

AN EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF AN EDUCATIONAL MODULE ON ORGAN DONATION REGARDING KNOWLEDGE AND ATTITUDE OF HEALTH CARE WORKERS IN INTENSIVE CARE AND EMERGENCY UNITS AT SELECTED HOSPITAL, FARRUKHABAD (U.P.)

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Abstract

Introduction: Organ donation remains one of the most effective strategies to save lives, yet its success depends largely on the knowledge and attitudes of healthcare workers, particularly those working in intensive care and emergency units.

Objectives: The study aimed to assess and compare the pre-test and post-test knowledge and attitudes of healthcare workers regarding organ donation, evaluate the effectiveness of an educational module, and determine the association between selected demographic variables and knowledge and attitude scores.

Methodology: A quantitative quasi-experimental pre-test–post-test design was conducted among 200 healthcare workers from intensive care and emergency units of selected hospitals in Farrukhabad, Uttar Pradesh. Participants were selected using purposive sampling. Data were collected using a structured knowledge questionnaire and an attitude assessment scale. Following baseline assessment, an educational module on organ donation was administered, and post-test evaluation was conducted after two weeks. Data were analyzed using descriptive and inferential statistics, including paired t-test and chi-square test.

Results: The educational module significantly improved both knowledge and attitude regarding organ donation. The mean knowledge score increased from 12.58 ± 3.56 to 21.14 ± 3.47 (mean difference = 8.56; paired t = 25.84; $p < 0.01$). The proportion of participants with good knowledge increased from 9% to 62.5%. Similarly, the mean attitude score improved from 27.97 ± 11.67 to 36.76 ± 7.40 (mean difference = 8.79; paired t = 15.87; $p < 0.01$), while positive attitude increased from 22.5% to 52%. Total years of clinical experience showed a significant association with both knowledge and attitude, whereas other demographic variables were not significantly associated.

Discussion: The findings demonstrate that a structured educational module is an effective strategy for improving healthcare workers' knowledge and attitudes toward organ donation. Strengthening educational initiatives among critical care professionals may enhance organ donation practices and contribute to increased organ donation rates.

Keywords: Assess, Effectiveness , Educational Module, Organ Donation , Knowledge , Attitude , Health Care Workers Intensive Care.

How to cite this article: Sharma LK, Francis RR. An experimental study to assess the effectiveness of an educational module on organ donation regarding knowledge and attitude of health care workers in intensive care and emergency units at selected hospital, Farrukhabad (U.P.). Int J Drug Deliv Technol. 2026;16(74s): 2345-2354. DOI: 10.25258/ijddt.16.74s.198

Introduction

One human being can save the life of 9 to 11 people by donating seven vital organs like one heart, two lungs, two kidneys, one liver and one pancreas. Similarly, one can save 50-75 people by donating biological tissues such as corneas, vascularised skin, bones, ligaments, tendons, heart valves, limbs, ear bones, bone marrow, blood components etc. The first step in this process is identifying potential organ donors, specifically, brain-dead patients who require aggressive and intensive care from the declaration of brain death until organ retrieval.¹ Organ donation is the way to live beyond one's death, living in another person by giving life to him/her. The

Egyptians were the first to preserve the body by the complex process of embalming. Today, many newer methods are available to preserve tissues in the tissue banks.²

As far as the states in India are concerned, Tamil Nadu is the first to start a living kidney transplant program. Further, it is the first state to start the 'Deceased organ donation and transplantation program'. Once the "Transplantation of Human Organ Act" of 1994 was passed, a network of organ sharing was started in Tamil Nadu by a non government organization called MOHAN (Multi Organ Harvesting Aid Network) foundation. Since

then, this network facilitated the retrieval of many organs and tissues.³

India has above 85% high success rate in heart transplantation. But India requires more than 10 lakh donors to meet its national heart transplantation requirements. As per the estimation, nearly 15,000 heart transplants are required a year but only about 250 happens.

