleep quality enhancement was most notable associated with intervention; other quality of life aspects (e.g., general feelings and life enjoyment) also improved. Pain management education also remarkably reduced misconceptions of cancer pain management. The present educational intervention has successfully encouraged short-acting analgesic use for breakthrough pain, improving quality of life, and eradicating patients' misconceptions about analgesic and opioids use.^[26]

3.Helena de Sola, Alejandro Salazar, María Dueñas, Inmaculada Failde conducted a cross-sectional study on Opioids in the Treatment of Pain. Beliefs, Knowledge, and Attitudes of the General Spanish Population. Identification of Subgroups Through Cluster Analysis. The required data in this study were collected from 1299 Spanish adults on beliefs, knowledge, fears, opinions, and attitudes toward the use of opioids in pain management. The sample was divided into three groups of subjects & were identified based on their opinion toward opioids: a first group with a positive point of view of sample $N = 448$ comprises of people older than 65 years who were less fearful of opioids would accept a treatment if prescribed and; a second group with a moderate view point with $N = 337$ formed by younger subjects with university education, afraid of opioids with odds ratio [OR] 2.67 and tolerance with OR 2.16, and a third group with a negative view point with $N = 468$, more afraid of using opioids with OR 3.95, and may produce tolerance with OR 3.03. The different opinion of patients regarding the use of opioids to treat pain should be taken into consideration by the physician to inform patients and modify their attitude about the treatment of pain with opioids. This should further encourage their correct use, specially preventing their misuse of opioids.^[20]

4.Graczyk M, Borkowska A, Krajnik M conducted a descriptive study why patients are afraid of opioid analgesics: a study on opioid perception in patients with chronic pain-The study shows that out of the 100 patients, 43 expressed concerns over commencing the treatment with opioids. Fear was reported more often by

the patients already on strong opioids, who either overtly expressed it ie group C or not ie group B, as compared with patients who were treated with weak opioids in group A (50%, 48%, and 19% of groups C, B, and A, respectively). The main concerns were drug addiction, fear of death or dying, and undesirable side effects caused by opioids. Appropriate awareness of patients' preconceptions about opioids may become instrumental to eliminating their suffering through enhanced pain management.^[27]

5.Fangli Lou and Shaomei Shang conducted study a on attitudes towards pain management in hospitalized cancer patients and their influencing factors.

In this study Pain Management Barriers Questionnaire-Taiwan form (BQT), and Pain Knowledge Questionnaire were administered to 363 pairs of cancer patients and their caregivers from the oncology departments of 7 hospitals in Beijing, China. The results showed that average patient score for attitudes towards pain management was 2.96 ± 0.49 . The features of scoring identified good attitudes in three areas (scores < 2.5), "Desire to be good" , "Fatalism" and "Religious fatalism" , and poor attitudes in six areas (scores ≥ 2.5), "Tolerance" , "Use of analgesics as needed" , "Addiction", "Disease progression", "Distraction of physicians" and "Side effects". Two factors were included into the retrogression equation: the caregivers' attitudes towards cancer pain management and the patients' pain knowledge. These two factors explained 23.2% of the total variance in the patients' average scores for their attitudes towards cancer pain management. From the result it was concluded that the patients' attitudes towards cancer pain management were poor and could be modified by the caregivers' attitudes and the patients' pain knowledge, and thus need to be enhanced .^[28]

6.Kathryn McHugh, Roger D.Weiss, Marise Cornelius, Marc O.Martel,Robert N.Jamison,Robert R.Edwards conducted a study on Distress Intolerance and Prescription Opioid Misuse Among Patients With Chronic Pain. This study result shows 51 participants were prescribed opioid analgesics for chronic back or neck pain were recruited for a 1-time laboratory study. Participants completed measures of distress intolerance and opioid misuse. Results of the same suggested that distress intolerance was associated with opioid misuse, even controlling for pain severity and negative affect. This study found remarkable differences in distress intolerance between adults with chronic pain and without opioid medication misuse. Distress intolerance may be a relevant marker of risk for opioid misuse among those patients with chronic pain. This study elaborated that distress intolerance was associated with opioid misuse in adults with chronic pain who were prescribed with opioids.^[29]

7. Takuya Shinjo , Tatsuya Morita , Kei Hirai , Mitsunori Miyashita , Megumi Shimizu , Satoru Tsuneto, et al. conducted a cross sectional study why people accept opioids: role of general attitudes toward drugs, experience as a bereaved family, information from medical professionals, and personal beliefs regarding a good death. This study result shows a total of 432 patients from Japan were finally analyzed ie mily members stated that they strongly want to receive, want to receive, or 43% response. After analyzing it is seen that in total, 26%, 41%, and 31% of fa slightly want to receive opioids respectively if needed in the future. Predictor associated with the preference for receiving opioid treatment were the following: a general appreciation of the drugs with $P = 0.005$, witnessing an improvement in the patient's quality of life as a result of pain relief with $P = 0.003$, information provided by medical professionals that opioid could be discontinued if any side effects developed with $P = 0.042$, and the belief that a good death was one that was free from pain and physical distress with $P < 0.001$. More than 90% of bereaved families whose relatives were treated with opioid analgesics given a preference to receive opioid analgesics for the treatment of cancer pain, if necessary, in future.^[30]

8. Satomi Kinoshita , Mitsunori Miyashita , Tatsuya Morita, Kazuki Sato , Tamana Miyazaki , Ayaka Shoji, et al. conducted a cross sectional study to assess the Changes in Perceptions of Opioids Before and After Admission to Palliative Care Units in Japan: Results of a Nationwide Bereaved Family Member Survey. Study result shows, there were 297 participants from bereaved family members of patients who used opioids. Many bereaved family members had misconceptions of opioids before admission in palliative care. There was improvement after bereavement, but still the understanding remained lower. Respondents those who were less than 65 years old showed significantly greater decreases in misconceptions regarding opioids compared to the older generations, after bereavement. Pain and palliative care educational interventions for physicians are needed to ensure that they offer correct information to the general population.^[31]

9. Ahmad Saifan PhD, Ibraheem Bashayreh PhD Abdul-Monim Batiha DNSc, Mohannad AbuRuz PhD conducted a cross-sectional questionnaire survey on Patient- and Family Caregiver-Related Barriers to Effective Cancer Pain Control. Result showed 300 cancer patients and 246 family caregivers were taken part from four different Jordanian hospitals between August 2009 and May 2010. Patients completed the Arabic version of the Barriers Questionnaire II (ABQ-II), the Arabic Brief Pain Inventory (A-BPI), and a demographic questionnaire. Family

caregivers completed the ABQ-II and a demographic questionnaire. The A-BPI results included that more than 70% of cancer patients in localized stage and more than 90% of patients with advanced cancer experienced substantial pain. Four major barriers to pain control were in concern: fears related to addiction, side effects, communication concerns, and fatalistic beliefs.^[32]

10. Ayumi Igarashi , Mitsunori Miyashita, Tatsuya Morita, Nobuya Akizuki, Miki Akiyama, Yutaka Shirahige, et al. conducted a cross sectional study on perceptions of opioid treatment and palliative care units: OPTIM study. Study shows an anonymous questionnaire was administered to 8000 people. Although a majority of them were with positive perceptions of opioids and PCUs, some also accede with negative perceptions, such as opioids are addictive and it also shorten the lifespan of people with 28% and 27%, respectively. The higher positive perceptions were related with a higher sense of security about regional cancer care with $P < 0.001$. Providing the general public with appropriate knowledge about palliative care may enhance perceptions of palliative care, use of opioids and the sense of security.^[33]

11. Colak, Dilsen ,Oguz, Arzu,Yazilitas, Dogan ,Imamoglu, Inanc Goksen,Altinbas, Mustafa conducted survey on Morphine: Patient Knowledge and Attitudes in the Central Anatolia Part of Turkey. Results showed 488 patients participated in the study. Among them 50% of the patients who refused to morphine use and 36.8% of the patients who would prefer another drug, if possible, associated fear of addiction as the basis for their decision. Reservation of morphine for later in their disease was the case for 22.4% of the patients who denied morphine use. Only 13.7 % of the patients denying morphine and 9.7% of the patients who favoured another drug, if possible, cited religious reasons as the basis for this conclusion. They concluded that once the underlying factors were recognised, all efforts should be taken to overcome them as they are barriers to enhancing patient pain management.^[34]

12. Luís FilipeAzevedo, AltamiroCosta-Pereirac, Liliane Mendonça, Cláudia CamilaDiasab, José ManuelCastro-Lopes conducted a population-based study on chronic pain and the use of opioids in Portugal. Its a nationwide study conducted in a representative sample of the adult Portuguese population with 5094 participants .The prevalence of opioid use by subjects with Chronic pain was 4.37% with 95% confidence interval [CI] 3.4–5.5; and in patients experiencing chronic pain with and without cancer, it was 10.13% and 4.24%, respectively. Use of strong opioids was reported by only 0.17% of chronic pain patients. Sex, pain severity and symptoms of depression and anxiety were significantly associated with opioid use. There is no

significant differences among users and nonusers of opioids were observed regarding treatment satisfaction and self-assessed effectiveness. Further research and particular attention to and continuous monitoring of the trends of use and abuse of opioids worldwide are recommended to generate proper attitude towards using opioids.^[35]

13. Chen Hsiu Chen, Siew Tzuh Tang, Chien Hao Chen conducted Meta-analysis of cultural differences in Western and Asian patient-perceived barriers to managing cancer pain. The results showed Asian cancer patients had significantly higher barrier scores than Western patients, except for barriers of ‘good patient’, ‘side effects’, ‘distract physician’, ‘fear of injections’, and ‘addiction’. Meta-regression analysis indicated that Asian patients’ perceived pain barriers distinguish significantly from those of Western patients for disease progression & enhancement. From the result it was concluded that Asian cancer patients need to be assessed and carefully treated for perceived barriers to achieve optimize cancer pain management.^[36]

14. Al Qadire, Mohammad RN, MSN, PhD conducted survey on Patient-related Barriers to Cancer Pain Management in Jordan. Result shows barriers to cancer pain management are prevalent among cancer patients around the world, which may effect patients from accruing adequate pain management treatment. Fifty cancer patients completed the Barriers Questionnaire. It was found that patients had high level of concerns in addition to that fear of addiction, fear of physiological and harmful effects of pain medications were the highest rated concerns which may indicate the need for adequate patients’ education about cancer pain and its treatment to avail the benefits.^[37]

SUMMARY

This chapter dealt with the review of literature under two broad categories – review of literature related to knowledge about use of opioids in pain management among patients attending palliative care unit & review of literature related to attitude about use of opioids in pain management among patients attending palliative care unit.

CHAPTER III

RESEARCH METHODOLOGY

Research methodology indicates the steps, procedures, and strategies for gathering and analysing data in a study.

This chapter describes in details the methodology adopted in this study process. It indicates the general pattern

for organizing the procedure in gathering valid and reliable data. Research methodology is the specific procedures or techniques used to identify, select, process, and analyse information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability. It includes research approach, research design, setting of the study, population, sample, sample techniques, variables, selection and development of data collection tool, validity, reliability, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

The research approach is a plan and procedure that consists of the steps of broad assumptions to detailed methods of data collection, analysis, and interpretation. The choice of appropriate approach of a study depends upon the purpose of the study.

➤ In this study, the researcher intend to assess the knowledge and attitude about the use of opioids in pain management among the patients attending palliative care unit, thus a non-experimental research approach was adopted in this study.

RESEARCH DESIGN

Research design refers to the framework of market research methods and techniques that are chosen by a researcher. It is the blueprint of the study conducted to maximizes control over factors that may interfere with the study findings.

➤ This study has been conducted under descriptive survey research design.

VARIABLES

Demographic variable

- Age
- Gender
- Religion
- Education
- Occupation
- Body effected by the disease
- Stage on diagnosis
- Years of suffering

- Duration of taking opioids
- Treatment modalities

Research variable

- Knowledge about use of opioids in pain management among patients attending palliative care unit.
- Attitude about use of opioids in pain management among patients attending palliative care unit.

SETTINGS

- Pilot study was conducted in Saroj Gupta Cancer Centre & Research Institute, Mahatma Gandhi Rd, Greater Bakul Bithi, Thakurpukur, Kolkata, West Bengal, 700063.
- Final study was conducted in Chittaranjan National Cancer Institute 37, Shyama Prasad Mukherjee Rd, Bakul Bagan, Bhowanipore, Kolkata, West Bengal 700026 and Ruma Abedona Hospice with CNCI collaboration in P88Q+FCC, Subhasnagar, Subhash Nagar 2, Rishra, Pandit Satghara, West Bengal 712248.

RATIONAL FOR SELCTION OF SETTING

They extend their hands for the treatment and support to terminally ill. This setting was selected for their easy accessibilities and availabilities of sample, familiarity with the setting, feasibility of conducting the study, administrative approval and expectation of cooperation from each of the working personnel.

POPULATION

In this present study population refers to, patients attending palliative care unit of selected hospital of Kolkata, West Bengal.

SAMPLE

In this present study sample refers to, cancer patients attending palliative care unit at least more than 3 months of a selected hospital of Kolkata, West Bengal.

SAMPLE SIZE

As noted from 2015 quality of death index by the economist intelligence unit according to estimated from India, 10 million people may require palliative care services of whom 1 million have cancer.

so prevalence rate of palliative patient in India those who are having cancer is 10%

So after power analysis:

- Pilot study was conducted among 15 palliative cancer patients.
- Final study was conducted among 117 palliative cancer patients.

SAMPLE SELECTION CRITERIA

Inclusion criteria

- Cancer patients who are coming in palliative care unit for pain management.
- Patients who are attending palliative care unit for atleast more than 3months.
- Patients who are 18years & above.

Exclusion criteria

- Patients those who are not referred to palliative unit.

SAMPLING TECHNIQUE

- Non probability purposive technique was adopted in the present study.

TOOLS AND TECHNIQUES OF DATA COLLECTION

Since no standard tool was available so tool for data collection is self made with thehelp of guide, co-guide & expert guidance.

TABLE 1 showing the variables, tool, techniques/ methods of data collection

Variables	Tool	Techniques/ method of data collection
TOOL-I Demographic variables	Semi Structured questionnaire	Interview
TOOL-II Knowledge about use of opioids in pain management among patients attending palliative care unit	Structured questionnaire	Interviewing
TOOL-III Attitude about use of opioids in pain management among patients attending palliative care unit.	Structured interview schedule	Interviewing

DEVELOPMENT OF TOOL

- The present study aimed to assess the knowledge and attitude about the use of opioids in pain management among patients attending palliative care unit in a selected hospital. So for the data collection procedure 3 tools were developed.
- After review of the research and non-research literature 1st draft of the tool was made.

- Then the tools are validated from 7 nursing personals and 2 medicalpersonals.
- After the validation of the tools were modified according to the suggestionsgiven and with the constant guidance of guide and co-guide.
- And then the final tools of the present study was finalized and made.

DESCRIPTION OF TOOL

Tool I

The tool was developed to gather personal information of cancer patients attending palliative care unit which can affect knowledge about use of opioids in pain management. It is assessed by semi structured interview questionnaire There were 2 parts: part A includes five (5) items including age in years, gender, religion, educational qualification, occupation & part B includes five (5) items which are parts of body affected, stage on diagnosis, years of suffering, durationof taking opioids & treatment modalities.

Tool II

Structured interview schedule was developed to assess the knowledge about use of opioids in pain management among the patients attending palliative care unit. Fifteen (15) items in the questionnaire were developed as per the blue print anddifferent aspects of questions related to following topics are included in questionnaire:

- Concept of palliative care
- Concept of opioids
- Knowledge about use & overuse of opioids
- Knowledge about importance of pain management
- Knowledge about assess of opioids

Scoring

All the items were multiple choice questions. A score value of one (1) was allotted to each correct response and zero (0) for incorrect response and the highest possible score was fifteen (15) and the minimum score was 0.

To interpret the level of knowledge, the scores were converted into percentage and were categorized. After discussion with expert's categorization of knowledge score was prepared by following:

>Mean + 1 SD = good , >Mean – 1SD to < Mean + 1SD = average

<Mean 1SD = poor

Tool III

Structured interview schedule about use of opioids in pain management was developed to assess the attitude of cancer patients attending palliative care unit about use of opioids in pain management. The tool consists of 15 Items in 5 point Likert checklist format which has different aspects such as:

- Concept of palliative care
- Concept about pain
- Belief about opioids
- Attitude about use of opioids.

Scoring

Each statement has 5 options (Strongly disagree, Disagree, Neutral, Agree, Strongly agree) according to 5 point Likert scale. The interviewer will put tick (√) mark on appropriate answer given by respondents. Total maximum score for each item is 5.

Reverse scoring is used in item no 4, 7, 9, 10, 13, 15.

CONTENT VALIDITY OF TOOL

Tool I Demographic profile

To establish the content validity of tool I (open-ended demographic questionnaire) it was given to the 9 experts among them 2 doctors, 1 from HOD radiation oncology department and another from HOD surgery department, NBMC&H and 7 nursing personnel were from medical surgical nursing department online & offline.

Tool I, out of 8 items, 2 items (2 and 3) had above 80% total agreement, 2 items (4 & 6) had 63.63% total agreement, 2 items (1 & 8) had 36.36% total agreement and the other 2 items (5 & 7) had 45.45% & 72.72% total agreement respectively. Experts have given suggestions to modify item no 1, 5 and 8. Taking their suggestions into consideration and after discussion with internal guides, necessary modifications were made. After validation, the final tool I contained 10 items.

Reliability of tool I

The reliability of an instrument is the degree of consistency with which measures the attribute it is supposed to

measure. The tool I demographic profile were administered to twenty (20) cancer patients attending palliative care unit, North Bengal Medical College & Hospital, Darjeeling on 17th November 2021. The reliability of the semi structured demographic data to assess the demographic profile of patients attending palliative care unit was calculated by interrater method. The reliability calculated was 1. So it can be interpreted that tool I of structured interview schedule was reliable.

Tool II Structured interview schedule

To determine the content validity of tool II (structured interview schedule) to assess the knowledge about use of opioids in pain management through questionnaire were given to nine(9) experts for establishing content validity among them 2 doctors, 1 from HOD radiation oncology department and another from HOD surgery department, NBMC&H and 7 nursing personnel were from medical surgical nursing department online & offline.

In Tool II, 7 items (2, 7, 11, 12, 15, 18, 19) had above 80% total agreement, 3 items (5,8,17) had above 70% total agreement, 3 items (3,10,13) had more than 50% total agreement, rest items (1,4,6,9,14,16,20) had less then 50% of total agreement. Experts have given suggestions to modify 10 items. Taking their suggestion into consideration and after discussing with internal guides necessary modifications was made Alter validation, the find tool contained fifteen (15) items.

Pre-testing of structured knowledge questionnaire

Structured interview schedule was pre-tested after taking administrative permission and then it was administered to five (5) cancer patients attending palliative and radiation department in North Bengal Medical College, Darjeeling. In the structural knowledge questions about use of opioids in pain management among cancer patients attending palliative care unit were reported to be clear with no ambiguity and the average time taken to complete the structure knowledge questionnaire was 25 minutes each.

Reliability of tool II

The reliability of an instrument is the degree of consistency with which measures the attribute it is supposed to measure. The tool II Structured knowledge questionnaires were administered to twenty (20) cancer patients attending palliative care unit, North Bengal Medical College & Hospital, Darjeeling on 17th November 2021. Reliability of structured knowledge questionnaire was calculated by using Split Half technique followed by

spearman Brown prophecy formula and reliability of the tool II calculated was 0.798. So it can be interpreted that tool II of structured interview schedule was reliable.

Tool III

To determine the content validity of the structured interview schedule to assess the attitude about use of opioids in pain management through 5 point Likert checklist were given to nine (9) experts for establishing content validity among them 2 doctors, 1 from HOD radiation oncology department and another from HOD surgery department, NBMC&H and 7 nursing personnel were from medical surgical nursing department online & offline.

