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"TO EVALUATE THE EFFECTIVENESS OF WORKSHOP ON KNOWLEDGE AND ATTITUDE REGARDING PERINATAL BEREAVEMENT AMONG STAFF NURSES IN SELECTED HOSPITALS."

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ABSTRACT

Introduction: Quality care in maternity and neonatal settings requires not only clinical competence but also preparedness to manage emotionally sensitive situations. Structured educational interventions can strengthen professional competence, enhance reflective practice, and improve nurses' readiness to provide holistic care. Evaluating such training programmes is essential to ensure effective nursing responses in specialized areas of care.

Objectives: To assess the effectiveness of a workshop on knowledge and attitudes regarding perinatal bereavement among staff nurses in selected hospitals and to determine their association with selected demographic variables.

Material and Methods: A quantitative research approach using a pre-experimental one-group pre-test post-test design was adopted. The study included 44 staff nurses from selected hospitals, chosen through non-probability purposive sampling. Data were collected using a demographic data sheet, a self-structured knowledge questionnaire (20 items), and a 5-point Likert attitude scale (16 items). The intervention consisted of a structured workshop involving lectures, group discussions, and activity-based learning sessions.

Results: Pre-test findings showed that 59.09% of nurses had average knowledge and 70.45% demonstrated an unfavourable attitude toward perinatal bereavement care. Post-test results revealed a significant improvement in both knowledge and attitude. The mean knowledge score increased from 7.20 ± 2.98 to 17.43 ± 2.09 ($t = 19.98$, $p = 0.0001$), while the mean attitude score improved from 44.70 ± 5.99 to 72.54 ± 2.95 ($t = 33.82$, $p = 0.0001$). A significant positive correlation ($r = 0.473$) was observed between knowledge and attitude scores. Educational status showed a significant association with both knowledge and attitude.

Conclusion: The structured workshop was highly effective in improving nurses' knowledge and fostering positive attitudes toward perinatal bereavement care. Incorporating such educational interventions into clinical practice is essential to enhance the quality of compassionate care in maternity settings.

Keywords: Workshop, Knowledge, Attitude, Perinatal Bereavement.

I. INTRODUCTION

Every newborn is a perfect creation, and the process of birth is a wonder. Many people have great expectations for the future during pregnancy. Pregnancy and childbirth are deeply personal journeys, and every woman experiences the profound beauty of bringing a child into the world.[1] Perinatal bereavement refers to the emotional and psychological responses following miscarriage, stillbirth, neonatal death, or maternal death. Study highlights that perinatal loss often leads to profound psychological distress, including depression, anxiety, post-traumatic stress, and complicated grief. The sudden transition from expectation to loss places parents at high risk for long-term emotional consequences, particularly when the loss is unexpected or inadequately acknowledged.[2] Nurses who care for families experiencing perinatal loss often experience emotional distress, sadness, and moral discomfort. Puia et al. describe that obstetric nurses frequently feel helpless, anxious about communication, and emotionally overwhelmed when dealing with perinatal deaths. These challenges may affect nurses' confidence and their ability to provide effective bereavement care.[3] Health professionals' attitudes toward perinatal bereavement care are influenced by their level of education and training. Study reported that many nurses expressed the need for structured training programs, clear guidelines, and organizational support to improve their competence and confidence in bereavement care. Training was found to positively influence attitudes and reduce feelings of helplessness[4]

II. OBJECTIVES

1) To assess the pre-existing knowledge and attitude score regarding perinatal bereavement among staff nurses in selected hospitals.
2) To evaluate the effectiveness of Workshop on knowledge and attitude regarding perinatal bereavement among staff nurses in selected hospitals.
3) To find the correlation between knowledge and attitude score regarding Perinatal Bereavement among Staff Nurses in selected hospitals.
4) To determine the association of study findings with selected demographics variable.

III. HYPOTHESIS

- **Null Hypothesis (H_0):** There is no significant difference between pre-test and post-test knowledge and attitude score regarding perinatal bereavement among staff nurses in selected hospitals.
- **Alternative Hypothesis (H_1):** There is a significant difference between pre-test and post-test knowledge and attitude score regarding perinatal bereavement among staff nurses in selected hospitals.