Need For The Study –

Shortage of organs for transplantation is a major problem globally. Lack of knowledge about organ donation, lack of education, lack of family consent, myths, superstitions, misconceptions, lack of organ transplant and retrieval centers, lack of hospital facilities, socio-demographic concerns, religious beliefs and problem between one's own desire and family values are some of the reasons that impact an individual's decision to donate organ and tissues and act as barriers to the organ donation process in many countries. ⁴

In India, there is a need to promote deceased organ donation because donation from living persons cannot take care of the organ requirement of the country. Moreover, the living donor could have risks and as such proper follow up of the donor is required. There is also commercial transaction associated with living organ donation which violates the law. In such a situation, rich one can exploit the poor by indulging in organ trading. ⁴

Objectives Of The Study

To assess and compare the pre test and post test level of knowledge and attitude of health care workers in intensive care and emergency units regarding organ donation.

To evaluate the effectiveness of educational module on organ donation on knowledge, and attitude of health care workers in intensive care and emergency units regarding organ donation.

To find out any association between the selected demographic variables with the mean differed level of knowledge and attitude scores of health care workers.

Hypothesis

H1: mean post test knowledge and attitude score of health care workers working in intensive care and emergency units will be significantly higher than mean pre test knowledge and attitude score regarding organ donation

H2: mean post test attitude score of health care workers working in intensive care and emergency units will be significantly higher than mean pre test knowledge and attitude score regarding organ donation

H3: there will be a significant association between mean pretest knowledge and attitude score of health care workers working in intensive care and emergency units with selected socio demographic variables

H4: there will be a significant association between mean attitude score of health care workers working in intensive care and emergency units with selected socio demographic variables

Assumptions

The health care workers working in intensive care and emergency / casualty may differ in their level of knowledge and attitude regarding organ donation and in maintaining the viability of potential donor organs based on their demographic variables age, gender, clinical experience and educational qualification among others.

Education module may change the knowledge and attitude level in care of critically ill or end stage patients in prevention of patho-physiological derangements of potential organ donors and in legal aspects of organ donation among health care workers in critical care and emergency health care workers and thus may increase the organ donation statistics.

Review Of Literature-

This Researcher synthesized literature review evidence from quasi-experimental studies, scoping reviews, systematic reviews, and cross-sectional surveys on the effectiveness of such interventions among Health care workers in ICU and ED settings. The review of literature of the present study is organized under the following headings.-

- **General concepts on organ donation- Living organ donation:** A living individual can donate one kidney, a piece of the pancreas (half of the pancreas will maintain pancreatic functions), and a section of the liver (the lobes or segments of the liver will regenerate after a period of time in both donor and recipient). A living individual can also contribute blood components and skin grafts. Living donors are usually family members or close friends who must undergo extensive medical testing and meet specific medical requirements before being approved as potential donors.⁵
- **Literature related to knowledge and attitude regarding organ donation- Bobby Syiemlieh 1, Obangkokla O et al (2025)** conducted a study on "Knowledge, Attitude and Willingness Towards Organ Donation among People Attending Out Patient Departments of a Tertiary Care Hospital, West Bengal: A Cross-sectional Study" the study revealed that The mean (SD) age of participants was 38.56 (11.18) years. 30.3% had good knowledge and 69.1% had average knowledge. Despite having positive attitude towards organ donation, only 33.1% were willing to donate. There was a significant association between the participants' knowledge and their willingness to donate organs. A significant association was found between gender, religions, and education with willingness to donate organs.⁶

- **Literature related to effectiveness of Educational Module-** Falastine Hamdan , Loai Alfarajat ,*, Rafi Alnjadat , E (2026) conducted a study on “The Effect of an Educational Intervention Program on Allied Health Students’ Knowledge and Attitudes Regarding Organ Donation and Transplantation” Following the intervention, the mean score of knowledge and attitudes in the intervention group (M = 41.09, SD = 2.57) was significantly higher than that in the control group (M = 40.29, SD = 2.40), with a t-value of -3.49 and a p-value of <0.001. These results indicate that the educational program had a statistically significant positive effect on participants’ knowledge and attitudes regarding organ donation and transplantation.