In Tool III, fifteen items (15) (3,4,5,6,7,8,9,10,11,12,13,14,16,17,18,19,20) had 100% agreement, 1 (15) had 90% total agreement, 1(1) had 72% total agreement & rest 1 (2) had 27% total agreement. Experts have given suggestions to modify items. Taking their suggestions into consideration and after discussing with small guides, necessary modification was made. After validation, the final tool III contained 15 items.

Pre-testing of semi structured interview schedule

Structured interview schedule was pre-tested on after taking administrative permission and then it was administered to five (5) cancer patients attending palliative and radiation department in North Bengal Medical College, Darjeeling. In the structured attitude checklist about use of opioids in pain management among cancer patients attending palliative care unit were reported to be clear with no ambiguity and the average time taken to complete the structured attitude checklist interview schedule was 25 minutes each.

Reliability of structured interview attitude checklist

The reliability of an instrument is the degree of consistency with which measures the attribute it is supposed to measure. The tool III Structured attitude checklist were administered to twenty (20) cancer patients attending palliative care unit, North Bengal Medical College & Hospital, Darjeeling on 17th November 2021. The reliability of the structured checklist to assess the attitude of cancer patients attending palliative care unit was calculated by Cronbach's alpha method. The reliability calculated was 0.80. So it can be interpreted that tool

III of structured interview schedule was reliable.

Preparation of final draft

Final draft was prepared after making all the necessary and suggested changes.

Language Validity

English, Bengali version of the semi structured & structured tools were prepared by translating these into Bengali version with the help of language proficient. English language validity was obtained from Kaushik Ghosh, M.A, B.Ed, Asst. Teacher, Mahismate High school & Bengali language validity was obtained from expert Subrata Das, Principal, Baharampur High School.

ETHICAL CONSIDERATION

- Permission obtained from Institutional Ethical committee of North Bengal Medical College, Darjeeling.
 - Administrative permission taken from
 - The Principal CON, NBMC&H
 - The Director of Health Services, copy to OSD Swasthya Bhawan Kolkata
 - Administrative permission will be taken from
 - MSVP of North Bengal Medical College & Hospital, Darjeeling (reliability)
 - Director of Saroj Gupta Cancer Centre & Research institute, Kolkata (Pilot Study)
 - HOD of Saroj Gupta Cancer Centre & Research institute, Kolkata/Narayanamultispecialty hospital, Kolkata (Pilot Study)
 - Director of CNCI Kolkata & CEO of Ruma Abedona Hospice Rishra (final study)
 - HOD (Radiation and palliative and pain clinic) of CNCI Kolkata (final study)

PILOT STUDY

Pilot study is a small preliminary investigation of the same general character as the major study which is designed to acquaint the researcher with problems that can be corrected in proportion for the longer research project or is done to provide the researcher with an opportunity to try out the procedures for collecting data.

The pilot study was conducted on 9th January 2022 at Saroj Gupta Cancer Centre, Thakurpukur, Kolkata, West Bengal. The study was done by descriptive survey approach. Non probability purposive sampling technique

was used where fifteen (15) cancer patients attending palliative care unit were surveyed using structured knowledge questionnaires and structured checklist. The collected data were analysed using descriptive and inferential statistics Findings revealed that among fifteen (15) cancer patients attending palliative care unit the knowledge score mean was 8.393, median was 8 and standard deviation was 2.678. In the structured checklist the respondents have given answer. 73.33% had moderate attitude about use of opioids in pain management, 13.33% had favorable attitude and rest 13.33% had unfavorable attitude about use of opioids in pain management among cancer patients attending palliative care unit.

There was weakly negative significant relationship between knowledge and attitude of patients attending palliative care unit regarding use of opioids in painmanagement.

The Karl Pearson's correlation coefficient lies between $(-0.5 > r < 0)$ i.e weakly negative correlation and calculated value is $r = -0.006$.

It is observed that cancer patients attending palliative care unit have less knowledge as related to their attitude about use of opioids in pain management

There was no significant association between knowledge with selected demographic variables at 0.05 level of significance. So it can be concluded that the knowledge score was independent and not associated with those selected demographic variables.

The study was found feasible, few items were changed with expert guidance & suggestion. After pilot study data collection of each variables were possible, setting was suitable, language was understandable, no problem was encountered during data collection.

FINAL DATA COLLECTION PROCEDURE

- Formal permission was taken from Director of CNCI Kolkata & CEO of Ruma Abedona Hospice Rishra, HOD of CNCI Kolkata.
- The data was collected from 13/02/2022 to 13/03/2022 in Chittaranjan National Cancer Institute from IPD and OPD basis after consulting with HOD.
- Samples were selected based on a inclusion criteria by using non probability purposive sampling technique.
- Researcher with help of the doctor in charge and staff nurse those who used to come to the pain clinic and palliative unit and meeting the inclusion criteria they were selected as sample for the study.

-
- I was asked to collect data on Monday, Tuesday, Wednesday, & Saturday from OPD basis from 9 am to 4 pm. There were very few palliative patients admitted in ward.
 - The investigator introduces herself to the respondent and explained the purpose of the study and obtained consent form from the subject who was willing to participate in the study.
 - Comfortable place selected in OPD for data collection. The purpose of the study is explained
 - Average time was taken by each respondent for completion of their response to all the tools were 50-55 minutes.
 - In daily basis minimum of 8 patients & maximum of 10 patients data were collected.
 - Total 117 cancer patients attending palliative care unit were interviewed for data collection.
 - Investigator completed each interview with thanks.
 - Privacy and anonymity of the information of the subject maintained.

PLAN FOR DATA ANALYSIS

- The data analysis was planned to analysed both descriptive and inferential statistics
- Demographic data would be analysed in terms of frequency and percentage by diagrams(pie, bar, doughnuts, charts).
- The data related to structured knowledge questionnaire would be analysed using descriptive statistics in terms of frequency and percentage by using table.
- The data related to attitude among cancer patients attending palliative care unit would be analysed using descriptive statistics in terms of frequency and percentage by using table.
- Correlation coefficient calculated to analysis the co-relation between knowledge and attitude regarding use of opioids in pain management among patients attending palliative care unit.
- Chi square test calculated to determine the association between knowledge with selected demographic variables.

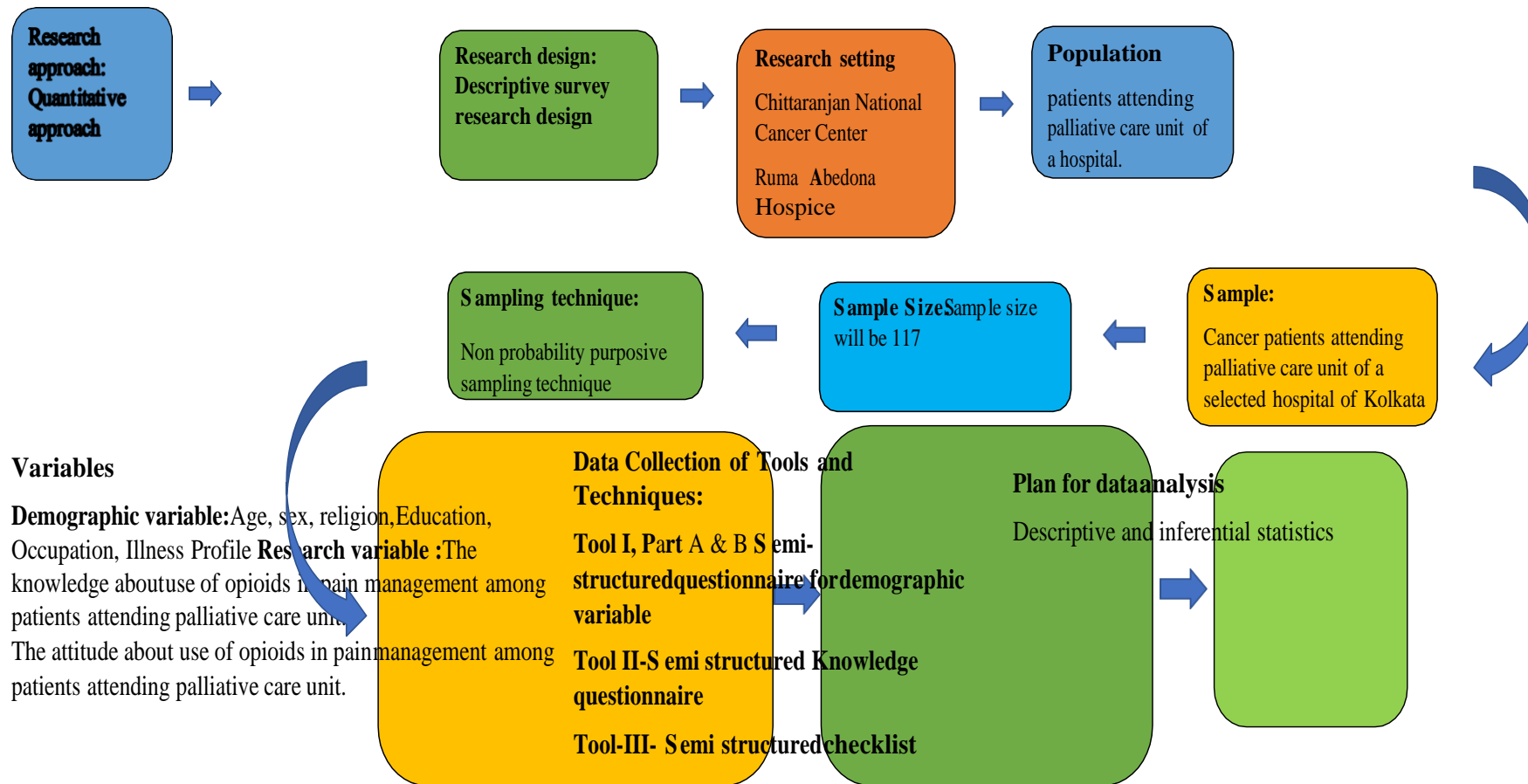


Figure 2 showing schematic diagram of Research Methodology

SUMMARY

The chapter has dealt with the research methodology adopted for the study. It includes research approach, design, sample size, sampling technique, research setting, ethical considerations, sample selection criteria, selection and development of study instruments, validity of the study instrument, pre-testing of tools, reliability of the tool, pilot study, data collection procedure and plan for data analysis.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

According to Burns and Grove analysis refers to the computation of certain measures along with searching for the pattern of relationship that exist among data groups. According to LeCompte and Schensul, research data analysis is a process used by researchers for reducing data to a story and interpreting it to derive insights. The data analysis process helps in reducing a large chunk of data into smaller fragments, which makes sense. The data were collected from 117 no of cancer patients attending palliative care unit in Chittaranjan National Cancer Institute, 37, Shyama Prasad Mukherjee Rd, Bakul Bagan, Bhowanipore, Kolkata, West Bengal 700026. In order to interpret and analysis the data findings both descriptive and inferential statistics were used. Data analysis and its interpretation is done to fulfill the study objectives and its assumptions made.

OBJECTIVES OF THE STUDY

The objectives of the present study were

- 1.To assess the knowledge about use of opioids in pain management among patients attending palliative care unit.
- 2.To assess the attitude about use of opioids in pain management among patients attending palliative care unit.
- 3.To find out the co-relation between knowledge and attitude regarding use of opioids in pain management among patients attending palliative care unit.
- 4.To find out the association between knowledge regarding use of opioids in pain management with selected demographic variables.

ORGANIZATION OF DATA AND ANALYSIS

Section I Findings related to demographic characteristics of patients attending palliative care unit.

Section II Findings related to knowledge about use of opioids in pain management among patients attending palliative care unit.

Section III Findings related to attitude about use of opioids in pain management among patients attending palliative care unit.

Section IV Findings related to correlation between knowledge and attitude regarding use of opioids in pain management among patients attending palliative care unit.

Section V Findings related to association between knowledge regarding use of opioids in pain management with selected demographic variables among patients attending palliative care unit.

Section I Findings related to demographic characteristics of patients attending palliative care unit.

This section deals with the socio demographic data of the cancer patients attending palliative care unit.

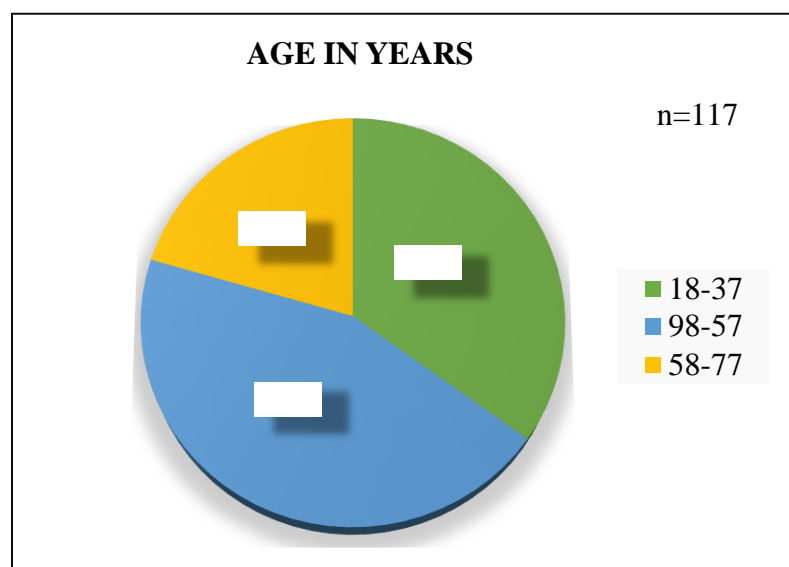


Figure 3 Pie diagram showing percentage distribution of age group among cancer patients attending palliative care unit.

Data presented in figure 3 is showing that majority of 44% of cancer patients attending palliative care unit were in the age group of 38-57 years and 21% of them were in the age of group 58-77 years and remaining are in the age group of 18-37 years with 35%.

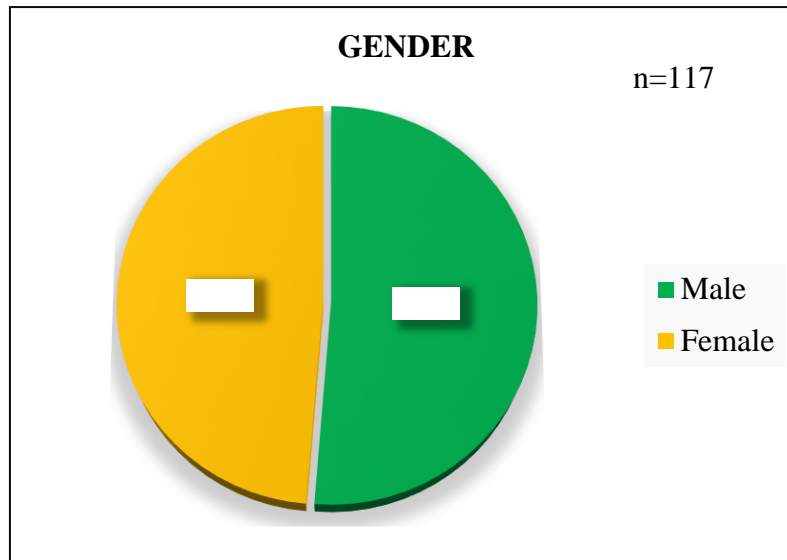


Figure 4 Pie diagram showing percentage distribution of patients attending palliative care unit according to their gender.

Data presented in figure 4 is showing that 51% of the cancer patients attending palliative care unit were male and the rest 49% of them was women.

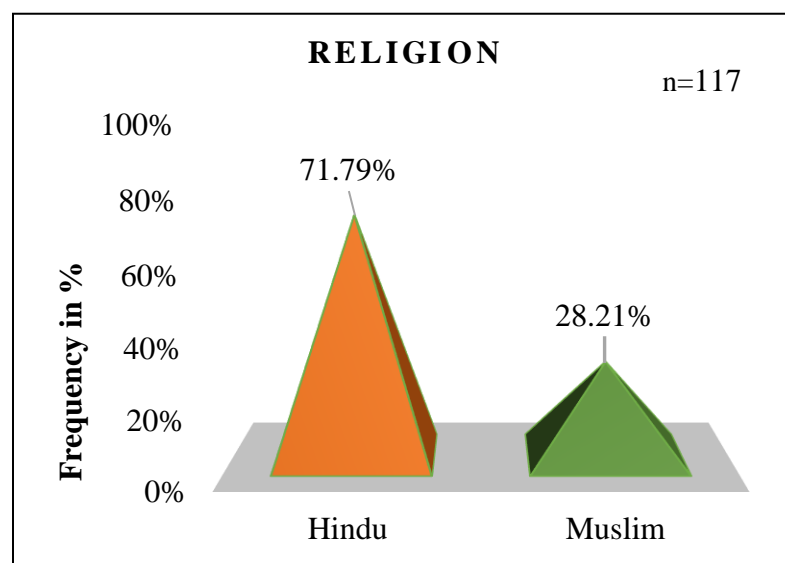


Figure 5 Pyramidic bar diagram showing percentage distribution of patients attending palliative care unit according to religion.

Data presented in figure 5 is showing that 71.79% of cancer patients attending palliative care unit belonged to Hindu and the remaining 28.21% of them belonged to Muslim.

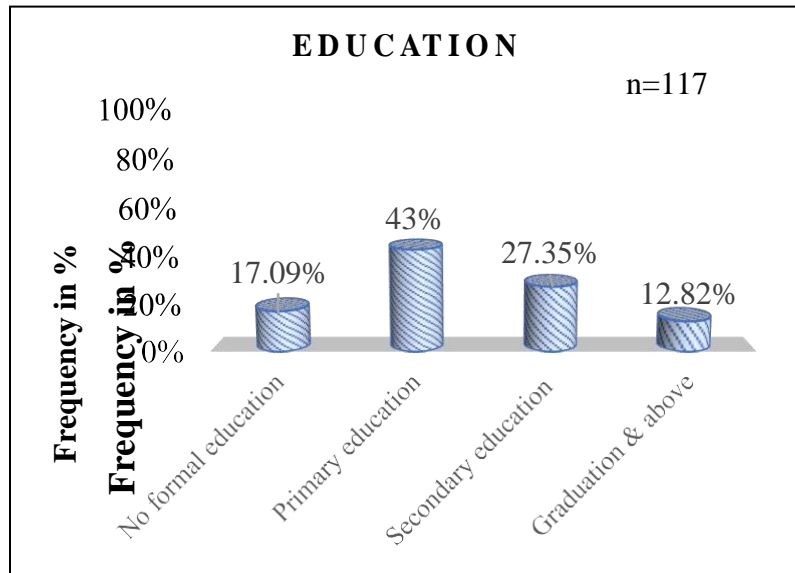


Figure 6 Cylindrical bar diagram showing percentage distribution of education among patients attending palliative care unit.

Data presented in figure 6 is showing that 43% of cancer patients attending palliative care unit had education up to primary level and 12.82% of them had completed graduation and above, 27.35% had secondary education and rest of them ie 17.09% had no formal education.

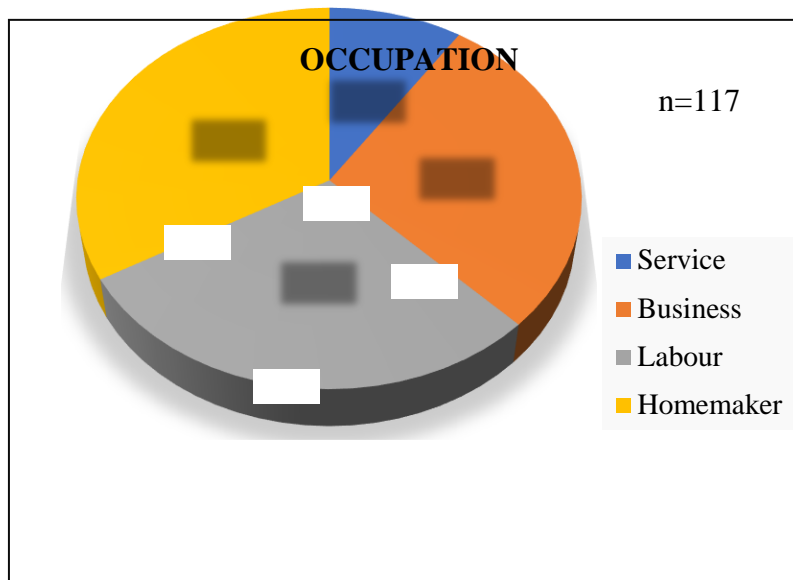


Figure 7 Pie diagram showing percentage distribution of patients attending palliative care unit according to their Occupation.