IV. ASSUMPTION

The workshop may be effective in improving the knowledge and attitude regarding perinatal bereavement among staff nurses in selected hospitals.

V. RESEARCH MATERIAL AND METHODS

5.1 Research Approach

A quantitative approach to assess the effectiveness of a workshop on knowledge and attitude regarding perinatal bereavement among staff nurses in selected hospitals.

5.2 Research Design

The research design was pre-experimental one group pre- test post-test design. This design helped the investigator to evaluate the knowledge and attitude score among the staff nurses before and after conducting the workshop by the investigator.

5.3 Population and Sample.

Population was Staff Nurses and the sample was Staff Nurses of selected hospitals.

5.4 Sample size

Total 44 Staff Nurses were selected from selected hospital with 10% dropout factor.

Estimation of sample size:

Sample size is calculated based on following formula $N = \frac{2 (Z_\alpha + Z_\beta)^2 \bar{p} (1- \bar{p})}{D^2}$

Z_α – 1.96 for α=0.05

Z_β – 0.84 for β=0.2 i.e. 80% power

$\bar{P} = \frac{p_1 + p_2}{2}$

P_1 = Proportion of participants "not at all "confident = 47.1 P2 = Proportion of participants "somewhat" confident= 13.1 $D = p_1 - p_2$

Sample size was calculated to be 40

Sample size of 44 will be taken to compensate for 10% loss to follow-up The study had no dropout, ensuring complete data from all participants.

5.5 Sampling Technique of The Study

The sampling technique used in this study was Non-probability Purposive sampling technique.

5.6 Sampling Criteria

- Inclusion Criteria: Nurses who are working in Obstetrics and neonatal area and having clinical experience of more than 1 year in selected hospitals.
- Exclusion criteria: Nurses who have attended similar training program related to perinatal bereavement

5.7 Variables

i. **Demographic Variables:** demographic variables are age, gender, educational qualification and year of experience.

ii. **Independent variable:** The independent variable in this study was Workshop on perinatal bereavement.

iii. **Dependent variable:** The dependent variable in this study was the Knowledge and attitude score regarding Perinatal Bereavement.

5.8 Research Question

Whether the Workshop is effective in improving knowledge and attitude regarding perinatal bereavement among staff nurses in selected hospitals?

Determining the Research Question in PICO format:

Component	Description
P-(Population)	Staff nurses working in selected hospitals.
I-(Intervention)	workshop on perinatal bereavement.
C-(Comparison)	Pre-test knowledge and attitude scores before the workshop compared with post-test knowledge and attitude scores after the workshop.
O-(Outcome)	Improvement in knowledge and attitude regarding perinatal bereavement.

VI. TOOL AND TECHNIQUE FOR THE STUDY

The study utilized a self-structured tool divided into three sections to evaluate the effectiveness of the workshop

Section-A: Demographic variables.

This section collects background information on participants to examine how demographic factors may influence knowledge and attitude. The variables considered include age, gender, education, and years of experience. Gathering this data provides context, helps identify patterns within subgroups, and accounts for potential confounding factors.

Section-B: Self-structured questionnaires on knowledge.

This section includes 20 self-structured multiple-choice questions (MCQs) assessing participants' knowledge of perinatal bereavement, covering loss, grief responses, memory-making, compassionate communication, self-care, and organizational support. Each question has four options, scored 1 for correct and 0 for incorrect, totalling 20 marks with no negative marking. The MCQs was administered during pre- and post-tests to evaluate baseline knowledge and workshop effectiveness. Knowledge levels were graded from poor to very good based on total scores, categorizing participants' understanding.