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Methodology- Research methodology provides a brief description of the method adopted by the investigator.

Research Approach And Design-

Quantitative research approach with Quasi -experimental design was used to assess the effectiveness of an educational module on organ donation regarding knowledge and attitude of health care workers in intensive care and emergency units at selected hospital, Farrukhabad (U.P.)

Variables:-

Two types of variables identifies in the study.

- **Dependent Variable-** In this study knowledge and attitude about organ donation of health care workers in intensive care and emergency units
- **Independent Variable-** educational module on organ donation is independent variable.

Setting: The study was done in Farrukhabad City

- smt. Shakuntala devi hospital, Farrukhabad - 150 bed
- p.d. hospital, Farrukhabad - 150 bed
- dr. Sunita hospital, Farrukhabad - 150 bed
- dr. Shivakshi hospital, Farrukhabad - 120 bed.

Sample and Sampling Technique- The sample of the study consists of 200, Health care workers who are working at selected hospital Farrukhabad, (U.P.) Purposive sampling was strategy that used for sample selection. 200 samples were selected at the confidence level 95% and confidence interval 5. Healthcare workers working in selected hospitals at Farrukhabad (U.P.) and Healthcare workers who have experience in ICU and emergency units with minimum of one year selected as sample

Data Collection Tool- The tool termed as structured knowledge questionnaire and Attitude assessment scale was developed to assess the knowledge and attitude about organ donation among health care workers. It is divided in 3(three) sections-

- Socio - Demographic Data
- Questionnaire regarding the knowledge about organ donation
- Attitude scale regarding the attitude about organ donation

Expert suggestion and correction are incorporated under the direction and guidance of guide and final tool was made and the reliability of tool was done. The expert suggestion was incorporated. The whole-test reliability co-efficient was then calculated using Spearman's Brown Prophecy formula. The pre-test had a reliability of 0.8617. And the post-test had a reliability of 0.812.

Ethical Considerations-

The proposal was presented in front ethical committee of Jaipur national university and after rigors review the researcher received ethical clearance from university REC.

Data Collection-

The data collection procedure for the main study was executed after obtaining the formal administrative approval from the Head of the institution, Directorate of Medical education, The Dean and Grade – I Nursing Superintendent (1) Smt. SHAKUNTALA DEVI HOSPITAL, FARRUKHABAD - 150 Bed 2) P.D. HOSPITAL, FARRUKHABAD - 150 Bed 3)Dr. SUNITA HOSPITAL, FARRUKHABAD - 150 Bed 4)Dr. SHIVAKSHI HOSPITAL, FARRUKHABAD - 120 Bed.

Appropriate orientation was given to staff nurses about the study. After explaining the purposes of the study, a written informed consent was obtained from each of the staff nurses. On day one, the investigator collected the details of back ground variables. once the pre interventional test was completed among all the nurses, the intervention was undertaken with the participants. After a period of two week , the investigator assessed the post test level of knowledge, and attitude among the nurses . The investigator utilized the same tool for post test assessment.

Result-

The data is organized, analyzed and presented in six sections.

Section - a; Findings and distribution of the demographic variables.

Section b-Findings of Pre-test assessment of knowledge and attitude regarding organ donation among health care workers

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Section – c; effectiveness of the educational module on knowledge and attitude regarding organ donation among health care workers

Section - d; Findings of association between knowledge of with their demographic variable.

Section -e; Findings of association between Attitude with their demographic variable.

Section f- Findings of relationship between Knowledge and attitude.

Section - a; Findings And Distribution Of The Demographic Variables.