Data presented in figure 7 is showing that 33 % of cancer patients attending palliative care unit were home maker,10% of them were in service, 28% had business and remaining 29 % were labours.

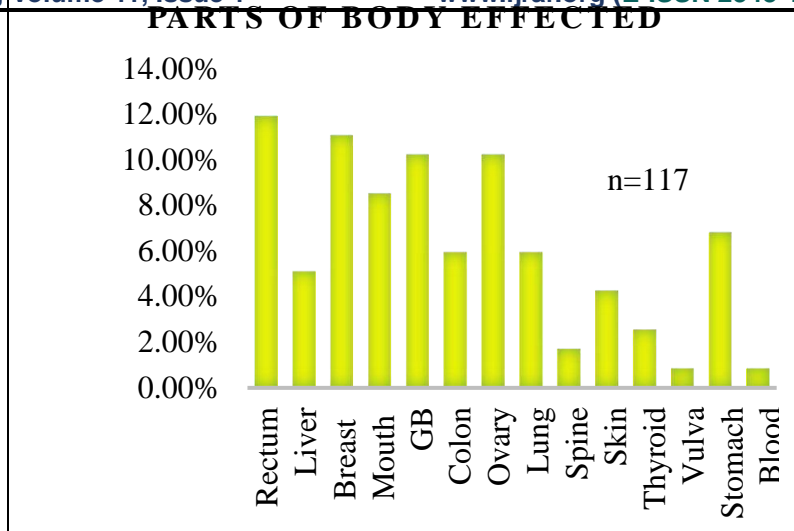


Figure 8 Bar diagram showing percentage distribution of parts of body attack by cancer among patients attending palliative care unit. Data presented in figure 8 is showing that 11.97% of cancer patients attending palliative care unit had rectum cancer, 11.12% had breast cancer, 10.26% of them had mouth and ovary cancer, 0.85% had valvula cancer & leukemia.

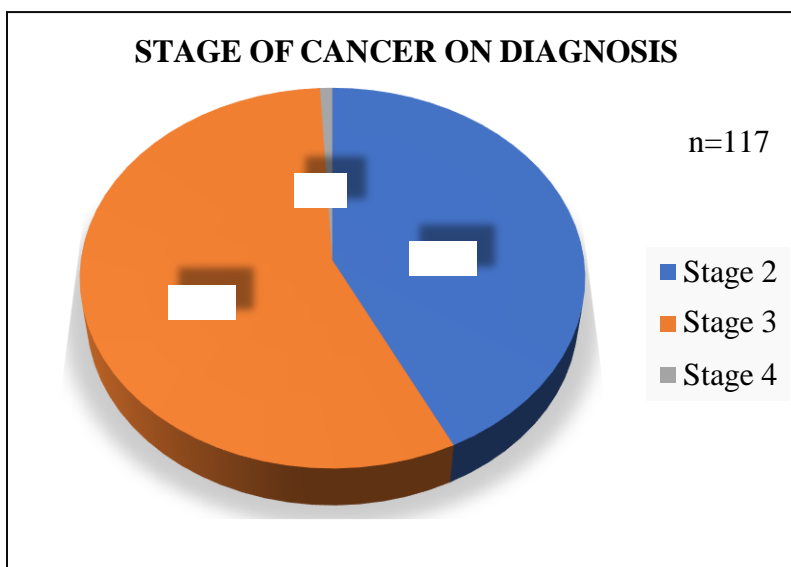


Figure 9 Pie diagram showing percentage distribution of stage of cancer on disease among patients attending palliative care unit.

Data presented in figure 9 is showing that Maximum of the cancer patients attending palliative care unit ie 56% the disease was diagnosed within stage 3 and 1% of them were diagnosed on stage 4 and rest ie 43% were diagnosed in stage 2.

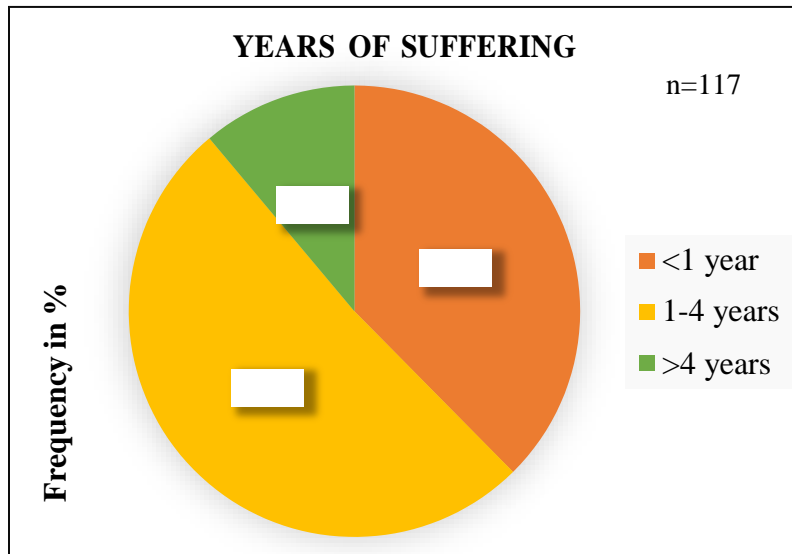


Figure 10 Pie diagram showing percentage distribution of patients attending palliative care unit according to years of suffering.

Data presented in figure 10 is showing that 51% of cancer patients attending palliative care unit suffering from 1-4 year from the disease and 11% of them were suffering from more than 4 years from the disease and the rest of the patients ie 38% were suffering from <1 year.

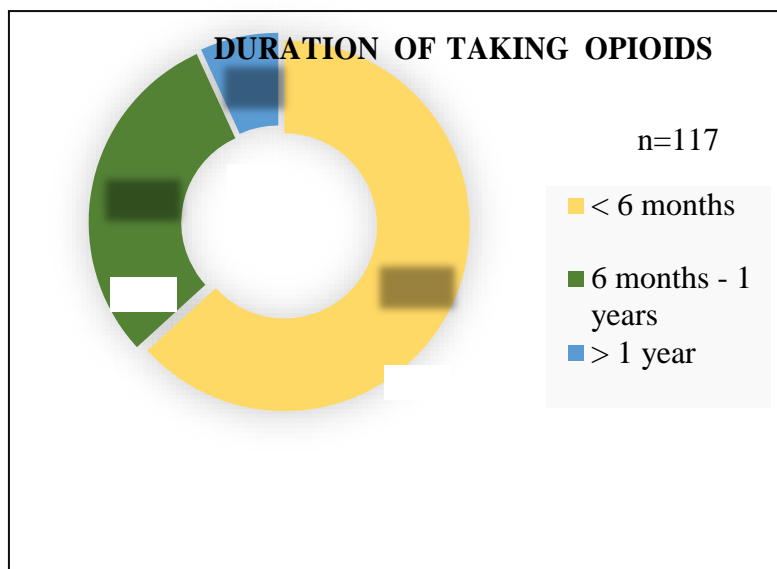


Figure 11 Doughnut diagram showing percentage distribution of patients attending palliative care unit according to duration of taking opioids.

Data presented in figure 11 is showing that maximum of cancer patients attending palliative care unit ie 63% were taking opioids less than 6 months and 7% of the cancer patients were taking opioids more than 1 year, the rest patients ie 30% were taking opioids from 6 months to 1 year.

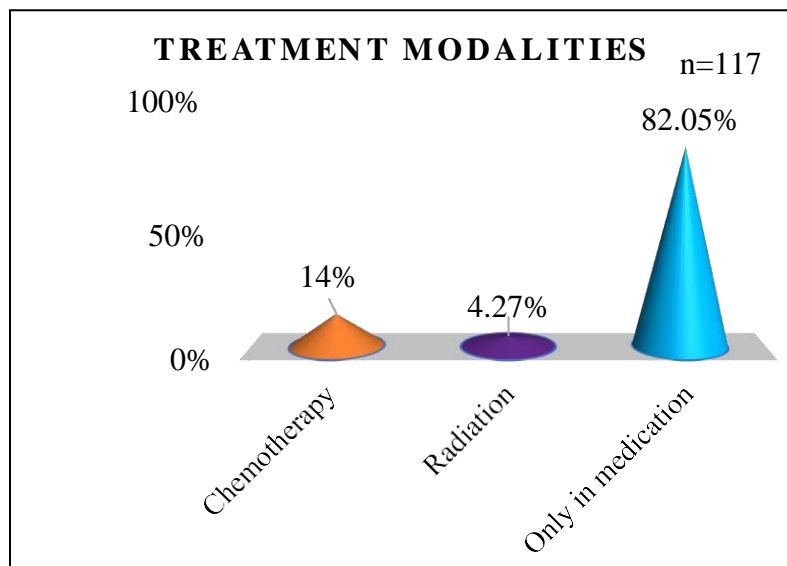


Figure 12 Cone diagram showing percentage distribution of treatment modalities among patients attending palliative care unit.

Data presented in figure 12 is showing that 82.05% of cancer patients attending palliative care unit were only in medication, 4.27% of people were receiving radiation and the remaining 13.68% of them were receiving chemotherapy.

Table 2 Mean, Median, Standard Deviation of knowledge score about use of opioids in pain management among patients attending palliative care unit.

Variable	Range of possible score	Range of obtained score	Mean	Median	S.D
Knowledge Score	0-15	3-15	8.39	8	2.67

The data presented in table 2 showed that cancer patients attending palliative care unit has knowledge score ranged between 3-15. The mean score was 8.39, the median score was 8. Further knowledge score seems to be slightly dispersed. SD is

2.67. Therefore, the mean and median are very close to each other. The obtained standard deviation indicates that knowledge score was slightly dispersed. So, it can be informed that the data was normally distributed with mild dispersion as evident by SD 2.67.

Section II Findings related to knowledge about use of opioids in pain management among patients attending palliative care unit.

Table 3 Frequency and percentage distribution of assessment of the level of knowledge score regarding use of opioids in pain management among patients attending palliative care unit.

n=117

Knowledge level	Frequency	Percentage (%)
Good (>73%) 12-15	21	17.94%
Average (40%- 73%) 6-11	77	65.81%
Poor (<40%) 0-5	19	16.23%

Table 3 revealed that 65.81% of patients attending palliative care unit had average knowledge about use of opioids in pain management, 17.94% of patients attending palliative care unit had good knowledge about use of opioids in pain management, 16.23% of patients attending palliative care unit had poor knowledge about use of opioids in pain management.

Table 4 Area wise knowledge score about use of opioids in pain management among patients attending**palliative care unit.****n=117**

Area of knowledge	Maximum possible score	Meanscore	Mean percentage
Concept about palliative care	4	1.87	46.79%
Concept of opioids	2	1.15	57.69%
Use and overuse of opioids	6	3.57	59.54%
Access of opioids	1	0.70	70.08%
Importance of pain management	2	1.09	54.70%

Table 4 revealed that 70.08% of patients attending palliative care unit had knowledge about access of opioids, only 46.79% of patients attending palliative care unit had concept about palliative care, 59.54%, 57.69% & 54.70% of patients attending palliative care unit had knowledge about use & overuse of opioids, concept of opioids & importance of pain management respectively.

Table 5 Mean, Median, Standard Deviation of attitude score about use of opioids in pain management**among patients attending palliative care unit.**

Variable	Range of possiblescore	Range of obtainedscore	Mean	Median	S.D
Attitude	5-75	45-66	53.38	53	3.96

The data presented in table 5 showed that cancer patients attending palliative care unit has attitude score ranged between 45-66. The mean score was 53.38, the median score was 53. Further attitude score seems to be slightly dispersed. SD is 3.96. Therefore, the mean and median are very close to each other. The obtained standard deviation indicates that attitude score was slightly dispersed. So, it can be informed that the data was normally distributed with mild dispersion as evident by SD 3.96.

Section III Findings related to attitude about use of opioids in pain management among patients attending palliative care unit.

Table 6 Frequency and percentage distribution of the level of attitude score regarding use of opioids in pain management among patients attending palliative care unit.

n=117

Attitude level	Frequency	Percentage
Favorable attitude (>75%) >57	16	13.67
Moderate attitude(65%-75%) 49-57	87	74.35
Unfavorable attitude (<65%) <49	14	11.96

Table 6 revealed that 74.35% of patients attending palliative care unit had moderate attitude regarding use of opioids in pain management, 13.67% of patients attending palliative care unit had favorable attitude regarding use of opioids in pain management, and another 11.96% of patients attending palliative care unit had unfavorable attitude regarding use of opioids in pain management.

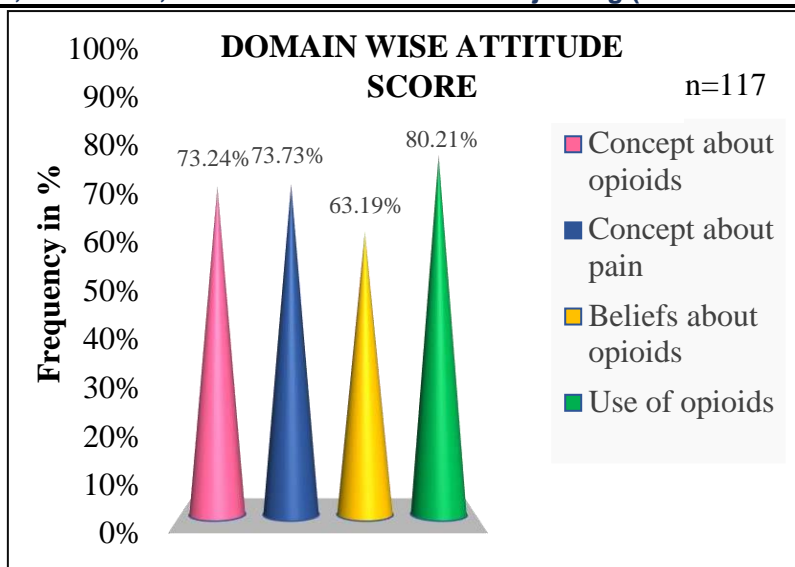


Figure 13 Cone diagram showing the domain wise mean percentage of attitude level score obtained about the use of opioids in pain management among the cancer patients attending palliative care unit.

Data presented in figure 13 is showing that cancer patients attending palliative care unit had most favorable attitude with mean% score of 80.21% about use of opioids, minimal favorable attitude with mean score % of 63.19% about beliefs about opioids. The domain of concept about opioids and pain had mean score % of 73.24% and 73.73% respectively.

Section IV Findings related to correlation between knowledge and attitude regarding use of opioids in pain management among patients attending palliative care unit.

Table 7 Correlation coefficient between knowledge and attitude regarding use of opioids in pain management among patients attending palliative care unit.

n=117

Variable	Mean Score of r score	Score of t
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Knowledge 8.3932

0.353 4.32

Attitude 53.385

“t” at $df(117-2=115)=3.37$ (approx.), $p<0.001$

The data presented in **table 7** shows that the Karl Pearson’s correlation coefficient computed value between knowledge and attitude about use of opioids in pain management among patients attending palliative care unit is $r=0.353$ which is statistically significant as evident by “t” value 4.32, whereas the tabulated value is $df(117-2=115)=3.37$ approximately $p<0.001$ at the level of significance, so the calculated “t” value is more than tabulated value. So it can be concluded that there is weakly positive significant relationship between knowledge and attitude of patients attending palliative care unit regarding use of opioids in pain management.

Section V Findings related to association between knowledge regarding use of opioids in pain management and selected demographic variables.

Table 8 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable age in year.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
18-37 years	16	25	41	0.7014
38-57 years	17	35	52	
58-77 years	10	14	24	
Total	43	74	117	

χ^2 at $df(2)=5.99$, $p<0.05$

Data presented in table 8 showed that calculated chi square values between knowledge score with selected variables ie age is 0.7014 which is less then tabulated value χ^2 at df 2 at 0.05 level of significance. So it can be concluded that the selected variables ie age is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 9 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable gender.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
Male	21	36	57	0.0004
Female	22	38	60	
Total	43	74	117	

$\chi^2(1)=3.84$, $p<0.05$

Data presented in table 9 showed that calculated chi square values between knowledge score with selected variables ie gender is 0.0004 which is less then tabulated value χ^2 at df 1 at 0.05 level of significance. So it can be concluded that the selected variables ie gender is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 10 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable religion.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
Hindu	34	50	84	1.7769
Muslim	9	24	33	
Total	43	74	117	

$\chi^2(1)=3.84, p<0.05$

Data presented in table 10 showed that calculated chi square values between knowledge score with selected variables ie religion is 1.7769 which is less then tabulated value χ^2 at df 1 at 0.05 level of significance. So it can be concluded that the selected variables ie religion is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 11 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable education.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
No formal education	7	13	20	

Primary education	25	25	50	7.404*
Secondary and above	11	36	47	
Total	43	74	117	

$\chi^2(2)=5.99, p>0.05$

Data presented in table 11 showed that calculated chi square values between knowledge score with selected variables ie education is 7.404 which is greater then tabulated value χ^2 at df 2 at 0.05 level of significance. So it can be concluded that the selected variable ie education is statistically significant association with knowledge score about use of opioids among patients attending palliative care unit.

Table 12 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable occupation.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
Service & business	13	31	44	
Labour	16	18	34	2.5491
Home maker	14	25	39	
Total	43	74	117	

$\chi^2(2)=5.99, p<0.05$

Data presented in table 12 showed that calculated chi square values between knowledge score with selected variables ie occupation is 2.5491 which is less then tabulated value χ^2 at df 2 at 0.05 level of significance. So it can be concluded that the selected variables ie occupation is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 13 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable parts of body effected.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
Reproductive system	11	15	26	1.2751
Digestive system	24	49	73	
Others	8	10	18	
Total	43	74	117	

$\chi^2(2)=5.99$, p<0.05

Data presented in table 13 showed that calculated chi square values between knowledge score with selected variables ie parts of body effected is 1.2751 which is less then tabulated value χ^2 at df 2 at 0.05 level of significance. So it can be concluded that the selected variables ie parts of body effected is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 14 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable stage on diagnosis.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
Upto stage 2	15	35	50	
Stage 3 & up	28	39	67	1.7125
Total	43	74	117	

$\chi^2(1)=3.84, p<0.05$

Data presented in table 14 showed that calculated chi square values between knowledge score with selected variables ie stage on diagnosis is 1.7125 which is less then tabulated value χ^2 at df 1 at 0.05 level of significance. So it can be concluded that the selected variables ie stage on diagnosis is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 15 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable years of suffering.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
<1year	24	20	44	
1 or more years	19	54	73	9.6051**
Total	43	74	117	

$\chi^2(1)=3.84, p>0.01$

Data presented in table 15 showed that calculated chi square values between knowledge score with selected variables ie years of suffering is 9.6051 which is greater then tabulated value χ^2 at df 1 at 0.01 level of significance. So it can be concluded that the selected variables ie years of suffering is significantly associated with knowledge score about use of opioids among patients attending palliative careunit.