Table 6.1: Grading for knowledge score

Rating	Score	Description
Poor	0-5	Indicates inadequate knowledge with minimal understanding of perinatal bereavement, grief processes, and supportive care for bereaved families.
Average	6-10	Indicates basic knowledge with limited understanding of perinatal bereavement, including common emotional responses and general supportive measures.
Good	11-15	Indicates moderate knowledge with a fair understanding of perinatal bereavement care, effective communication, memory-making practices, and family support.
Very Good	16-20	Indicates comprehensive and in-depth knowledge with accurate understanding of perinatal bereavement, grief theories, compassionate communication, family-centred care, and professional self-care strategies.

Section-C: 5 points Likert scale to assess the attitude.

This section uses a 16-item, 5-point Likert scale to assess participants' attitudes toward perinatal bereavement care, covering professional responsibility, emotional preparedness, empathetic communication, workplace support, self-care, and the value of formal training. Eight items are positively worded and eight negatively worded to reduce bias. Combined with the knowledge questionnaire, it evaluates the workshop's effectiveness on both knowledge and attitudes.

Table 6.2: Grading for Attitude score

Highly Unfavourable	16–32	Indicates a highly negative attitude towards perinatal bereavement care and supporting bereaved families.
Unfavourable	33–48	Indicates a negative attitude with limited willingness to provide supportive perinatal bereavement care.
Moderate	49–64	Indicates a moderately positive attitude towards compassionate communication and perinatal bereavement care.
Favourable	65–72	Indicates a positive attitude towards providing compassionate, supportive, and family-centred bereavement care
Highly Favourable	73–80	Indicates a highly positive attitude with strong commitment to compassionate and family-centred perinatal bereavement care

6.1 Validity and Reliability of Tool Validity of Tool

The content and construct validity of the tool was determined by 15 experts including, Obstetrics and Gynecological Nursing experts-13, psychiatric expert-1 Statistician-1. Valuable suggestion was given by experts. Necessary correction was made before Data collection. Validity of tool calculated by SCVI was 0.8.

Reliability

In this study reliability of the structured knowledge questionnaire and 5-point Likert's attitude scale on Perinatal bereavement was tested by the Parallel Form method. By using this method Pearson's correlation coefficient was 0.932 (reliability = 0.9648), it is found for knowledge score and 0.913(reliability = 0.953) for attitude score, hence tool is reliable and valid.

6.2 Description of Interventions

The workshop on perinatal bereavement was structured into multiple sessions to provide comprehensive learning. It began with registration, a welcome, and a pre-test conducted by volunteers and the researcher. This was followed by an introduction to perinatal bereavement, delivered by the researcher. After a tea break, Expert-1 from MSc Obstetrics and Gynaecology Nursing discussed the impact on families, health professionals, and cultural sensitivity. Expert-2 from the Psychiatry Department covered communication, coping strategies, and counselling approaches. Participants then engaged in activities and group discussions, and the workshop concluded with a summary, feedback, and closing facilitated by the researcher.

VII. DATA ANALYSIS

The data were analysed using descriptive and inferential statistics. Descriptive statistics included frequency, percentage, mean, and standard deviation to summarize socio-demographic variables and knowledge and attitude scores. Inferential statistics included the paired *t*-test to compare pre-test and post-test scores, the Chi-square test to determine associations with selected socio-demographic variables, and Pearson's correlation analysis to assess the relationship between knowledge and attitude scores.

VIII. RESULT

Percentage wise distribution of Staff Nurses according to their demographic characteristics.

A convenient sample of 44 subjects was drawn from the study population, who were from selected hospitals. The data obtained to describe the sample characteristics including age, gender, educational status and years of experience respectively.

The socio-demographic characteristics of the 44 staff nurses showed that the majority were aged 41–50 years (38.6%), followed by 31–40 years (25.0%), 21–30 years (20.5%), and ≥51 years (15.9%). Most participants were female (97.7%), while 2.3% were male. Regarding educational status, the majority were GNM qualified (81.8%), followed by B.Sc. Nursing (13.6%), P.B. B.Sc. Nursing (2.3%), and M.Sc. Nursing (2.3%). In terms of professional experience, the majority had ≥16 years of experience (43.2%), followed by 1–5 years (20.5%), 6–10 years (18.2%), and 11–15 years (18.2%).