Table No. 1-Frequency and Percentage distribution of socio-demographic data

Sl. No.	Socio-Demographic Variable	Frequency	%
1	Age		
	21-30 yrs	67	33.5
	31-40 yrs	63	31.5
	41-50 yrs	42	21
	>50 yrs	28	14
2	Gender		
	Male	101	50.5
	Female	99	49.5
	Transgender	00	00
3	Monthly income		
	10000-20000 INR	50	25
	20001-30000 INR	51	25.5
	30001-40000 INR	59	29.5
	>40000 INR	40	20
4	Religion		
	Hindu	78	39
	Muslim	66	33
	Christian	32	16
	Other	24	12
5	Basic professional education		
	M.B.B.S.	47	23.5
	B.D.S.	30	15
	G.N.M./B.Sc.Nursing	98	49
	Any Other	25	12.5
6	Marital status		
	Single	45	22.5
	Married	130	65
	Divorced/separated	9	4.5
	Widow/Widower	16	8
7	Total year of clinical experience		
	Less than 5years	122	61
	5yearsto10 years	41	20.5
	10yearsto15 years	30	15

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	>15 years	7	3.5
8	Total year experience in ICU		
	Lessthen3years	119	59.5
	3yearsto6 years	45	22.5
	6yearsto9 years	18	9
	>9 years	18	9
9	Currently Working in		
	Medical Ward	43	21.5
	Surgical Ward	45	22.5
	Emergency/Intensive care unit	85	42.5
	O.P.D.	27	13.5
10	Source of information		
	No any information	23	11.5
	Coworkers/Seniors	36	18
	Family/friends/relatives	26	13
	Books/magazines/ Social Media	78	39
	Workshop/Conferences	37	18.5

The majority of the participants 67 (33.5%) belonged to the age group of 21-30 years. 101 (50.5%) participants were male and 99 (49.5%) were female. 59 (29.5%) had a monthly family income between ₹30,001–40,000, followed by 51 (25.5%) with income between ₹20,001–30,000. Majority of the participants were Hindu 78 (39%), followed by Muslim 66 (33%). The largest group comprised G.N.M./B.Sc. Nursing graduates 98 (49%). Majority of the participants 130 (65%) were married, while 45 (22.5%) were single. Majority 122 (61%) had less than 5 years of clinical experience. 119 (59.5%) participants had less than 3 years of experience in ICU.. The highest number of participants 85 (42.5%) were working in Emergency/Intensive Care Units. Regarding the source of information about organ donation, the majority 78 (39%) received information from Books/Magazines/Social Media.

Section b-Findings of pre-test assessment of knowledge and attitude regarding organ donation among health care workers

The mean and standard deviation of pre-test knowledge scores in different sections. Mean score and standard deviations for section -1 is respectively 5.21 and 1.87. Mean score and standard deviations for section -2 is respectively 2.15 and .99 and Mean score and standard deviations for section -3 is respectively 2.12 and 1.04. Mean score and standard deviations for section -4 is respectively .85 and .79 and Mean score and standard deviations for section -5 is respectively 2.23 and 1.2 and The overall mean knowledge score was 12.58 with a standard deviation of 3.56.

The frequency and percentage distribution of knowledge shows that majority of sample in pre-test had average knowledge 129 (64.5%), 53 (26.5%) were had poor knowledge and only 18 sample (9%) were good knowledge. Overall mean score is 12.58 with 3.56 standards deviation.

Majority of the participants, 96 (48%), had negative attitude (score 10-24), followed by 59 (29.5%) with neutral attitude (score 25-38) and 45 (22.5%) with positive attitude (score 39-50). The overall mean attitude score was 27.97 with a standard deviation of 11.67. The mean pre-test knowledge score was 12.58 with a standard deviation of 3.56. The mean pre-test attitude score was 27.97 with a standard deviation of 11.67. hat the mean knowledge score (12.58 ± 3.56) is higher than the mean attitude score (27.97 ± 11.67).