Table 16 Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable treatment modalities.

n=117

Variables	Knowledge about opioids in pain management			Chi square (χ^2)
	Median<8	Median \geq 8	Total	
Treatment modalities				
Medication	33	63	96	
Others	10	11	21	1.3002
Total	43	74	117	

$\chi^2(1)=3.84, p<0.05$

Data presented in table 16 showed that calculated chi square values between knowledge score with selected variables ie treatment modalities is 1.3002 which is less then tabulated value χ^2 at df 1 at 0.05 level of significance. So it can be concluded that the selected variables ie treatment modalities is not significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

Table 17 Yates correction Chi square value showing association between knowledge regarding use of opioids in pain management and selected demographic variable duration of taking opioids.

n=117

Variables	Knowledge about opioids in pain management			Yates correction Chi square (χ^2)
	Duration oftaking Median<8	Median \geq 8	Total	
<6 months	39	35	74	
6 months or more	4	39	43	20.2105***
Total	43	74	117	

$\chi^2(1)=3.84, p>0.001$

Data presented in table 17 showed that calculated chi square values between knowledge score with selected variables ie duration of taking opioids is 20.2105 which is greater then tabulated value χ^2 at df 1 at 0.001 level of significance. So it can be concluded that the selected variables ie duration of taking opioids is significantly associated with knowledge score about use of opioids among patients attending palliative care unit.

CHAPTER- V

This chapter deals with the discussion, conclusion, implication and limitations to the study and recommendations for future.

An attempt had been made to evaluate the knowledge and attitude of taking opioids in pain management among patients of palliative care unit.

Section I Findings related to demographic characteristics of cancer patients attending palliative care unit

PART A

- Most of the cancer patients (44.45%) attending palliative care unit were in the age group of 38-57 years
- Maximum number of the cancer patients (51.28%) attending palliative care unit were male
- Majority of cancer patients (71.79%) attending palliative care unit belonged to Hindu
- Most of the cancer patients (42.74%) attending palliative care unit had education up to primary level
- Most of the cancer patients attending palliative care unit were home maker (33.33%)

PART B

- Most number of cancer patients attending palliative care unit had rectum cancer (11.97%)
- Maximum of the cancer patients attending palliative care unit ie 56.41% the disease was diagnosed within stage 3
- Maximum number of cancer patients (51.28%) attending palliative care unit were suffering from 1-4 year from the disease
- Majority of cancer patients attending palliative care unit ie 63.25% were taking opioids less than 6 months
- Majority of cancer patients (82.05%) attending palliative care unit were only in medication

Section II Findings related to knowledge about use of opioids in pain management among cancer patients attending palliative care unit.

· On the basis of knowledge score, it was found that maximum number of the patients (65.81%) attending palliative care unit had average knowledge about use of opioids in pain management, 17.94% of patients attending palliative care unit had good knowledge about use of opioids in pain management, 16.23% of patients attending palliative care unit had poor knowledge about use of opioids in pain management.

· On the basis of domain of the knowledge maximum number (70.08%) of the respondent had knowledge of access of opioids, 59.54% had knowledge of use and overuse of opioids, 57.69% had knowledge of concept of

opioids 54.70% had knowledge in importance of pain management and 46.79% had knowledge in concept about palliative care.

Section III Findings related to attitude about use of opioids in pain management among cancer patients attending palliative care unit.

· It was found that maximum number of patients (74.35%) attending palliative care unit had moderate attitude regarding use of opioids in pain management, 13.67% of patients attending palliative care unit had favorable attitude regarding use of opioids in pain management, and another 11.96% of patients attending palliative care unit had unfavorable attitude regarding use of opioids in pain management.

· On the basis of domain of the attitude maximum number of cancer patients attending palliative care unit had most favorable attitude with mean% score of 80.21% about use of opioids, minimal favorable attitude with mean score % of 63.19% about beliefs about opioids. The domain of concept about opioids and pain had mean score % of 73.24% and 73.73% respectively.

Section IV Findings related to co-relation between knowledge and attitude about use of opioids in pain management among cancer patients attending palliative care unit

· On the basis of knowledge and attitude score co-relation was calculated as 0.353 which shows that relation is weakly positive relation. 't' test was performed to give significance to correlation which was 4.048 at df 115 (n-2). The test shows that calculated value is less than the table value so 't' test is insignificant.

Section V Findings related to association between knowledge and selected demographic variable about use of opioids in pain management among cancer patients attending palliative care unit

· The result of computed Chi- square indicated that there was statistically significant association between knowledge about use of opioids in pain management and their demographic variables like educational qualification, years of suffering, duration of taking opioids.

DISCUSSION RELATED TO OTHER STUDY

· Dadgari Atena, Bagheri Imane, Rassouli Maryam, Salmani Naiire & Tahani Fatemeh conducted a study on the level of knowledge about palliative care on 103 Iranian patients with cancer, in their findings 29.1% participants had 'good' level of knowledge as reported; however 84.5% asserted that they should leave other doctors at the time of receiving palliative care, 71.8% agreed palliative care for patients in the last six months of life, 84.5% viewed palliative care only for patients with cancer, and 70.9% agreed that palliative care encourages people to cutdown treatments aimed at treating their disease .^[18]

· Miki Akiyama, Kei Hirai, Toru Takebayashi, Tatsuya Morita, Mitsunori Miyashita, Ayano Takeuchi, et al. conducted a study about knowledge, belief and concern about use of opioids and palliative care in Japan found in their study with 925 cancer patients shows that in total among them 28% believed that opioids are addictive and/or shorten life; 52% had opinion that palliative care is only for terminally ill patients; 75% agreed that being taken care of at home puts a heavy burden on the family; and 61% agreed that home-visit services cannot respond to sudden changes occurs in a patient's condition , they also identified that Levels of patients' sense of security were notably higher in those who gave opinion that "opioids can relieve most pain caused by cancer" "palliative care relieves pain and distress", "palliative care is provided along with chemotherapy and/or radiation therapy", and "pain can be alleviated as effectively through home-visit services as it can at the hospital", and those who differ with the statements that "home-visit services cannot respond to sudden changes in a patient's condition" and "being taken care of at home puts a burden on the family".^[22]

· Luís FilipeAzevedoabc, AltamiroCosta-Pereira, Liliane Mendonça, Cláudia CamilaDias, José ManuelCastro-Lopes conducted a population-based study on chronic pain and the use of opioids in Portugal. This study was done with 5094 participants were result shows use of strong opioids was reported by only 0.17% of chronic pain patients. Sex, pain severity and symptoms of depression and anxiety were significantly associated with opioid use. There is no significant differences among users and nonusers of opioids were observed regarding treatment satisfactionand self-assessed effectiveness.^[35]

CONCLUSION

From the findings of the present study, it can be concluded that 17.94%,16.23% of patients had good & poor knowledge about use of opioids in pain management respectively and most of the patients with 65.81% attending palliative care unit had average knowledge about use of opioids in pain management. So periodic awareness program in hospital setting as well as in community basis can be provided to improve the knowledge level of patients regarding opioids.

- It also found that maximum number of patients (74.35%) attending palliative care unit had moderate attitude regarding use of opioids in pain management 13.67%,11.96% of patients attending palliative care unit had favorable & unfavorable attitude regarding use of opioids in pain management respectively. The maximum number of cancer patients attending palliative care unit had most favorable attitude with mean% score of 80.21% about use of opioids, minimal favorable attitude with mean score % of 63.19% about beliefs about opioids. There are some contributing factors like lack of proper knowledge about opioids its uses and misuse, fear of addiction, cultural beliefs which may interfere with the attitudes of patients about use of opioids in pain management.

- This study suggested there is weakly positive relation between knowledge and attitude.

- This study also acknowledge that there is significant association between knowledge with selected demographic variables (educational qualification, years of suffering, duration of taking opioids).

IMPLICATIONS NURSING EDUCATION

- Nurses play a pivotal role in dispensing information about the useful as well as harmful effects of opioids in pain management especially to the community as a whole to the different age group of the society having different culture, education and occupations.

- Awareness programs will help in enlightening the general public perceptions about use of opioids thus altering their practices. This can be done by improving the in- service classes in hospital, departmental education, core education in palliative care & pain management for the nurses to update their knowledge on use of opioids and its safe practice so the staffs can provide quality nursing care, proper education to patients and modify their health beliefs and attitude about opioids and its use in pain management.

NURSING PRACTICE

- It has been seen worldwide how pain has effected the cancer patients, it is important for nurses who are working in the hospital and community settings to guide the people regarding proper knowledge about use of opioids in pain management and its effective practice to effect the medicine in body.
- Palliative oncology nurses often encounter patients with complain of pain where they render their specialized care by instituting various therapies including pain management with opioids starting from weak to strong opioids that are aimed to reduce the pain thus providing relief.

NURSING ADMINISTRATION

- The present study findings can help the administrator to initiate plans and policies for implementing awareness programs and counselling services to improve the knowledge regarding use and over use of opioids, its benefits in reliving pain.
- The administrators will plan for manpower, money, material, methods and time to conduct a successful awareness program.
- Health administration will make each department aware about the prevailing mis- concepts about pain & opioids, about the use of opioids. The personnel can conduct the awareness program in hospitals, community settings.

NURSING RESEARCH

- Research is very vital and essential tool to improve nursing practice and development of its own body of knowledge so as to uplift the standards of nursing profession
- It is the responsibility of the nurse researcher to assess the health care system regarding its available facilities in creating awareness about the use, overuse, mis use and myths about use of opioids and management of pain and how to motivate and give spiritual support to the patients during their end of life care.
- Many research studies can be conducted in various aspects related to knowledge, belief and practice of opioids in pain management, palliative care.
- The findings can in turn guide practices to implement awareness program to modify the attitude level of patients & others and also will enhance the knowledge.

- It can also aid in the development of model of care thus helping in evidenced based practice.

LIMITATION

The following limitations are observed in the study-

- The present study is conducted only in Chittaranjan National Cancer Institute & Ruma Abedona Hospice.
- Non-probability purposive sampling technique was used for selecting sample which reduces the scope of generalization.
- The study was limited only to assess the knowledge and attitude of patients about use of opioids in pain management. No attempt was made to assess practice and behaviour and no awareness program has also implemented.

RECOMMENDATION:

On the basis of the findings of the study, the following recommendation have been made:

- Scientific studies similar to this study can be undertaken in various other health settings
- A similar study can be replicated on large diverse population from various parts of West Bengal as well as other parts of this country.
- Descriptive survey design may be attempted in clinical field among admitted as well as outdoor patients.
- Similar type of studies may be conducted among nursing staffs & students, physicians and care givers.
- A descriptive comparative study may be done between the palliative department setting and other departments of hospitals settings to assess the knowledge of use of opioids in pain management.
- An experimental study can also be done by incorporating planned teaching programme as an intervention into the study so as to benefit of the participants.
- A similar study can be done with the use of different teaching method i.e. Self- instruction module, planned teaching programme, computer assisted learning and awareness programme.

SUMMARY

The chapter has dealt with the summary of study, major findings, discussion, conclusion and implications on nursing field, limitations and recommendation of the study.

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APPENDIX- A

Memo/CON/NBMCCH/516(1)

Date - 6th may2021

To
The Chairperson
Board of studies (Research)
West Bengal University of Health Science
Kolkata-700064

Through Proper channel

Subject: Prayer for selection of problem statement for dissertation of partial fulfillment of the M.Sc. Nursing course.

Respected Madam,

With humble submission, I beg to state that I am Megha Ghosh MSc nursing student (Session2020-2022) from College of Nursing, North Bengal Medical College and Hospital, Sushrutnagar, Darjeeling, submitting my 3 problem statement along with objectives according to my specialty subject.

I will be highly obliged if you kindly select any one problem statement for my dissertation for partial fulfillment of the course required for the degree of Master's of Science in Nursing from West Bengal University of Health science, Kolkata.

Your kind co-operation is highly solicited.

Thanking you

Your's faithfully

Megha Ghosh

1st year M.Sc. Nursing student
(Session 2020-2022)
College of Nursing

North Bengal Medical College & Hospital

Forwarded for n/a Please

Jg
06.05.21.

Principal
College of Nursing
N.B.M.C.H.
Sushruta Nagar, Darjeeling

APPENDIX- B1

To,
The principal
College of Nursing
North Bengal Medical College & Hospital
Sushruta Nagar, Darjeeling

Sub: Application for seeking permission to conduct research study.

Respected madam,

With humble submission myself, Megha Ghosh, MSc Nursing student, session 2020-2022, of your esteemed institution would like to state that I have to conduct a research study on

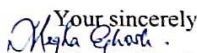
“A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal”

The study will be conducted under the guidance of Prof. Sabita Tamang, principal, CON, NBMC&H Darjeeling and Madam Mamta Tamang, Clinical Instructor, CON, NBMC&H, Darjeeling.

I will bear all the expenses of my research project on my own and will take informed consent and permission from all the participants as well as concerned authorities prior the study. Privacy and confidentiality will be maintained strictly.

I shall be highly obliged if you kindly allow me to conduct the study.

Thanking you.

Your sincerely

Megha Ghosh

MSc. Nursing, 1st Yr.
CON, NBMC&H Darjeeling


Permitted

Prof. Sabita Tamang
Principal
College of Nursing, NBMC&H
Shushrutnagar, Darjeeling

APPENDIX- B2

Memo/CON/NMMCH/660(1)

To
The Chairperson
Institutional Ethics Committee
North Bengal Medical College
P.O.-Sushrutanagar
Dist- Darjeeling

Date: 15/06/21

Through proper channel

Subject: Prayer for seeking permission to conduct the dissertation work

Respected Sir/Madam,

I, Megha Ghosh, Master of Science in Nursing student of 2020-2022 session of College of Nursing, North Bengal Medical College & Hospital, Sushrutanagar, Darjeeling, would like to inform you that the course requirement as per the West Bengal University of Health Sciences have to do one dissertation work.

The title selected for the study is "A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal." The study will be conducted under the guidance of Madam Sabita Tamang, Principal, College of Nursing North Bengal Medical College and Hospital and Madam Mamta Tamang, Clinical Instructor College Of Nursing, North Bengal Medical College and Hospital.

I will obtain prior permission from the concerned authorities and also obtain informed consent and permission from all the participants before starting my study. The privacy, safety, and confidentiality of all the study participants will be maintained strictly. I will bear all expenses of my research project on my own. All the necessary documents are enclosed herewith.

I shall be highly obliged if you kindly provide me ethical clearance to conduct my proposed study.

Thanking you.

Yours faithfully
Megha Ghosh
Megha Ghosh
M.Sc. Nursing
1st year student
College of Nursing
North Bengal Medical College & Hospital
Mail id: meghaghosh0116@gmail.com
Mob. No: 7908176697

Enclosure:
Research Proposal
Research Tool
Informed Consent in English & Bengali
Information to the respondent in English & Bengali

Forwarded for n/a please

Principal
College of Nursing
N.B.M.C&H,
Sushrutanagar, Darjeeling

Signature
15.06.21

APPENDIX-B3

GOVERNMENT OF WEST BENGAL
 OFFICE OF THE PRINCIPAL, COLLEGE OF NURSING
 NORTH BENGAL MEDICAL COLLEGE & HOSPITAL
 P.O- Sushrutanagar. DIST-Darjeeling, PIN-734012
 Phone NO. 0353-2585618,EMAIL ID:nbcon09@gmail.com

Memo. No./CON/NBMCH/ 1309

Date- 26/08/24

From
 The Principal
 College of Nursing
 North Bengal Medical College & Hospital
 Sushrutanagar, Darjeeling

To
 The Director of Health Services
 Government of West Bengal
 Department of Health & Family Welfare
 Swasthya Bhawan, Sector-V, Salt Lake City
 Kolkata-700091

Subject- Seeking permission to conduct Pilot and Final study of Dissertation of 27 M.Sc Nursing students, Session 2020-2022, for partial fulfillment of the Degree of M.Sc Nursing under WBUHS.

Respected Sir/Madam

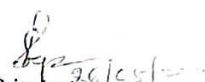
This is for your kind information that 27 M.Sc Nursing students have been admitted in this Institution for the session 2020-2022.

Therefore, the undersigned would like to request you to give permission to 27 M.Sc Nursing students of this College for conducting Pilot and Final study of Dissertation for partial fulfillment of the Degree of M.Sc Nursing under WBUHS.

Name list of students along with Problem Statement and setting of Pilot and Final study are enclosed herewith.

Thanking you in anticipation.


Yours Sincerely


 Principal

Copy to

1. OSD Nursing, Swasthya Bhawan

College of Nursing, NBMC&H


 Principal
 College of Nursing, NBMC&H

Principal
 College of Nursing
 N.B.M.C. & Hospital
 Sushruta Nagar, Darjeeling
 Pin-734012

APPENDIX-B4



GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL COLLEGE OF NURSING
NORTH BENGAL MEDICAL COLLEGE & HOSPITAL
P.O. Sushrutnagar, Dist- Darjeeling Pin-734012
PHONE NO 0353-2584618, EMAIL ID nbecon09@gmail.com

To
The MSVP
North Bengal medical college & hospital
Sushrutnagar, Darjeeling

MEMO NO-1624
date - 16.11.21.

Through proper channel

[Subject: seeking permission for reliability testing]

Date: 17/11/21

Respected sir/ Madam,

This is to introduce Miss Megha Ghosh M.sc Nursing 1st year student of this CON, seeking permission from your good office to conduct reliability test on her assigned research topic "A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal" in chemo, cancer and radiation department under your control.

Therefore the undersigned requests your good office to kindly grant permission for the same.

Thanking you in anticipation

Your sincerely

[Signature]
16.11.21
Principal
College of Nursing
N.B.M.C.H.
Sushrutnagar, Darjeeling
NBMCH

allow
NW
17/11/21
medical Super. Charge
N. B. M. C. H.
Sushrutnagar, Darjeeling

APPENDIX-B5



GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL COLLEGE OF NURSING
NORTH BENGAL MEDICAL COLLEGE & HOSPITAL
P.O. Sushrutanagar, Dist- Darjeeling Pin-734012
PHONE NO 0353-2584618, EMAIL ID nbcon09@gmail.com

Memorandum NBMH/1758
To,

Director

Saroj Gupta Cancer Centre & Research institute
Mahatma Gandhi Rd, Greater Bakul Bithi
Thakurpukur, Kolkata, West Bengal 700063

Date: 11/01/2022.

Sub: Seeking permission for pilot study

Respected Sir/Madam,

This is to introduce Miss Megha Ghosh, M.Sc. Nursing 1st year student of government college of nursing, North Bengal Medical College & Hospital, seeking permission from your good office to conduct pilot study on her assigned research topic, "A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospital of Kolkata, West Bengal" in the palliative department of your hospital under your control.

Therefore, the undersigned request your good office to kindly grant permission for the same.

Thanking you in anticipation

Your sincerely

11/01/2022

Approved on behalf
of Director Dr. A. Gupta

DR. GAUTAM BHATTACHARJEE
HOD & PROFESSOR
Radiation Oncology Department

Principal
College of Nursing
N.B.M.C&H.
Sushrutanagar, Darjeeling



Forwarded to Dr RAKESH ROY (In-charge Palliative
for acting as local mentor. (see Dept)

11/1/2022

APPENDIX-B6



GOVERNMENT OF WEST BENGAL
 OFFICE OF THE PRINCIPAL COLLEGE OF NURSING
 NORTH BENGAL MEDICAL COLLEGE & HOSPITAL
 P.O. Sushrutnagar, Dist- Darjeeling Pin-734012
 PHONE NO 0353-2584618, EMAIL ID nbcon09@gmail.com

Letter/CON/NBMC&H/1762.

To,

Director

Date:

Chittaranjan National Cancer Institute

37, Shyama Prasad Mukherjee Rd, Bakul Bagan

Bhowanipore, Kolkata, West Bengal-700026

Sub: Seeking permission for final study

Respected Sir/Madam,

This is to introduce Miss Megha Ghosh, M.Sc. Nursing 1st year student of government college of nursing, North Bengal Medical College & Hospital, seeking permission from your good office to conduct final study on her assigned research topic, "A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospital of Kolkata, West Bengal" in the palliative department of your hospital under your control.