Assessment of level of knowledge and attitude regarding perinatal bereavement among staff nurses in selected hospitals Table

8.1: Assessment with level of knowledge score

Level of knowledge Score	Score Range	Level of knowledge Score	
		Pre Test	Post Test
Poor	0-5	14(31.82%)	0(0%)
Average	6-10	26(59.09%)	0(0%)
Good	11-15	3(6.82%)	8(18.18%)
Very Good	16.20	1(2.27%)	36(81.82%)
Minimum score		3	13
Maximum score		17	20
Mean Knowledge score		7.20±2.98	17.43±2.09
Mean % Knowledge score		36.02±14.92	87.15±10.47

Table shows that pre-test knowledge was mostly average (59.09%) or poor (31.82%), whereas post-test knowledge improved markedly, with 81.82% achieving a very good level and 18.18% a good level. The mean knowledge score increased from 7.20 ± 2.98 (36.02%) in the pre-test to 17.43 ± 2.09 (87.15%) in the post-test, indicating a substantial improvement in knowledge following the workshop.

ble 8.2: Assessment with level of attitude score

Level of attitude Score	Score Range	Level of attitude Score	
		Pre Test	Post Test
Highly Unfavourable	16-32	0(0%)	0(0%)
Unfavourable	33-48	31(70.45%)	0(0%)
Moderate	49-64	13(29.55%)	0(0%)
Favourable	65-72	0(0%)	18(40.91%)
Highly Favourable	73-80	0(0%)	26(59.09%)
Minimum score		36	65
Maximum score		59	78
Mean Attitude score		44.70±5.99	72.54±2.95
Mean % Attitude score		55.88±7.48	90.68±3.69

Table shows that pre-test attitude was mainly unfavourable (70.45%), while post-test attitude improved markedly, with 40.91% having a favourable and 59.09% having a highly favourable attitude. The mean attitude score increased from 44.70 ± 5.99 (55.88%) in the pre-test to 72.54 ± 2.95 (90.68%) in the post-test, indicating a substantial improvement in attitude following the workshop.

Evaluation of the effectiveness of workshop on knowledge and attitude regarding perinatal bereavement among staff nurses in selected hospitals of the city

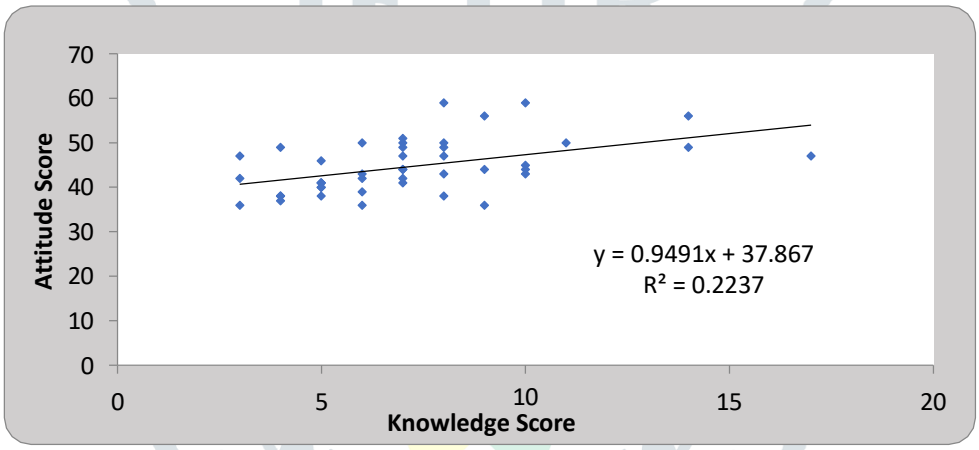
Table 8.3: Significance of difference between Knowledge Score in pre and post-test of Staff Nurses

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre Test	**7.20**	**2.98**	10.22±3.39	19.98	**0.0001** **P<0.05**
Post Test	**17.43**	**2.09**			

The table shows a significant improvement in knowledge regarding perinatal bereavement among staff nurses after the workshop. The calculated paired 't' value (19.98) was much higher than the tabulated value (2.00) at 5% level of significance with 43 degrees of freedom. Hence, the workshop was effective in improving knowledge, and therefore h_1 was accepted.