Therefore, the undersigned request your good office to kindly grant permission for the same.

Thanking you in anticipation

Your sincerely

[Signature]
Principal

College of Nursing, NBMC&H

Sushrutnagar, Darjeeling

Principal
 College of Nursing
 N.B.M.C&H.
 Sushruta nagar, Darjeeling

Miss Megha Ghosh may be allowed to collect data on opioid patients for care deptt one month.
11/2/22
Dr. Ranajit Mandal
 HEAD
 DEPT. OF GYNAECOLOGY ONCO
 KOLKATA

Forwarded to HOD, NA
[Signature]
 डॉ. जयन्त चक्रवर्ती / Dr. Jayanta Chakrabarti
 निदेशक / Director
 चित्तारंजन राष्ट्रीय कैंसर संस्थान
 Chittaranjan National Cancer Institute
 37, एस. पी. मुखर्जी रोड / 37, S. P. Mukherjee Road
 कोलकाता-700 026 / Kolkata-700 026
11/2/2022

APPENDIX-B7



GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL COLLEGE OF NURSING
NORTH BENGAL MEDICAL COLLEGE & HOSPITAL
P.O. Sushrutanagar, Dist- Darjeeling Pin-734012
PHONE NO 0353-2584618, EMAIL ID nbcon09@gmail.com

Handwritten: *নন্দনাথ/নবমিহ/১৭৬১*
To,

CEO/ Director
Ruma Abedona Hospice
Subhasnagar, Subhas Nagar2, Rishra
Pandit Satghara, West Bengal-712248

Date:

Sub: Seeking permission for final study


Respected Sir/Madam,

This is to introduce Miss Megha Ghosh, M.Sc. Nursing 1st year student of government college of nursing, North Bengal Medical College & Hospital, seeking permission from your good office to conduct final study on her assigned research topic, "A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospital of Kolkata, West Bengal" in the palliative department of your hospital under your control.

Therefore, the undersigned request your good office to kindly grant permission for the same.

Thanking you in anticipation

Your sincerely


Principal
College of Nursing, NBMC&H
Sushrutnagar, Darjeeling


Approval
12/07/2024
Ruma Abedona Hospice Charitable Trust
Research Committee

Principal
College of Nursing
N.B.M.C&H,
Sushruta nagar, Darjeeling

APPENDIX-C1



GOVERNMENT OF WEST BENGAL
NORTH BENGAL MEDICAL COLLEGE
Institutional Ethics Committee

P.O. Sushrutanagar – 734 012, Silliguri
Dist. Darjeeling, West Bengal, India



Memo no. IEC/NBMC/2020-21/84

Date: 21.06.2021

NBMC IEC Composition

Chairperson:

Prof. Sangita Bhattacharyya

Member Secretary:

Dr. Kalyan Khan

Basic Scientists:

- Prof. Koushik Samajdar,
- Prof. Goutameswar Majumdar,
- Prof. Utpal Kr. Biswas,
- Dr. Abhijit Mukherji,
- Dr. Sharmistha Bhattacharya,
- Dr. Jagadish Biswas,
- Dr. Rakesh Mandal

Clinicians:

- Dr. Sandip Kr. Sengupta,
- Prof. Dipanjan Bandyopadhyay,
- Prof. Sanjay Kr. Mallick,
- Dr. Samrat Dutta,
- Dr. Sekhar Chakraborty,
- Dr. Arundhati Dasgupta,
- Dr. Pankaj Pal

Social Scientist:

Swami Nityasatyananda

Legal Expert:

Sri Tapash Kr. Nandi

Social Representative:

Sri Somnath Chatterji

To Whom It May Concern

This is to certify that the Research Proposal submitted by

Magla Ghosh

Msc Nursing - C.O.N, NBMC

titled

A study to assess the knowledge and attitude about use of opioids in pain management among patients attending Palliative care units of selected hospitals of Kolkata, West Bengal.

has been approved for continuation by the Institutional Ethics Committee of North Bengal Medical College, provided the researcher maintains all the relevant Institutional rules and regulations.

S. Chattopadhyay

Chairperson /

Member Secretary

Institutional Ethics Committee

North Bengal Medical College

Chairperson



Institutional Ethics Committee,



North Bengal Medical College

APPENDIX-C2

COLLEGE OF NURSING
 Name of the College : NORTH BENGAL MEDICAL COLLEGE & HOSPITAL
 Name of the Student : MEGHA GHOSH
 Specialization : MEDICAL SURGICAL NURSING. (CRITICAL CARE NURSING)

Problem Statement: A STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE ABOUT USE OF OPIOIDS IN PAIN MANAGEMENT AMONG PATIENTS ATTENDING PALLIATIVE CARE UNIT OF SELECTED HOSPITALS OF KOLKATA, WEST BENGAL.

PROF. SABITA TAMANG, PRINCIPAL
 Name of the Guide : CON, NBMC&H.
 Signature of the Guide :  Prof. Sabita Tamang
 POS Principal
 College of Nursing, NBMCH
 Shushrutnagar, Darjeeling
 Signature of principal:  Prof. Sabita Tamang
 POS Principal
 College of Nursing, NBMCH
 Shushrutnagar, Darjeeling


 Name of the Co Guide

 Signature of the Co Guide
 Clinical Instructor
 CON, NBMC&H
 Darjeeling

Approved By BOS, Nursing Research & Statistics


 Signature
 Prof Dr. Smirikana Mani
 Secretary, BOS, Nursing Research & Statistics


 Signature
 Chaitali Biswas
 Member, BOS, Nursing Research & Statistics


 Signature
 Kasturi Mandal
 Member, BOS, Nursing Research & Statistics


 Signature
 Moitreyee Choudhuri
 Member, BOS, Nursing Research & Statistics

APPENDIX-C3

10/01/2022, 14:59

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GOVERNMENT OF WEST BENGAL
DIRECTORATE OF HEALTH SERVICES
NURSING SECTION
SWASTHYA BHAWAN, GN-29
SECTOR-V, SALT LAKE CITY, KOLKATA-700 091

No. HNG/SP-06-2021/ 1254

Dated: 7.7.21

ORDER

Permission is hereby accorded to the following M.Sc. (Nursing) students for conducting pilot study and final study mentioned in Col. No. 3 & 4 respectively for partial fulfilment of M.Sc. (Nursing) course under WBUHS on the topic mentioned in Col. No. 5.

1	2	3	4	5	6
Sl. No.	Name of the Student	Pilot Study January 2022	Final Study March 2022	Topic	Name of the College
1	Payel Banerjee	Anamoy SSWH Purba Burdwan	Burdwan Medical College and Hospital, Purba Burdwan	Assessment of risk factors and measures for prevention of coronary artery disease among nurses in selected hospital in West Bengal.	Govt. College of Nursing, Purba Burdwan
2	Papia Chatterjee	NRS Medical College and Hospital	R.G. Kar Medical College and Hospital	Assessment of knowledge and health seeking behaviour of mothers regarding care of children for febrile convulsion attending selected immunization clinic of West Bengal	Govt. College of Nursing, Purba Burdwan
3	Reshmi Chatterjee	Shyamsel Ltd. Sponge iron industry, Paschim Bardhaman	Super Smelter Ltd. Sponge iron industry, Paschim Bardhaman	Assessment of occupational health hazards and preventive measures adopted by different categories of industrial workers working in selected sponge iron industry of West Bengal	Govt. College of Nursing, Purba Burdwan
4	Dhira Das	Burdwan Medical College and Hospital	Rampurhat Govt. Medical college and Hospital Birbhum	Assessment of knowledge regarding contributing factors of anaemia and its prevention among mothers of under 5 years children in selected Hospital of West Bengal	Govt. College of Nursing, Purba Burdwan
5	Mahasweta Debnath	Medical College and Hospital, Kolkata	1. Nil Ratan Sarkar Medical College and Hospital, Kolkata 2. R.G Kar Medical College and Hospital, Kolkata. 3. SSKM Hospital and IPGMER, Kolkata	Effect of teaching and demonstration on knowledge and practices about colostomy care among mothers of children with colostomy wound admitted in selected hospital, Kolkata.	Govt. College of Nursing, Purba Burdwan

[Signature]
28/09/21

<https://mail.google.com/mail/u/0/#inbox/FMfcgzGmtNfrpTmFvSCBvbdKxBjHgnfl?projector=1&messagePartId=0.1>

APPENDIX-C3

3/01/2022, 14:59

IMG-20220110-WA0008.jpg

1	2	3	4	5	6
Sl. No.	Name of the Student	Pilot Study January 2022	Final Study Feb 2022	Topic	Name of the College
82	Baby Dey	Alipurduar District Hospital, Alipurduar	1. North Bengal Medical college and Hospital, Darjeeling 2. Neotia Getwel Health care centre. 3. Siligury Distric Hospital, Siligury 4. Jalpaigury District hospital, Jalpaugury 5. Anaadolok Hospital, Siligury 6. Coochbihar MJN Medical college & Hospital	A study to assess the effectiveness of relaxation technique on psychological well-being among patients on hemodialysis in selected hospital, North Bengal	College of Nursing, North Bengal MCH, Darjeeling
83	Jhuma Das	Sishubari Higher secondary school. Alipurduar.	Lokenathpur Higher Secondary school, Jitpur Higher Secondary school, Alipurduar.	study to assess the knowledge and attitude regarding HIV/AIDS and its prevention among higher secondary school students in selected schools of North Bengal .	College of Nursing, North Bengal MCH, Darjeeling
84	Megha Ghosh,	Sarojgupta cancer center and research institute Kolkata, Narayana hospital kolkata	Tata medical Center Kolkata, Chittaranjan national cancer institute Kolkata, Rumaabedona hospice rishra.	A study to assess the knowledge and attitude about use of opioids in Pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal.	College of Nursing, North Bengal MCH, Darjeeling
85	Parna Bhattacharjee	Lalbagh Sub-divisional Hospital, Murshidabad	Murshidabad Medical College and Hospital, Berhampore, Murshidabad	A study to assess the knowledge related to risk of needle prick injury and stated practice after needle prick injury among staff nurses of a selected hospital of Murshidabad District, West Bengal.	College of Nursing, North Bengal MCH, Darjeeling

[Signature]
08.09.21

ps://mail.google.com/mail/u/0/#inbox/FMfcgzGmtNfrpTmFqzWmthBmkJqsBGCS?projector=1&messagePartId=0.1

APPENDIX-C3

1/2022, 14:59

IMG-20220110-WA0007.jpg

1	2	3	4	5	6
Sl. No.	Name of the Student	Pilot Study 01.12.21- 15.12.21	Final Study 01.01.2021-06.21	Topic	Name of the College
215	Khukumani Bhattacharya ^a	Sub-centre of Samali Block, Bishnupur-II block, South 24pgs	Sub-centre of Baruipur & Sonarpur Block, South 24pgs	Assessment of perception and performance of ANM in implementing mother child tracking system in selected sub-center, West Bengal.	Government College of Nursing ID & BG Hospital Campus.
216	Secma Das	Boshnupur-II, South 24 pgs	Baruipur & Sonarpur Block	Assessment of attitude of parents towards the girl child education & early marriage at selected rural community, West Bengal	Government College of Nursing ID & BG Hospital Campus

[Signature]
Director of Health Services
West Bengal

No. HNG/SP-06-2021/1254/1(9)

Dated: 9.9.21

Copy forwarded for information and necessary action to:

1. The Principal.....
2. The MSVP _____
3. The CMOH/BMOH, _____
4. The Superintendent, _____
5. The Principal, CON _____
6. The Nursing Superintendent, _____
7. The Principal/Headmaster/ Headmistress, _____
8. Smt. _____, M.Sc. (Nursing) student.
9. Guard File

[Signature]
OSD (Nursing), 09.09.21
West Bengal

<https://mail.google.com/mail/u/0/#inbox?projector=1>

1/1

APPENDIX-D1**Letter of requesting Expert's opinion and suggestions for validation of Research tool**

From,
Megha Ghosh
1st year MSc Nursing student
W.B. Govt. College of Nursing, NBMC&HTo,.....

Subject: Requesting the opinions and suggestions of experts for establishing content validity of data collection tools.

Respected Madam,

Myself, Megha Ghosh, 1st year M.Sc. Nursing student in College of Nursing, NBMCH, Dist. Darjeeling, W.B. and I have selected the mentioned below topic for the research project to be submitted to the West Bengal University of Health Sciences for the partial fulfilment of M.Sc. Nursing degree.

Topic: A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal.

I request you to kindly go through and validate the content of the tool in terms of its relevancy, accuracy and appropriateness in relation to the objectives of the study.

Tools enclosed are: Assessment of selected demographic Variables of respondent (Tool I), Structure questionnaire to assess the knowledge about use of opioids in pain management among patients attending palliative care unit (Tool II), Structure interview to assess the attitude about use of opioids in pain management among patients attending palliative care unit (Tool III)

I am enclosing the copies criteria checklist, statement of the problems, purpose, objectives of the study.

Kindly go through the tool and give your valuable suggestions on the space provided against each item in the criteria checklist. This will enable me to establish the content validity of the tool. Your expert opinion and Co-operation will be highly appreciated and gratefully acknowledged.

Thanking you.

Date: Yours Sincerely

Place: Sushrutanagar, Darjeeling

Megha Ghosh M.Sc.

Nursing 1st year (NBMC&H)

APPENDIX-D2**CRITERIA CHECKLIST FOR VALIDATION OF TOOL-1**

Introduction: The expert is requested to kindly go through the tool and place a tick (✓) in the columns provided against each item with regard to its relevance, accuracy and appropriateness. Evaluator is requested to go through the content and express his/her opinion by making comments in the remark column of the criteria checklist.

Your expert opinion and kind co-operation will be highly appreciated.

Item no	Relevancy			Accuracy			Appropriateness		
	Agree	Partially agree	Disagree	Agree	Partially agree	Disagree	Agree	Partially agree	Disagree
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Any other suggestion:

Signature:

APPENDIX-D2

CRITERIA CHECKLIST FOR VALIDATION OF TOOL-II

Introduction: The expert is requested to kindly go through the tool and place a tick (√) in the columns provided against each item with regard to its relevance, accuracy and appropriateness. Evaluator is requested to go through the content and express his/her opinion by making comments in the remark column of the criteria checklist.

Your expert opinion and kind co-operation will be highly appreciated.

Item no	Relevancy			Accuracy			Appropriateness		
	Agree	Partially agree	Disagree	Agree	Partially agree	Disagree	Agree	Partially agree	Disagree
1.									
2.									
3.									
4.									
5.									

6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

Any other suggestion:

Signature:

APPENDIX-D2

CRITERIA CHECKLIST FOR VALIDATION OF TOOL-III

Introduction: The expert is requested to kindly go through the tool and place a tick (√) in the columns provided against each item with regard to its relevance, accuracy and appropriateness. Evaluator is requested to go through the content and express his/her opinion by making comments in the remark column of the criteria checklist.

Your expert opinion and kind co-operation will be highly appreciated.

Item no	Relevancy			Accuracy			Appropriateness		
	Agree	Partially agree	Disagree	Agree	Partially agree	Disagree	Agree	Partially agree	Disagree
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

Any other suggestion:

Signature:

APPENDIX-D3

LIST OF EXPERT VALIDATORS

Sl no.	Name of validators	Designation	Name of institute
1.	Prof. Purnima Kundu	Principal	College of nursing, Medical college and hospital, Kolkata
2.	Dr. Umarani Adhikari	Senior Lecturer	College of nursing, Medical college and hospital, Kolkata
3.	Prof. Kathika Pattanayak	Professor	College of nursing, Asia heart foundation, Kolkata
4.	Prof Rita Bandyopadhyay	Professor	College of nursing, Asia heart foundation, Kolkata
5.	Mrs. Nibedita Ghosh	Assistant professor	Apollo Gleneagles nursing college, Kolkata
6.	Mrs. Madhumita Chatterjee	Assistant professor	Apollo Gleneagles nursingcollege, Kolkata
7.	Prof. Samdup Choedon	Principal	Novena school of nursing, Darjeeling

8. Ms. Aditi pal Assistant professor Jiaganj school and college of nursing, Jiaganj Murshidabad, West Bengal
9. Ms. Reshma Tamang Sr. sister tutor Novena school of nursing, Darjeeling
10. Ms. Roshni Chettri Sr. sister tutor Novena school of nursing, Darjeeling
11. Dr Amarendranath Sarkar Associate professor & HOD department of general surgery North Bengal medical college and hospital, Darjeeling
12. Dr. SamratDutta Associate professor & HOD department of radiology North Bengal medical college and hospital, Darjeeling

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

To whom it may concern

This is to certify that the content and tool construction of Megha Ghosh, M.Sc. Nursing student from College of Nursing, NBMCH to be used for her research study, A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal, to has been validated by me.



Signature of Validator:

Name: PROF. PURNIMA KUNDU

Designation: PRINCIPAL, CON, Medical College and Hospital, Kolkata

Date: 14/08/2021

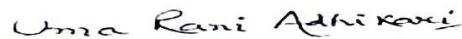
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CERTIFICATE OF VALIDATION OF TOOL

To whom it may concern

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Signature of Validator:



Name: Dr. Uma Rani Adhikari

Designation: Senior Lecturer

Date: 22.10.2021

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

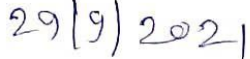
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Signature of Validator: 

Name: 

Designation: 

Date: 

APPENDIX-D4

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Signature of Validator:

Rita Bandyopadhyay.

Name:

RITA BANDYOPADHYAY

Designation:

PROFESSOR, CON, AHF.

Professor
College Of Nursing
Asia Heart Foundation

25.9.2021

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

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Signature of Validator:



Name: Nibedita Ghosh

Designation: Assiatant Professor

Date: 02.08.2021

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

To whom it may concern

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Signature of Validator:

Madhumita Chatterjee

Assistant Professor
APOLLO GLENAGLES NURSING COLLEGE
RGN/6/A/5/1044, GOPALPUR
HARAYANPUR, BATTALA
KOLKATA - 700 138

Name: Madhumita Chatterjee

Designation: Assistant professor

Date: 17.09.2021

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

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Signature of Validator:



Name:

SANDIP CHOUDHURY

Designation:

PRINCIPAL

PRINCIPAL
NBMCH Hospital
Rd. No. 1, G. T. Road, SS Hazra
Matigala, Siliguri- 735001

Date:

06/08/2021

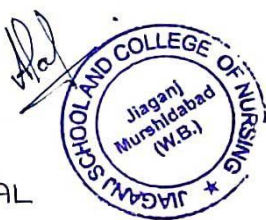
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Signature of Validator:



Name: ADITI PAL

Designation: Assistant Professor.


Date: 18/08/21.

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

To whom it may concern

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Signature of Validator: 

Name: Reshma Panwar .

Designation: Sr. Sister In-charge

Date: 4/08/2021



APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

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Signature of Validator:



Name:

Designation:

Date:



APPENDIX-D4

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Signature of Validator: 

Head of the Department
Department of Surgery
N.B. Medical College & Hospital
Sushruta Nagar
Darjeeling

Name:

DR. AMARENDRA NATH
SARKAR

Designation:

ASSO. PROFESSOR & HOD.
Dept. of General Surgery

Date:

24/08/21

APPENDIX-D4

CERTIFICATE OF VALIDATION OF TOOL

To whom it may concern

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Signature of Validator: *Samrat Dutta*

Name: DR. SAMRAT DUTTA

Designation: *Associate Professor & H.O.D.
Dept. of Radiotherapy
North Bengal medical College*

Date: 09.08.2021,

Dr. Samrat Dutta
Head of the Department
of Radiotherapy
N. B. Medical College & Hospital
Sushruta Nagar
Darjeeling

APPENDIX-E1 TOOL-I: DEMOGRAPHIC DATA

INSTRUCTION: The interviewer will provide the appropriate response against all the questions below.

CODE NO:

DATE:

PART- A

1.Age :

2.Gender

A. Female

B. Male..

C. Others.

3.Religion:

A. Hindu.

B. Muslim.

C. Christian.

D. Others.

4.Education

A. Illiterate.

B. Primary education.

C. Secondary education.

D. Graduate and above.

5.Occupation

A. Government employee.

B. Business.

C. Labour.

D. Home maker.

PART- B (ILLNESS PROFILE)

6.Part of body effected by cancer

7.Stage of cancer on diagnosis-

8.Years of suffering from disease

A. < 1 year.

B. 1-4 years.

C. >4 years.

9.Duration of taking opioids

A. <6months.

B. 6 months – 1year.

C. >1year.

10. Treatment modalities in use-

A. Chemotherapy

B. Radiation

C. Surgery

D. Only on medication

TOOL II: SEMI-STRUCTURED KNOWLEDGEQUESTIONNAIRE

Questionnaire to asses the knowledge about use of opioids in painmanagement among patients attending palliative care unit.

INSTRUCTION: The interviewer will put tick (✓) mark on appropriate answer.Each right response carries 1 mark.

1. What is palliative care?

A) A symptomatic treatment approach that improves the quality of life of patient.

B) It is the treatment given without any involvement of curative treatment.

C) It is related to pain management only.

D) It focuses mainly on chemo therapy.

2. Which of the following is more important for patients with a life-limiting illness receiving palliative care?

A) Relieving pain & stay stress free.

B) Prolonging life at all costs.

C) Obtaining a sense of control.

D) Strengthening relationships with loved ones.

3. Which of the following is TRUE regarding the discussion of palliative treatment options?

A) Patient family need not include in discussion of treatment options and goals.

B) Patients opinion is the most valued aspect in choosing treatment option for him/her.

C) Patient is getting curative treatment in palliative.

D) Patients are not included in the discussion of their treatment.

4. What effect the lifestyle of palliative patients from following options?

A. Socio-economic condition

B. Exercise habit

C. Pain

D. Heavy work

5. What is the use of opioid?

A) Used as medicine (relieve of pain).

B) Used for pleasure.

C) Used to induce sleep.

D) Increase appetite

6. In which form opioid are administered?

A) Tablet.

B) Injectable.

C) Patch.

D) All.

7. In which kind of pain opioids are used?

- A. Any kind of pains.
- B. Body ache.
- C. Stomach ache.
- D. Severe pain mostly in cancer.

8. What are the high-risk situations of using opioids from the followings?

- A) Maintaining a fixed dose of opioid.
- B) Having overdose after a period of abstinence.
- C) Patient who has intolerance bowel activity.
- D) Using drugs from different dealer.

9. How can an accidental overdose be prevented?

- A) Avoiding using other than as directed.
- B) Always taking low dose even if pain persists.
- C) Always use by own.
- D) Stop the opioid when in no pain even without consulting.

10. What are the side effects of opioids?

- A. Nausea or dizziness.
- B. Constipation.
- C. Physically it will make a person weak.
- D. A & B both

11. When can you use opioids?

- A. Whenever in pain
- B. As directed by physician
- C. Whenever you feel like
- D. As directed by pharmacist

12. What are the precautions of using opioids?

- A. Keep the opioids in cool temperature.
- B. It should be consumed by the patient only in whose name it is prescribed.
- C. Stop the opioids when not in pain immediately.
- D. Both B & C.
13. From where you can get opioids likes morphine?
- A. Any local pharmacy store.
- B. Only in hospital stores.
- C. Only those stores & hospitals having license of selling opioids.
- D. It is only accessible to health care personalities.
14. Which of the information is correct about opioids in pain management?
- A. Opioid cannot be discontinued even if side effect develops.
- B. Opioid can relieve cancer pain.
- C. Opioids can be administered only if other treatment modalities fails.
- D. Long-term opioid use does not result in the development of tolerance.
15. Why pain management is an important component during the care of patient?
- A. It helps to cure the disease
- B. It improves quality of life & give satisfactory pain relief.
- C. It improves the inter personal relationship between care giver and patient.
- D. It is a social need of the patient.

TOOL III: STRUCTURED CHECKLIST

TO ASSES THE ATTITUDE ABOUT USE OF OPIOIDS IN PAIN MANAGEMENT AMONG PATIENTS ATTENDING PALLIATIVECARE UNIT.

INSTRUCTION: The interviewer will put tick (√) mark on appropriate answer. Give your answer according to what you agree & disagree

STATEMENT	Strongl y disagree	Disagree	Neutral	Agree	Strongl y agree
1. Do you think palliative care can benefit patients and their families from the time of diagnosis of present illness?					
2. Do you believe pain is a sign of worsening of disease?					
3. Do you think excessive uses of pain medications in palliative care leads to addiction?					
4. Do you believe palliative care means your doctor has given up and there is no hope for you?					

<p>5. Do you believe over use of opioids will take away the sharpness of mind and make drowsy?</p>					
<p>6. Do you think opioids will lose its effectiveness over time, and there will be no medication to treatpain later on if pain is worse?</p>					
<p>7. Do you think sideeffect of opioids can't be managed?</p>					
<p>8. Do you use opio prescribed by Physicia</p>					
<p>9. Do you use opioids whenever your pain increases without consulting your physician?</p>					
<p>10. Don't you use your opioid even after you are in pain?</p>					

11. Do you believe taking opioids cause confusion and a cause of delirium?					
12. Do you believe with pain management treatments quality of life increases?					
13. Do u believe opioids reduce dietary intake?					
14. Do you believe tolerance of opioids dose increase pain?					
15. Do you think if opioids used in oral form is less effective as compared to the injection form?					

Scoring: Strongly disagree- 1, disagree-2, Neutral-3, Agree-4, Strongly agree-5

Reverse scoring is used in item no 4, 7, 9, 10, 13, 15

APPENDIX-E2

টুল-1:

নির্দেশিকা: সাক্ষাত্কারকারী নীচের সমস্ত প্রশ্নের
বিরুদ্ধে উপযুক্ত প্রতিক্রিয়া প্রদান

কোড নম্বর:

তারিখ:

অংশ- ক

১. বিষয়:

২. বিজ্ঞ ক.

নারী খ.

পুরুষ..

গ. অনযরা।

৩. ধর্ম:

ক. হিন্দু।

খ. মুসলিম।

গ. খ্রিস্টান।

ঘ. অনযরা।

৪. শিক্ষা

ক. বনরক্ষর।

খ. প্রাথমিক শিক্ষা।

- গ. মাধ্যমিক বিক্ষা।
- ঘ. স্নাতক গ্ৰিং তার উপচর।
৫. পপািা
- ক. সরকারী কমে
- ারী। খ.
- যিসা।
- গ. শ্রমা

পার্- নি (অসুর্ের গ্ৰাফাংল)

৬. িরীচরর বকছু অংি কমান্সাচর আি়ান্ত-

৭. বনর্চযর পর কমান্সাচরর পযায-

৮. িছর ধচর পরাচগ ভু গচছন ক. < 1 িছর।

খ. 1-4 িছর। গ. > 4 িছর।

৯. ওবপওড িছরর সমযকাি ক. < 6 মাস।

খ. ৬ মাস – ১ িছর। গ. > 1 িছর।

১০. িযিিাচর বেকত্সা পেবত- ক. পকচমাচথরাবপ

খ. বিবকরর্গ. সার্াবর

ঘ. শুধুমাত্র ওষুচধ

ৰুল II: প্ৰশ্ন-স্ট্ৰাকচাৰ্ জ্ঞাৰি ৰক্ষালী

পৰ্যাবিচয়টিভ পকষাৰ ইউবনচি উপবিত পৰাগীচদৰ মচধৰ িথ্যা িযিিিাপনায ওবপওচডৰ িযিিিাৰ সম্পচক জ্ঞান ম্ৰিযাচনৰ ৰ্নয প্ৰোিিিী।

নিৰ্দেশা: ইন্টাৰভউযাৰ উপযুক্ত উত্তৰ টিক (√) বেহে পদচিন। প্ৰবতটি সটিক উত্তৰ

১ নম্বৰ থাকচি।

১. উপিমকাৰী যত্ন বক?

ক) একটি িক্ষাৰীয বেকত্ৰসা পেবত যা পৰাগীৰ ৰ্ীিনযাত্ৰাৰ মান উন্নত কৰা। এটি

পকাচনা বনৰামযম্ৰিক পেবত ছাড়াই পদওয়া বেকত্ৰসা।

গ) শুধুমত্ৰে ব্ৰথ। ব্ৰব্ৰপনা। সম্পৰ ত।

ঘ) এটি প্ৰধানত পকচমা পথৰাবপৰ উপৰ পাকাস কচৰ।

২. উপিমকাৰী যত্ন িকাৰী ৰ্ীিন-সীৰমত পৰাচগৰ পৰাগীচদৰ ৰ্নয বনচের পকানটি

পিবি গুৰুত্বপূ?

ক) পিাৰা উপিম এিং োপ মুক্ত থাকু না। খ) পয পকান ম্ৰিয ৰ্ীিনচক

দীঘাবযত কৰা। গ) বনযত্ৰাচাৰ অনভূবত পাওয়া।

ঘ) বপ্ৰযৰ্চনৰ সাচথ সম্পক মৰ্িত কৰা।

৩. উপিমকাৰী বেকত্ৰসাৰ িকল্পগুবৰি আচিােনাৰ পকষত্ৰ বনচের পকানটি সত্ৰ? ক)

বেকত্ৰসাৰ িকল্প এিং িক্ষ বনচয আচিােনায পৰাগীৰ পবৰিাৰচক অন্তভূ কৰচত

িচি না।

খ) পৰাগীৰ মতামত তাৰ ৰ্নয বেকত্ৰসাৰ িকল্প পিচ্ছ পনওয়ার পকষত্ৰ সিচেচয

ম্ৰিযিান বদক।

গ) পৰাগী শুধুমত্ৰে বনৰামযম্ৰিক বেকত্ৰসা পাচেন।

ঘ) পৰাগীৰা ৰ্ীিন-বিবত পথৰাবপ পিচ্ছ পনচি না যবদ আি মাাত্ৰক বেকত্ৰসা ৰ

৪. বনম্নববিখত বকিৰ্ণগুবি পথচক উপমিকারী পরাগীচদর র্ীনিযাত্রার উপর কী প্রভাি

পচড?

ক) আথ-সামাক্ৰক অিািা খ) িিযাযাচমর অভযাস

গ. িিযথা

ঘ) ভারী কার্

৫ ওবপওচডর িিযিিিার বক?

ক) ওষুধ বচিসচি িিযিহৃত (িিযথা উপমি)। খ) আনচন্দর র্ণ িিযিিিিৰ্িকরা

িয।

গ) ঘুম প্রচরাবতে করচত িিযিহৃত িয। ঘ) ক্ষু ধা িি্ৰে

৬. পকান Nচম ওবপওড পদওয়া িয?ক) একটি িিযািচিিিি.

খ) ইনচর্কিনচযাগয। গ) পযাো।

ঘ) সি।

৭. পকান ধরচনর িিযথায় ওবপওড িিযিিিিার করা িয? ক) পয পকাচনা ধরচনর িিযথা

খ) িিৰীচর িিযথা গ) পপি িিযাথা

ঘ) কব্ৰিৰভোগ যেনসের গুরুতর ব্যথো

৮. বনম্নববিখতগুবি পথচক ওবপওড িিযিিিিার করার উচ্চ-বুঁ বকর পবরবিবত কী? ক)

ওবপওচডর একটি বনবদষ্ট পডার্ িিৰ্ায রাখা।

খ) অতীচত ি্ৰিং বিরত থাকার পর ওভারচডার্ করা।

গ) অসবিষ্কু আন্ৰক কাযকিাপ আছ এমন পরাগী।

ঘ) বিবভ্ন বডিচরর কাছ পথচক ওষুধ িিযিিিিার করা ।

৯. বকভাচি দুঘিনিারবনত ওভারচডার্ প্রবতচরাধ করা পযচত পাচর? ক) বনচদবিত িিযিত অনয

বিষিষ্টির এবডচয েিা।

খ) িষথা অিািত থাকচিও সিদি কম পডারু থিা করুন। গ) সিদি ির
দ্বারা িষিষ্টির করুন।

ঘ) পরামি ছাড়া িষথা না িচি ওবপওড িন্ধ করুন।

১০. ওবপওডর পার্শ্বক্রিয়া বক? ক) িবম িবম ভাি, মাথা পঘারা।

খ) পকার্কাটিনয

গ) িারীবরকভাচি এটি একরন িক্চক দিি কচর তুিচি।

ঘ) ক িিং খ উভযই।

১১. আপন কখন ওবপওড িষিষ্টির করচত পাচরন? ক) যখনই িষথা িষ

খ) বোকত্সক দ্বারা বনচদবিত গ) যখনই আপনার মচন িষ ঘ) Nামাসেস্ট দ্বারা বনচদবিত

১২. ওবপওড িষিষ্টির করার সতকতা বক?

ক) িিত তাপমাত্রায ওবপওডগুবি রাখুন

খ) এটি শুধুমাত্র পরাগীর দ্বারা খাওয়া উবেত যার নাচম এটি বনধারত িষ গ) অবিিিষ

িষথা না িচি ওবপওড িন্ধ করুন

ঘ) খ িিং গ উভযই

১৩. পকাথা পথচক আপন ওবপওডর অ্যাচেস পপচত পাচরন? ক) পযচকাচনা িানীয় ওষুচধর পদাকান।

খ) শুধুমাত্র িাসপাতাচির পদাকাচন

গ) শুধুমাত্র পসইসি পদাকাচন অবপওড বিক্রির িাইচসঙ্গ আছ ঘ) এটি শুধুমাত্র

স্বািচসি িক্চকদর রনয অ্যাচেসচযাগয।

১৪. ওবপওডস সম্চক পকান তথয সটিক?

ক) পার্শ্বক্রিয়া পদখা বদচিও ওবপওড িন্ধ করা যাচি না। খ) ওবপওড ক্যানসাচরর িষথা

উপিম করচত পাচর।

গ) অন্যান্য বৈকল্য সাপেক্ষে বিধি বিচারিত ই ওবপওডগুবি পর্বোচিনা করা পয্যচত পাচর।

ঘ) দীঘচমষাদী ওবপওড বিধি বিচারিত Nচি সিনিহিতিতার বকিাঘিচি না।

১৫. পকন পরাগীর যচত্তর সময় বিধি বিধিািপনা একটি গুরুত্বপূা উপাদান? ক) এটি

পরাগ বনরামচয সািাযয কচর

খ) এটি র্ীচিনর মান উন্নত কচর এিং সচষ্ঠাষরনক বিধিা উপিম কচর। গ) এটি যত্নদাতা

এিং পরাগীর মচধয আন্তঃিক্রমগত সম্পক উন্নত কচর। ঘ) এিা পরাগীর সামাক্রক প্রচযার্ন নয।

টুল III: স্ট্রা চোড কচ রলস্ট

পযোরলর্েটভ ক োর ইউরনরট উপরস্থত কর। গীরের মরধয ব্যথ।

ব্যব্ধিপনোে ওরপওরডর ব্যব্হার সম্পর মরনোভরব্র মূলযোেন রো

রনরোিনা: প্ররতটট প্রের শূধুমোর এ টট সটি উত্তর সহ রব্

ল্ল রর্েরে। ইন্টোরভউ্োর উপযক্ক উত্তরর টট (✓) রচহ

কোরব্ন।

কস্টটরমন্ট	ে্টভ	অসম্বরত	রনররপক্ষ	এ মত	ে্ট
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	ব্ অসম্মরত				ভাব্ এ মত
১. আপবন বক মচন কচরন পয িত ান অসুিতা বনাচযর সময় পথচক উপিমকারী যত্ন পরাগী ত্রিং তাচদর পবরিারচক উপকৃত করচত পাচর?					
২. আপবন বক বিশ্বাস কচরনপয িথ্যা					
পরাচগর অনবতর ক্ষা?					
৩. আপবন বক মচন কচরন উপিমকারী যত্ন িথ্যার ওষুধ পসিন করচি আসক্ত িয?					

৪. আপবন বক বিশ্াস কচরন পয উপিমকারী যত্ন মাচন আপনার ডাক্তারপছড বদচযচছন ত্রিং আপনার র্ণয পকান জিয়া পনই?					
৫. আপবন বক বিশ্াস কচরন পয ওবপওডস মচনর তীক্ষ্ণতা পকচড পনচি এিং তপ্ৰােন্ন কচর তুচি?					

<p>৬. আপরন র মরন ররনকয ওরপওডগুরল সমর্ের সেরেথ তের েষ রেতা হেরব্ এবং ব্খা আরও খেরোপ হরল পরব্তীরত ব্খা রনরেরমর্ের জনয ক েনও ওমুধ থো রব্ নো?</p>					
<p>৭. আপরন র মরন ররন ওরপওরডর পেরেতক্রিে রনংগ রা যেরে নো?</p>					
<p>৮. আপবন বক বেরতসক দারা বনধারত ওবপওড িযিিার কচরন?</p>					

<p>৯.আপনার কেন্দ্রসচকর পরামর্শ ছাড়াই যখনইআপনার স্থিতি পরিচয় যায আপবন বক ওবপওড স্থিতির কচরন?</p>					
<p>১০. আপবন স্থিতির পচরও ওবপওড স্থিতির কচরন না?</p>					
<p>১১.আপবন বক বিশ্বাস কচরন পয ওবপওড প্রতি করচি বিস্তারিত প্রিং প্রিচপর কারা স্থিতি?</p>					
<p>১২.আপবন বক বিশ্বাস কচরন পয স্থিতি স্থিতি পনার বেবকৎসায়</p>					

ব্ৰীনিষাৱাৰ িক্ৰে পায়?					
১৩. আপবন বক বিশ্বাস কচরন পয এটি খাদয খিা কবমচয পদয?					
১৪. আপবন বক বিশ্বাস কচরন পয ওবপওচডর পডাৰ সিনিিি তা িথয িাডায?					
১৫. আপবন বক মচন কচরন পয ইনচৰ্কিন Nচমরতু িনায ওরাি Nচম িযিহুত ওবপওড কম কাযকর িয?					

পকাবরং: দ্ভাচি অসম্মরত -১, অসম্মরত -২, বনরচপক্ষ-৩, একমত-৪, দ্ভাচি

একমত-৫ (৪,৭,৯, ১০, ১৩, ১৫ নম্বৰ আইচিচম বপিরীত পকাবরং িযিিিার করা িচযচছ)

APPENDIX-F1

Information of the Participants/ Respondents

- **Title of the study**

A study to assess knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, WestBengal.

- **What is the purpose of the study?**

You will be part of my study that will focus on the assessment of level of knowledge and attitude about use of opioids in pain management among patients attending palliative care unit.

- **Why have I been chosen?**

You have been selected to participate in this study because through your participation, I will be able to assess the level of knowledge and attitude about use of opioids in pain management among patients attending palliative care unit.

- **Do I necessarily have to take part?**

Your participation in the study is very much necessary. You have the right to refuse or quit from the study at any stage of the research study without any penalty.

- **What do I have to do?**

You will be given some questions, which you will have to answer to assess your knowledge about using opioids and I will take a small interview of yours about your attitude of using opioids in pain management.

- **What are the possible benefits of taking part?**

After your participation in the study, the finding of the study may be helpful in future research on similar topic.

- **Are there any possible disadvantages of taking part?**

There is no possible disadvantage in taking part.

- **Will my taking part in this study be kept confidential?**

Yes, all information collected will be used only for the purpose of this study and will not be disclosed for any other purposes.

• **What will happen to the results of the study?**

The result of the study will help in doing further study regarding knowledge & attitude about use of opioids in pain management among patients attending palliative care unit.

• **Any other information relevant to participation in the study.**

You can make any question regarding the study. Answering the questionnaire is entirely voluntary.