Correlation between knowledge and the attitude regarding perinatal bereavement among staff nurses in selected hospitals of the city

Graph 8.1: Correlation between Knowledge and Attitude Score of Staff Nurses.



The graph shows a positive correlation between knowledge and attitude scores among staff nurses. Pearson's correlation coefficient (r = 0.473, p = 0.001) indicates a moderate and statistically significant positive relationship, suggesting that staff nurses with higher knowledge scores tended to have more favourable attitudes toward perinatal bereavement care

IX. DISCUSSION

Present study shows the structured workshop produced a highly significant improvement in staff nurses' knowledge regarding perinatal bereavement. The mean knowledge score increased from 7.20 ± 2.98 (pre-test) to 17.43 ± 2.09 (post-test), with a mean difference of 10.22 ± 3.39. The paired t value was 19.98 (p = 0.0001), indicating that the workshop was highly effective.

Similarly, Ting et al. (2023) observed significantly higher knowledge scores among nurses who had received formal bereavement training ($p < 0.001$). [5]Thus, the present study is in agreement with previous research demonstrating the effectiveness of structured bereavement education. The present study showed a highly significant improvement in staff nurses' attitude regarding perinatal bereavement following the workshop. The mean attitude score increased from 44.70 ± 5.99 (pre-test) to 72.54 ± 2.95 (post-test), with a mean difference of 27.84 ± 5.45. The paired t value was 33.82 (p = 0.0001), indicating that the workshop was highly effective in improving nurses' attitudes toward perinatal bereavement care.

The findings are consistent with Ting et al. (2023), who reported significantly more positive attitudes among nurses who received bereavement training (p = 0.002).[5] Similarly, Kim and Kim (2022) found that attitudes toward perinatal bereavement care were significantly influenced by training and institutional support ($p < 0.001$).[6]Qian et al. (2023) and Wallbank and Robertson (2018) demonstrated that formal bereavement education significantly enhanced confidence and positive attitudes while reducing emotional distress.[7]

X. CONCLUSION

The present study evaluated the effectiveness of a structured workshop on knowledge and attitude regarding perinatal bereavement among staff nurses. The findings showed limited knowledge and predominantly unfavourable attitudes before the intervention, while

a marked improvement in both knowledge and attitude was observed after the workshop. A significant positive relationship was also found between knowledge and attitude, highlighting the importance of structured education and continuous professional development in strengthening nurses' preparedness to provide compassionate, family-centred bereavement care.

XI. RECOMMENDATIONS

- Future studies should be conducted with larger sample sizes and across multiple hospital settings to improve the generalizability of findings related to perinatal bereavement care.
- Experimental or quasi-experimental research designs with control groups are recommended to establish stronger evidence on the effectiveness of structured workshops and educational interventions.
- Longitudinal studies should be undertaken to assess long-term retention of knowledge, sustained changes in attitude, and continued application of bereavement care practices in clinical settings.
- Comparative studies evaluating different teaching strategies such as workshops, simulation-based training, role-play, and e-learning modules may help identify the most effective methods for improving nurses' competence.
- Qualitative research is recommended to explore nurses lived experiences, emotional challenges, coping strategies, and support needs while providing perinatal bereavement care.
- Further research may focus on the development, validation, and implementation of standardized and culturally sensitive perinatal bereavement care models and protocols.

XI. ETHICAL CONSIDERATIONS

1. Obtained approval from Institutional Ethical Committee
2. Prior permission will be obtained from concerned authorities.
3. Informed written consent will be obtained from study subjects.
4. Participants will be protected from all type of harms.
5. Confidentiality and anonymity of the subject will be maintained.
6. Freedom to withdraw from study at any point in time will be assured to study subjects.XIII REFERENCES

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