Contact for further information:

Name: Megha Ghosh Contact no: 7908176697

Email ID: meghaghosh0116gmail.com

Name of the college: College of Nursing, North Bengal Medical College & Hospital, Darjeeling -734012

Your kind cooperation is highly solicited. I will be very much grateful to you for extending your cooperation to complete my study.

Informed consent form

A study to assess knowledge and attitude about use of opioids in pain management among patients attending palliative care unit.

Subject's Name: _____ Initials: _____ Age: _____ Sex: ____

1. I confirm that I have read and understood the information sheet for

The above study and have had the opportunity to ask questions. []

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without having to give a reason, and without my rights and privileges being affected. []

3. I understand that my data would be kept confidential but individuals authorized by the Principal Investigator, the ethics committee of the institute where the study will be conducted and government regulatory authority will have access to my records both in respect of the current study

and further research that may be conducted in relation to it. Even if I withdraw, I agree to this access. However, I understand that my identity will not be Revealed and confidentiality of information will be maintained. []

4. I agree not to restrict the use of any data or results that arise from this study for academic purpose. []

গরব্ৰশণে আপনের অংগ্রহরণপরর, রতরনঅধর্েরনর সন্ধনে ভরব্ৰষরত অনুরূপ রব্ৰশর্ে
গরব্ৰশণে সহর্েে হরতপেরন।

• অংশ ডিওযের ডকর্েও সম্ভােয অস্ধেধা আমে ফক?

অংগ্রি কনওেের কক্ধরত্র ক ণেও সঙ্কোব্ধ অস্ধেধা কনই।

• এই গমেষণাে আর্ের অংশ ডিওযা ফক ডগোপি রোখা হমে?

হ্যা, সংগহু িত সমস্ত তথ্য শুধুমর্ে এই অধর্েরনর উর্েরর্িষ ব্ৰব্হের রা হরব্ এব্ং
অন্য ক ণেও উর্েরর্িষ প্র ণেি রা হরব্ না।

• অধযমর্ির িলোমিলর কী হমে?

গরব্ৰশণের ফলফল উপর্িম ারী যত্ন ইউরনরট উপরস্থ করর্েগীরের মরধয ব্ৰখা ব্ৰব্ধেপনর্েে

ওরপওর্েরডর ব্ৰব্হর সম্পর ঙ্গে এব্ং মরনভেব্ সম্পর আরও গরব্ৰশণে ররত সহর্েেতা
ররব্।

• গমেষণাে অংশগ্রহরণর সোম্ধ প্ৰোস্ফর্িক অিয ডকর্েও তথ্য়া

আপরন অধর্েন সম্পর ত ক্য ক ণেও প্রে ররত পেরন। প্রেব্লীর উত্ঠর কেওেে

সম্পূর্ণ কেচ্ছোমূল ।

আরও তরথযর জনয ক্যর্েগেরযর্গে রুন:

নর্মে: কমঘা কঘােষ

ক্যর্েগেরযর্গে নং: 7908176697

ইরমল আইরড: meghaghosh0116gmail.com

রলরজর নর্মে: রলজ অফ নর্েসং, নথ কব্ঙ্গল কমরডর ল রলজ ও হোসপোতলে,

েেঙ্কর্লং -734012

আপনর্ে সের্ে সহরযেরগতা অতযন্ত অনুরর্ে রা হর্ে। আমর্ে অধর্েন কর্িষ রের জনয আপনর্ে

সহরযেরগতা ব্েটেরনর্ে জনয আরম আপনর্ে ণেে অতযন্ত ্তঙ্কথো ব্।

অফহত সম্মত ি

পযেরলর্েটটভ ক িের ইউরনরট উপরস্থত করাগীরের মরধয ব্খথা। ব্খব্খপনোেওরপওর্েরডর

ব্খব্খের সম্পর জ্ঞান এব্ং মরনোভের মূলযােন রার

জনযএ টটগরব্খণা।

এসউব্রজরেরনোম: আেযক্খর: ব্েস: কযোনতা:

• আরম রনক্রিত রর কয আরম তরথযর িীটটট পরডরে এব্ং ব্ুব্বারত কপরররে উপররোক্ত অধযেন এব্ং প্রে ক্রজ্ঞোসা। রার সুরযোগ কপর্েরে। []

• আরম ব্ুব্বারত পেরর কয গরব্খণে আমের অংগ্রহণ কেচ্ছোমূল এব্ং আরম চ কয ণেও সম্ে প্রতযোষার ররত, ক ণেও ণেণ নো রের্ে, এব্ং

আমের অরধ ণের এব্ং সুরব্খোণ্ডরল প্রভেরব্ত নো হর্ে। []

• আরম ব্ুব্বারত পেরর কয আমের কডট। কগোপন রেখা। হরব্ তরব্ ব্খক্খর। প্রধোনতেষ্ট ণেরী দ্বার। অনুরমেরেত, প্রতয্ঠেরনর ননরত তা। রমটট কযখেরন অধযেন

পরচেরলত হরব্ এব্ং সর ণেরী র্েত্তর তূপ ক্ষ ব্তমেন অধযেরনর কক্খরত্র

আমের কর ডপ্পরলরত অযোরেস থো রব্ এব্ং আরও গরব্খণে যো এর সেরেথ

সম্পন্ন ত হরত পের। আরম প্রতযোহার ররলও, আরম এই অযোর েস সম্মত।

যাইহা , আরম ব্ুঝারত পের কয আমের পরচ্ে হরব্ নো প্র োরিত এব্ং কগোপনী্েতরথযর টাই

ব্জোেে রোখা হরব্ []

• আরম এর কথর উেভূত ক োনও কডটা ব্ ফলোফরলর ব্যব্হার সীমবেদ্ধ না

ররত সম্মতএ েরডরম উরেরিষ অধয্েন। []

• আরম কেছোে উপররোক্ত গরব্ষণোে অংি নরত সম্মত। []

েষমযর স্বাক্ষর / োমো আঙুমলর োপ: _____ তাররথ: _____ স্থান: _____

_____ অধয্েন তেত্ত োরীর নাম: _____ অধযযি

তদন্তকোরীর স্বাক্ষর: _____ তাররথ: স্থাোি: _____

োধডোQূলক ডেখামি েষয োমো আঙুমলর োপ

সাক্ষীর _____

োক্ষর: _____ স্থান: _____

তাররথ: _____

APPENDIX-G1

Certificate for English Language Appropriateness

Certificate for Validation

To whom it may concern

Certification of validation of English version of the tool for collection of background data semi-structured questionnaire for "assessment of the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal"

This is to certify that the content and the tool construction of Miss Megha Ghosh, MSc Nursing student of College of Nursing, NBMCCH, Darjeeling under West Bengal University of Health Science have been validated by _____ based on the problem statement as mentioned below:

"A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal"

I wish her success in future.

Date:

Place:



Ranark Ghosh, M.A, B.Ed
Signature of English Expert

Designation: Asst. Teacher (Eng)
Mahishvara Ghosara
High School,
Mahishvara
Maldaha road
17/11/2021

APPENDIX-G2

বাংলাভাষার উপযুক্ততার জন্য শংসাপত্র

বৈধতার জন্য শংসাপত্র

যার কাছে এটি উদ্বেগ করতে পারে

"কলকাতা,
পশ্চিমবঙ্গের নির্বাচিত হাসপাতালের প্যালিয়েটিভ কেয়ার ইউনিটে যোগদানকারী রোগীদের মধ্যে ব্যথা
ব্যবস্থাপনায় ও পিওডের ব্যবহার সম্পর্কে জ্ঞান এবং মনোভাবের মূল্যায়ন"
এর জন্য প্রয়োজনীয় তথ্য আধা-
গঠিত প্রশ্নাবলী সংগ্রহের জন্য টুলটির বাংলা সংস্করণের বৈধতার শংসাপত্র।

এটি প্রত্যয়িত করার জন্যে, পশ্চিমবঙ্গ স্বাস্থ্যবিজ্ঞান বিশ্ববিদ্যালয়ের অধীনে কলেজ অফনার্সিং,
উত্তরবঙ্গ মেডিকেল কলেজ ও হাসপাতাল, দার্জিলিং-এর এমএসসিনার্সিং ছাত্রী মিস মেঘা ঘোষ-
এর বিষয়বস্তু এবং টুলনির্মাণ
নীচে উল্লিখিত সমস্যার বিবৃতির ভিত্তিতে যাচাই করা হয়েছে:

"কলকাতা,
পশ্চিমবঙ্গের নির্বাচিত হাসপাতালের প্যালিয়েটিভ কেয়ার ইউনিটে যোগদানকারী রোগীদের মধ্যে ব্যথা
ব্যবস্থাপনায় ও পিওডের ব্যবহার সম্পর্কে জ্ঞান এবং মনোভাব মূল্যায়ন করার জন্য একটি গবেষণা"

আমিতার ভবিষ্যতের সাফল্য কামনা করি।

তারিখ: ১১/৬/২০২২

বাঙালি বিশেষজ্ঞের স্বাক্ষর

স্থান: কলকাতা



উপাধি:

APPENDIX-G3

EDITING CERTIFICATE

Editing certificate for research study

To whom it may concern

To certified that Ms. Megha Ghosh, final year M.sc Nursing student, College of Nursing, North Bengal Medical College & Hospital, Darjeeling, has made the necessary editorial changes successfully under my guidance in her dissertation paper entitled "A study to assess the knowledge and attitude about use of opioids in pain management among patients attending palliative care unit of selected hospitals of Kolkata, West Bengal.

Her work is praiseworthy.

Date:

Place: Mahishmara

Name of Editor: Kousik Ghosh

Signature: Kousik Ghosh,
Asstt. Teacher,

Designation with official seal:

12/06/2022



APPENDIX-H1

Mastersheet of demographic characteristic (Part- A)

CODE NO	AGE			SEX			RELIGION				EDUCATION				OCCUPATION			
	A	B	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 1		✓		✓			✓				✓							✓
CODE 2			✓	✓			✓					✓						✓
CODE 3			✓		✓		✓							✓	✓			
CODE 4		✓		✓			✓					✓						✓
CODE 5	✓			✓			✓							✓				✓
CODE 6	✓				✓			✓				✓					✓	
CODE 7		✓		✓			✓				✓							✓
CODE 8	✓			✓				✓			✓							✓
CODE 9	✓			✓				✓			✓							✓
CODE 10		✓			✓			✓				✓					✓	
CODE 11		✓		✓			✓					✓				✓		

CODE NO	AGE		SEX			RELIGION				EDUCATION				OCCUPATION			
	AB	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 12	✓			✓		✓					✓				✓		
CODE 13	✓		✓			✓					✓						✓
CODE 14	✓			✓			✓				✓					✓	
CODE 15	✓		✓			✓					✓						✓
CODE 16		✓	✓			✓				✓							✓
CODE 17	✓			✓			✓				✓					✓	
CODE 18	✓			✓		✓						✓				✓	
CODE 19		✓	✓				✓			✓							✓
CODE 20	✓		✓			✓					✓						✓
CODE 21		✓	✓			✓				✓							✓
CODE 22		✓		✓		✓					✓				✓		
CODE 23	✓		✓			✓						✓			✓		
CODE 24	✓		✓			✓						✓			✓		
CODE 25	✓			✓			✓						✓		✓		
CODE 26	✓			✓		✓						✓			✓		

CODE NO	AGE		SEX			RELIGION				EDUCATION				OCCUPATION			
	AB	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 27		✓		✓		✓					✓				✓		
CODE 28	✓			✓		✓						✓			✓		
CODE 29		✓	✓			✓				✓							✓
CODE 30		✓		✓		✓							✓		✓		
CODE 31		✓	✓				✓			✓						✓	
CODE 32	✓		✓				✓				✓						✓
CODE 33		✓		✓		✓					✓					✓	
CODE 34	✓		✓			✓					✓					✓	
CODE 35		✓		✓		✓					✓					✓	
CODE 36		✓	✓			✓							✓				✓
CODE 37		✓	✓			✓						✓			✓		
CODE 38		✓	✓				✓				✓					✓	
CODE 39		✓		✓			✓						✓		✓		
CODE 40	✓			✓		✓							✓	✓			
CODE 41		✓	✓			✓						✓					✓

CODE NO	AGE			SEX			RELIGION				EDUCATION				OCCUPATION			
	A	B	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 42		✓		✓				✓			✓							✓
CODE 43		✓			✓			✓				✓				✓		
CODE 44		✓			✓			✓					✓			✓		
CODE 45	✓			✓			✓					✓					✓	
CODE 46			✓		✓		✓						✓				✓	
CODE 47	✓			✓				✓				✓						✓
CODE 48	✓			✓			✓						✓			✓		
CODE 49		✓		✓			✓					✓					✓	
CODE 50		✓			✓		✓							✓	✓			
CODE 51			✓	✓				✓			✓							✓
CODE 52		✓		✓			✓					✓						✓
CODE 53	✓			✓			✓						✓					✓
CODE 54		✓		✓				✓				✓					✓	
CODE 55	✓			✓				✓				✓					✓	
CODE 56		✓			✓		✓						✓				✓	

CODE NO	AGE			SEX			RELIGION				EDUCATION				OCCUPATION			
	A	B	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 57	✓			✓			✓					✓						✓
CODE 58		✓			✓			✓			✓						✓	
CODE 59			✓		✓		✓				✓						✓	
CODE 60		✓			✓		✓						✓			✓		
CODE 61		✓			✓		✓							✓	✓			
CODE 62			✓		✓		✓					✓				✓		
CODE 63	✓				✓		✓						✓			✓		
CODE 64	✓				✓		✓					✓					✓	
CODE 65			✓		✓		✓				✓						✓	
CODE 66		✓			✓		✓				✓						✓	
CODE 67	✓				✓			✓			✓						✓	
CODE 68	✓				✓		✓						✓			✓		
CODE 69			✓	✓				✓				✓						✓
CODE 70	✓				✓		✓					✓				✓		
CODE 71	✓				✓		✓					✓			✓			

CODE NO	AGE			SEX			RELIGION				EDUCATION				OCCUPATION			
	A	B	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 72		✓			✓		✓						✓			✓		
CODE 73	✓			✓			✓					✓					✓	
CODE 74		✓			✓		✓						✓			✓		
CODE 75	✓				✓		✓							✓		✓		
CODE 76	✓			✓				✓				✓						✓
CODE 77	✓			✓				✓				✓						✓
CODE 78			✓	✓			✓				✓						✓	
CODE 79		✓			✓		✓					✓					✓	
CODE 80	✓			✓			✓						✓					✓
CODE 81	✓			✓				✓				✓						✓
CODE 82	✓			✓			✓					✓						✓
CODE 83		✓			✓		✓					✓					✓	
CODE 84		✓		✓			✓						✓					✓
CODE 85		✓		✓			✓				✓						✓	
CODE 86	✓				✓		✓					✓					✓	

CODE NO	AGE			SEX			RELIGION				EDUCATION				OCCUPATION			
	A	B	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 87		✓		✓				✓				✓					✓	
CODE 88	✓			✓			✓					✓						✓
CODE 89		✓			✓		✓						✓			✓		
CODE 90			✓	✓			✓					✓						✓
CODE 91	✓			✓			✓					✓						✓
CODE 92	✓				✓			✓					✓		✓			
CODE 93		✓		✓			✓						✓					✓
CODE 94		✓			✓			✓			✓						✓	
CODE 95			✓		✓		✓							✓	✓			
CODE 96		✓			✓		✓							✓		✓		
CODE 97		✓		✓			✓				✓							✓
CODE 98		✓			✓		✓						✓			✓		
CODE 99		✓		✓				✓				✓						✓
CODE 100		✓			✓		✓						✓			✓		
CODE 101	✓			✓				✓				✓						✓

CODE NO	AGE			SEX			RELIGION				EDUCATION				OCCUPATION			
	A	B	C	A	B	C	A	B	C	D	A	B	C	D	A	B	C	D
CODE 102	✓			✓			✓							✓	✓			
CODE 103		✓			✓		✓						✓				✓	
CODE 104	✓				✓		✓						✓			✓		
CODE 105			✓		✓		✓							✓	✓			
CODE 106	✓			✓			✓						✓			✓		
CODE 107		✓		✓			✓							✓	✓			
CODE 108	✓			✓			✓						✓			✓		
CODE 109		✓		✓			✓					✓						✓
CODE 110		✓			✓			✓				✓					✓	
CODE 111		✓			✓		✓					✓					✓	
CODE 112		✓			✓			✓					✓			✓		
CODE 113	✓			✓			✓						✓		✓			
CODE 114			✓		✓		✓						✓			✓		
CODE 115	✓				✓		✓					✓					✓	
CODE 116		✓			✓			✓					✓			✓		
CODE 117		✓		✓			✓					✓						✓

APPENDIX-H1

Mastersheet of demographic characteristic (Part- B)

CODE NO.	PART S OF BOD Y EFFE CTED	STAGE ON DIAGNOSIS				YEARS SUFFERING OF			DURATION OF USING OPIOIDS			TREATMENT MODALITIES			
		1	2	3	4	A	B	C	A	B	C	A	B	C	D
CODE 1	N		✓				✓			✓					✓
CODE 2	G		✓					✓	✓						✓
CODE 3	N			✓			✓			✓					✓
CODE 4	F			✓			✓			✓					✓
CODE 5	N		✓				✓			✓					✓
CODE 6	N			✓		✓			✓				✓		
CODE 7	G			✓		✓			✓						✓
CODE 8	C		✓			✓			✓						✓
CODE 9	C			✓		✓			✓						✓
CODE 10	I			✓			✓			✓					✓
CODE 11	J		✓					✓		✓					✓
CODE 12	N		✓					✓		✓					✓
CODE 13	C			✓			✓				✓				✓
CODE 14	N		✓				✓		✓			✓			
CODE 15	C			✓			✓		✓			✓			
CODE 16	C			✓		✓				✓					✓
CODE 17	J		✓				✓			✓					✓
CODE 18	C		✓				✓			✓					✓

CODENO.	PARTS OF BODY EFFEC TED	STAGE DIAGNOSIS				ON YEARS SUFFERING			OF DURATION USING OPIOIDS			OF TREATMENT MODALITIES			
		1	2	3	4	A	B	C	A	B	C	A	B	C	D
CODE 19	F			✓		✓			✓			✓			
CODE 20	C			✓			✓		✓						✓
CODE 21	C		✓					✓	✓			✓			
CODE 22	J			✓				✓		✓					✓
CODE 23	C			✓		✓			✓						✓
CODE 24	F		✓				✓			✓					✓
CODE 25	C		✓					✓			✓				✓
CODE 26	N			✓			✓			✓					✓
CODE 27	C		✓					✓	✓						✓
CODE 28	C		✓				✓		✓						✓
CODE 29	C			✓		✓			✓						✓
CODE 30	N		✓			✓			✓						✓
CODE 31	L			✓		✓			✓						✓
CODE 32	L		✓			✓			✓						✓
CODE 33	C		✓				✓		✓						✓
CODE 34	G			✓			✓		✓						✓
CODE 35	G			✓			✓				✓				✓
CODE 36	L		✓				✓			✓		✓			
CODE 37	L			✓		✓			✓						✓
CODE 38	G		✓					✓		✓					✓
CODE 39	J			✓			✓		✓						✓

CODENO.	PARTS OF BODY EFFECTED	STAGE OF DIAGNOSIS				ON YEARS OF SUFFERING			DURATION OF USING OPIOIDS			TREATMENT MODALITIES			
		1	2	3	4	A	B	C	A	B	C	A	B	C	D
CODE 40	E			✓		✓			✓						✓
CODE 41	K		✓					✓	✓						✓
CODE 42	I				✓	✓			✓						✓
CODE 43	J			✓			✓		✓						✓
CODE 44	G			✓			✓			✓					✓
CODE 45	L			✓			✓		✓						✓
CODE 46	E			✓			✓			✓					✓
CODE 47	F		✓					✓		✓					✓
CODE 48	N			✓		✓			✓						✓
CODE 49	G			✓		✓			✓						✓
CODE 50	I			✓			✓			✓					✓
CODE 51	L			✓		✓			✓						✓
CODE 52	I			✓		✓			✓						✓
CODE 53	B			✓		✓			✓						✓
CODE 54	H			✓			✓				✓				✓
CODE 55	H			✓			✓			✓					✓
CODE 56	N		✓			✓			✓				✓		
CODE 57	F		✓				✓		✓						✓
CODE 58	I		✓			✓			✓			✓			
CODE 59	C			✓		✓			✓						✓
CODE 60	C			✓		✓			✓						✓
CODE 61	K		✓					✓		✓					✓

CODENO.	PARTS OF BODY EFFEC TED	STAGE DIAGNOSIS				ON YEARS SUFFERING			DURATION OF USING OPIOIDS			TREATMENT MODALITIES			
		1	2	3	4	A	B	C	A	B	C	A	B	C	D
CODE 62	I			✓			✓		✓						✓
CODE 63	H		✓			✓			✓			✓			
CODE 64	C			✓		✓			✓						✓
CODE 65	N			✓		✓			✓						✓
CODE 66	N			✓			✓		✓						✓
CODE 67	B			✓			✓		✓						✓
CODE 68	E			✓			✓			✓					✓
CODE 69	I			✓		✓			✓						✓
CODE 70	C			✓			✓				✓				✓
CODE 71	E			✓		✓			✓						✓
CODE 72	B		✓			✓			✓						✓
CODE 73	F			✓		✓			✓						✓
CODE 74	H			✓		✓			✓						✓
CODE 75	I		✓			✓			✓						✓
CODE 76	C			✓				✓		✓					✓
CODE 77	L		✓				✓		✓						✓
CODE 78	F		✓				✓		✓			✓			
CODE 79	H			✓			✓		✓						✓
CODE 80	H		✓			✓			✓						✓
CODE 81	F			✓			✓		✓						
CODE 82	E			✓		✓				✓			✓		

CODENO.	PARTS OF BODY EFFEC TED	STAGE DIAGNOSIS				ON YEARS SUFFERING			OF DURATION USING OPIOIDS			TREATMENT MODALITIES			
		1	2	3	4	A	B	C	A	B	C	A	B	C	D
CODE 83	I			✓		✓			✓						✓
CODE 84	F			✓			✓			✓					✓
CODE 85	D			✓			✓		✓				✓		
CODE 86	N		✓			✓			✓			✓			
CODE 87	L		✓				✓		✓			✓			
CODE 88	F		✓				✓			✓					✓
CODE 89	J			✓		✓				✓					✓
CODE 90	L			✓		✓			✓						✓
CODE 91	B		✓			✓			✓						✓
CODE 92	N		✓				✓		✓			✓			
CODE 93	C		✓				✓				✓				✓
CODE 94	C		✓				✓		✓						✓
CODE 95	C			✓		✓			✓						✓
CODE 96	I		✓				✓			✓		✓			
CODE 97	M			✓			✓		✓						✓
CODE 98	I			✓			✓		✓						✓
CODE 99	F		✓					✓			✓				✓
CODE 100	H		✓				✓			✓		✓			
CODE 101	F		✓				✓				✓				✓
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CODE 103	E			✓			✓		✓				✓		
CODE 104	I			✓		✓			✓						✓
CODE 105	C			✓			✓			✓					✓
CODE 106	L		✓				✓			✓		✓			
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CODE 108	L		✓				✓		✓						✓
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CODE 110	C			✓			✓		✓						✓
CODE 111	C		✓				✓			✓					✓
CODE 112	N		✓				✓			✓					✓
CODE 113	A			✓		✓			✓						✓
CODE 114	C		✓				✓			✓					✓
CODE 115	J			✓			✓		✓						✓
CODE 116	E			✓			✓			✓					✓
CODE 117	D		✓				✓		✓			✓			

APPENDIX-H2

Master sheet of knowledge score

	Item 1				Item 2				Item 3				Item 4				Item 5				Item 6				Item 7				Item 8																							
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CODE 107	✓						✓		✓				✓				✓			✓				✓				
CODE 108	✓						✓		✓					✓			✓					✓		✓				
CODE 109	✓						✓		✓					✓			✓		✓				✓					
CODE 110	✓					✓			✓					✓			✓		✓				✓			✓		
CODE 111	✓					✓			✓					✓			✓			✓			✓					
CODE 112	✓					✓			✓					✓			✓			✓			✓					
CODE 113	✓						✓		✓				✓			✓			✓				✓			✓		
CODE 114	✓					✓			✓				✓				✓			✓			✓			✓		
CODE 115	✓						✓		✓					✓			✓			✓			✓			✓		

	Item 9				Item 10				Item 11				Item 12				Item 13				Item 14				Item 15			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
CODE 116	✓				✓				✓				✓				✓			✓				✓				
CODE 117	✓							✓	✓					✓			✓			✓				✓				

	Item 1					Item 2					Item 3					Item 4					Item 5					Item 6					Item 7				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1
CODE 22				✓			✓						✓			✓							✓				✓					✓			
CODE 23				✓				✓					✓			✓							✓				✓			✓					
CODE 24				✓				✓					✓			✓							✓				✓			✓					
CODE 25		✓						✓					✓			✓							✓				✓			✓					
CODE 26				✓				✓					✓			✓							✓				✓			✓					
CODE 27			✓					✓					✓			✓							✓				✓			✓					
CODE 28					✓			✓					✓			✓							✓				✓			✓					
CODE 29		✓						✓					✓			✓							✓				✓			✓					
CODE 30		✓							✓				✓			✓							✓				✓			✓					
CODE 31				✓				✓					✓			✓							✓				✓			✓					
CODE 32				✓				✓					✓			✓							✓				✓			✓					
CODE 33				✓				✓					✓			✓							✓				✓			✓					
CODE 34				✓				✓					✓			✓							✓				✓			✓					
CODE 35					✓			✓					✓				✓			✓				✓			✓			✓					
CODE 36					✓				✓				✓			✓							✓				✓			✓					
CODE 37				✓				✓					✓			✓							✓				✓			✓					
CODE 38				✓				✓					✓			✓							✓				✓			✓					
CODE 39				✓				✓					✓			✓							✓				✓			✓					
CODE 40				✓				✓					✓			✓							✓				✓			✓					
CODE 41				✓				✓					✓				✓				✓			✓			✓			✓					
CODE 42			✓					✓					✓			✓							✓				✓			✓					
CODE 43			✓					✓					✓			✓							✓				✓			✓					
CODE 44			✓					✓					✓			✓							✓				✓			✓					

	Item 1					Item 2					Item 3					Item 4					Item 5					Item 6					Item 7				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1
CODE 45				✓					✓					✓				✓					✓								✓				
CODE 46				✓					✓					✓				✓					✓							✓					
CODE 47			✓					✓						✓				✓					✓							✓					
CODE 48			✓					✓					✓					✓					✓							✓					
CODE 49				✓				✓					✓					✓					✓							✓					
CODE 50					✓				✓				✓				✓						✓							✓					
CODE 51			✓					✓					✓					✓					✓							✓					
CODE 52				✓				✓					✓					✓					✓							✓					
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CODE 54					✓			✓					✓					✓				✓							✓						
CODE 55					✓			✓					✓					✓				✓								✓					
CODE 56			✓					✓					✓					✓					✓							✓					
CODE 57				✓				✓					✓					✓					✓							✓					
CODE 58					✓		✓						✓					✓					✓							✓					
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CODE 62				✓				✓					✓					✓					✓							✓					
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CODE 65			✓					✓					✓					✓					✓							✓					
CODE 66				✓				✓					✓					✓					✓					✓		✓					
CODE 67				✓				✓					✓					✓					✓					✓		✓					

	Item 1					Item 2					Item 3					Item 4					Item 5					Item 6					Item 7				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1
CODE 68			✓						✓				✓					✓				✓				✓				✓					
CODE 69				✓					✓				✓				✓					✓				✓				✓					
CODE 70					✓		✓							✓				✓				✓		✓						✓					
CODE 71			✓						✓				✓				✓					✓			✓					✓					
CODE 72				✓					✓			✓					✓			✓						✓				✓					
CODE 73				✓					✓			✓					✓					✓				✓		✓							
CODE 74				✓		✓					✓					✓				✓					✓					✓					
CODE 75					✓		✓				✓					✓					✓			✓						✓					
CODE 76					✓				✓				✓				✓					✓			✓						✓				
CODE 77				✓					✓				✓				✓					✓			✓					✓					
CODE 78		✓							✓				✓				✓					✓		✓						✓					
CODE 79					✓			✓				✓				✓					✓				✓					✓					
CODE 80				✓				✓				✓				✓					✓				✓					✓					
CODE 81				✓					✓				✓			✓						✓			✓					✓					
CODE 82				✓					✓				✓			✓					✓				✓					✓					
CODE 83				✓					✓				✓			✓					✓				✓					✓					
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CODE 86			✓				✓					✓				✓					✓				✓					✓					
CODE 87				✓					✓				✓			✓						✓			✓					✓					
CODE 88				✓					✓				✓			✓					✓					✓					✓				
CODE 89			✓						✓				✓					✓				✓				✓				✓					
CODE 90				✓					✓				✓				✓					✓				✓				✓					

	Item 8					Item 9					Item 10					Item 11					Item 12					Item 13					Item 14				
	1	2	3	4	5	5	4	3	2	1	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5
CODE 1					✓	✓						✓				✓							✓	✓									✓		
CODE 2					✓	✓					✓							✓					✓			✓								✓	
CODE 3					✓	✓							✓					✓					✓				✓							✓	
CODE 4					✓	✓						✓						✓					✓			✓								✓	
CODE 5					✓	✓					✓						✓						✓			✓								✓	
CODE 6					✓	✓					✓					✓							✓				✓	✓							
CODE 7					✓		✓				✓							✓					✓	✓							✓				
CODE 8					✓	✓						✓						✓					✓			✓								✓	
CODE 9					✓		✓				✓						✓					✓			✓									✓	
CODE 10					✓		✓				✓						✓					✓			✓									✓	
CODE 11					✓	✓					✓						✓						✓	✓										✓	
CODE 12				✓					✓			✓					✓						✓		✓									✓	
CODE 13					✓	✓					✓					✓						✓	✓											✓	
CODE 14				✓			✓					✓					✓						✓		✓									✓	
CODE 15					✓	✓					✓							✓					✓		✓									✓	
CODE 16					✓	✓					✓						✓					✓	✓											✓	
CODE 17					✓	✓					✓						✓						✓		✓									✓	
CODE 18					✓	✓					✓							✓				✓	✓					✓							
CODE 19					✓	✓					✓						✓					✓			✓									✓	
CODE 20					✓	✓					✓							✓					✓		✓									✓	
CODE 21					✓	✓					✓						✓					✓		✓										✓	
CODE 22					✓	✓					✓						✓						✓		✓									✓	

	Item 8					Item 9					Item 10					Item 11					Item 12					Item 13					Item 14												
	1	2	3	4	5	5	4	3	2	1	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5								
CODE 69					✓			✓			✓							✓					✓										✓										
CODE 70					✓	✓						✓						✓						✓										✓									
CODE 71					✓		✓					✓						✓						✓											✓								
CODE 72					✓				✓			✓							✓					✓					✓						✓								
CODE 73					✓				✓			✓							✓					✓				✓								✓							
CODE 74					✓	✓								✓				✓						✓			✓									✓							
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CODE 76				✓					✓			✓							✓					✓				✓					✓					✓					
CODE 77					✓		✓					✓							✓					✓			✓											✓					
CODE 78					✓			✓				✓							✓				✓				✓												✓				
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CODE 80					✓	✓						✓							✓					✓			✓													✓			
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CODE 82				✓			✓							✓					✓					✓			✓													✓			
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CODE 84				✓				✓				✓							✓				✓				✓														✓		
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CODE 86					✓		✓					✓							✓				✓				✓														✓		
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CODE 88					✓				✓			✓							✓					✓			✓														✓		
CODE 89					✓		✓					✓							✓				✓			✓															✓		
CODE 90					✓				✓			✓							✓					✓			✓														✓		
CODE 91					✓		✓					✓							✓					✓			✓														✓		

	Item 8					Item 9					Item 10					Item 11					Item 12					Item 13					Item 14				
	1	2	3	4	5	5	4	3	2	1	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5
CODE 92				✓		✓					✓						✓					✓				✓				✓					
CODE 93				✓	✓						✓					✓						✓				✓				✓					
CODE 94				✓		✓							✓			✓						✓			✓					✓					
CODE 95				✓	✓						✓					✓						✓			✓					✓					
CODE 96				✓	✓						✓						✓					✓			✓					✓					
CODE 97				✓		✓						✓					✓					✓			✓					✓					
CODE 98				✓		✓						✓					✓					✓			✓					✓					
CODE 99				✓	✓						✓						✓					✓			✓					✓					
CODE 100				✓			✓					✓				✓						✓			✓					✓					
CODE 101				✓			✓					✓					✓					✓			✓					✓					
CODE 102				✓	✓						✓						✓					✓			✓					✓					
CODE 103				✓			✓					✓						✓				✓			✓					✓					
CODE 104				✓		✓						✓					✓					✓			✓					✓					
CODE 105				✓			✓					✓					✓					✓			✓					✓					
CODE 106				✓	✓						✓						✓					✓			✓					✓					
CODE 107				✓		✓						✓					✓					✓			✓					✓					
CODE 108				✓		✓						✓					✓					✓			✓					✓					
CODE 109				✓			✓					✓					✓					✓			✓					✓					
CODE 110				✓			✓					✓					✓					✓			✓					✓					
CODE 111				✓		✓						✓					✓					✓			✓					✓					
CODE 112				✓		✓						✓					✓					✓			✓					✓					
CODE 113				✓		✓						✓					✓					✓			✓					✓					
CODE 114				✓		✓						✓					✓					✓			✓					✓					

	Item 8					Item 9					Item 10					Item 11					Item 12					Item 13					Item 14				
	1	2	3	4	5	5	4	3	2	1	5	4	3	2	1	1	2	3	4	5	1	2	3	4	5	5	4	3	2	1	1	2	3	4	5
CODE 115				✓		✓						✓				✓						✓			✓					✓					
CODE 116				✓		✓						✓				✓						✓			✓					✓					
CODE 117				✓		✓						✓				✓						✓			✓					✓					

	Item 15				
	5	4	3	2	1
CODE 1			✓		
CODE 2		✓			
CODE 3			✓		
CODE 4			✓		
CODE 5			✓		
CODE 6			✓		
CODE 7			✓		
CODE 8		✓			
CODE 9			✓		
CODE 10			✓		
CODE 11				✓	
CODE 12			✓		
CODE 13		✓			
CODE 14			✓		
CODE 15			✓		
CODE 16		✓			
CODE 17			✓		
CODE 18			✓		
CODE 19			✓		
CODE 20			✓		
CODE 21			✓		
CODE 22				✓	
CODE 23			✓		

	Item 15				
	5	4	3	2	1
CODE 24				✓	
CODE 25		✓			
CODE 26				✓	
CODE 27			✓		
CODE 28			✓		
CODE 29		✓			
CODE 30				✓	
CODE 31				✓	
CODE 32			✓		
CODE 33			✓		
CODE 34		✓			
CODE 35					✓
CODE 36		✓			
CODE 37				✓	
CODE 38		✓			
CODE 39			✓		
CODE 40			✓		
CODE 41				✓	
CODE 42				✓	
CODE 43			✓		
CODE 44			✓		
CODE 45			✓		
CODE 46			✓		

	Item 15				
	5	4	3	2	1
CODE 47			✓		
CODE 48		✓			
CODE 49			✓		
CODE 50			✓		
CODE 51				✓	
CODE 52				✓	
CODE 53		✓			
CODE 54	✓				
CODE 55	✓				
CODE 56			✓		
CODE 57		✓			
CODE 58			✓		
CODE 59		✓			
CODE 60			✓		
CODE 61		✓			
CODE 62		✓			
CODE 63		✓			
CODE 64		✓			
CODE 65				✓	
CODE 66		✓			
CODE 67				✓	
CODE 68			✓		
CODE 69			✓		

	Item 15				
	5	4	3	2	1
CODE 70				✓	
CODE 71				✓	
CODE 72			✓		
CODE 73			✓		
CODE 74			✓		
CODE 75		✓			
CODE 76		✓			
CODE 77				✓	
CODE 78			✓		
CODE 79			✓		
CODE 80			✓		
CODE 81			✓		
CODE 82				✓	
CODE 83			✓		
CODE 84			✓		
CODE 85			✓		
CODE 86			✓		
CODE 87				✓	
CODE 88				✓	
CODE 89		✓			
CODE 90				✓	
CODE 91				✓	
CODE 92		✓			

	Item 15				
	5	4	3	2	1
CODE 93		✓			
CODE 94		✓			
CODE 95		✓			
CODE 96		✓			
CODE 97		✓			
CODE 98			✓		
CODE 99		✓			
CODE 100				✓	
CODE 101				✓	
CODE 102			✓		
CODE 103			✓		
CODE 104				✓	
CODE 105		✓			
CODE 106			✓		
CODE 107		✓			
CODE 108			✓		
CODE 109				✓	
CODE 110				✓	
CODE 111				✓	
CODE 112			✓		
CODE 113			✓		
CODE 114			✓		
CODE 115				✓	

	Item 15				
	5	4	3	2	1
CODE 116				✓	
CODE 117				✓	

APPENDIX-I

TOOL	ITEM DEMOGRAPHIC INFORMATION	MASTER DATA SHEET
Semi structured demographic questionnaire	Age in years	
		18-37 A
		38-57 B
		58-77 C
	Gender	Female ----- A
		Male B
	Religion	Hindu A
		Muslim B
	Education	No formal education ----- A
		Primary education ----- B
		Secondary education ----- C
		Graduation & above ----- D

TOOL	ITEM DEMOGRAPHIC INFORMATION	MASTER DATA SHEET
Occupation	Service-----A	
	Business.....B	
	Labor C	
	Homemaker.....D	
Parts of body effected	Blood A	
	SkinB	
	Mouth.....C	
	Thyroid.....D	
	LungE	
	BreastF	
	LiverG	
	Stomach.....H	
	GBI	
	ColonJ	

TOOL	ITEM DEMOGRAPHIC INFORMATION	MASTER DATA SHEET
		Spine_K
		Ovary_L
		Vulvar.....M
		Rectum.....N
	Stage of diagnosis	Stage 1 ----- 1
		Stage 2.....2
		Stage 3.....3
		Stage 4.....4
	Years of suffering	< 1 years ----- A
		1-4 years.....B
		>4 years.....C
	During of using opioids	<6 months-----A
		6months- 1 years----- B
		>1 year.....C

TOOL	ITEM DEMOGRAPHIC INFORMATION	MASTER DATA SHEET
	Treatment modalities	Chemotherapy ----- A
		Radiation..... B
		Surgery..... C
		Only on cancer medication ----- D

APPENDIX-J

BLUE PRINT OF STRUCTURED KNOWLEDGEQUESTIONNAIRE

CRITERIA	KNOWLEDGE	ATTITUDE	PRACTICE
CONCEPT OF PALLIATIVE CARE	1,3	2,4	
CONCEPT OF OPIOIDS	5,6		
USE AND OVERUSE OF OPIOIDS	7,8,9,10,12		11
IMPORTANCE OF PAIN MANAGEMENT		14,15	
ASSESS TO OPIOIDS			13

APPENDIX-K**KEY ANSWER OF STRUCTURED KNOWLEDGEQUESTIONNAIRE**

ITEM NO	ANSWER
1	A
2	A
3	B
4	C
5	A
6	D
7	D
8	B
9	A
10	D
11	B
12	B
13	C
14	B
15	B

APPENDIX-LPHOTOGRAPHS

PILOT STUDY



FINAL STUDY