Section – c; Effectiveness of the educational module on knowledge and attitude regarding organ donation among health care workers

The effectiveness of the educational module on knowledge regarding organ donation among health care workers using paired ‘t’ test. The mean pre-test knowledge score was 12.58 with a standard deviation of 3.56, which increased to 21.14 in the post-test with a standard deviation of 3.47. The mean difference between pre-test and post-test knowledge scores was 8.56. The calculated paired ‘t’ value was 25.84, which was found to be statistically highly significant at $p < 0.01$ level with 199 degrees of freedom. The standard error of the mean difference

was 0.331.

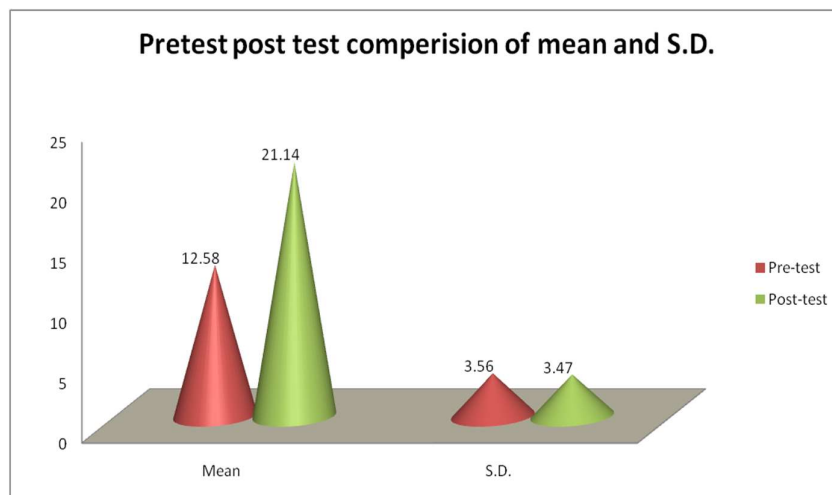


Figure:1 Pre-test ,post-test comparison of mean score and standard deviation

In the pre-test, the majority of the participants 129 (64.5%) had average knowledge (11-20), followed by 53 (26.5%) with poor knowledge (0-10) and only 18 (9%) with good knowledge (21-30). After the administration of the educational module, there was a remarkable improvement in the post-test. The percentage of participants with good knowledge increased significantly from 9% to 62.5% (125 participants), while those with poor knowledge decreased sharply from 26.5% to 4% (8 participants). The percentage of participants with average knowledge reduced from 64.5% to 33.5%.

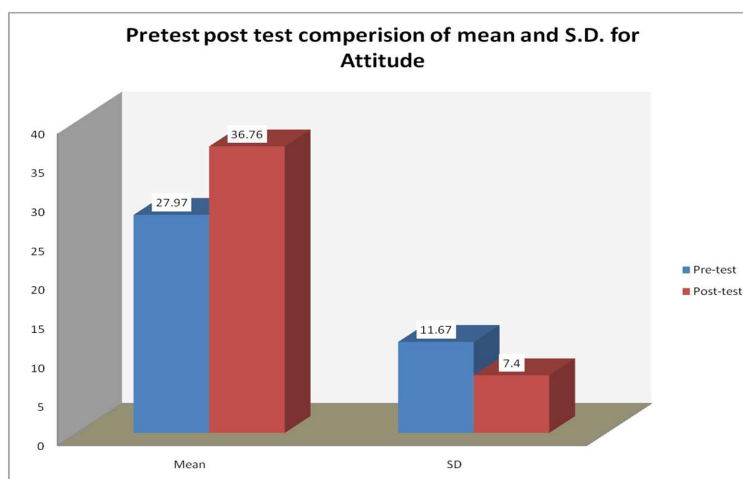


Figure:2- Pre-test ,post-test comparison of mean score and standard deviation for attitude

The effectiveness of the educational module on attitude regarding organ donation among health care workers using paired 't' test. The mean pre-test attitude score was 27.97 with a standard deviation of 11.67, which increased to 36.76 in the post-test with a standard deviation of 7.40. The mean difference between pre-test and post-test attitude scores was 8.79. The calculated paired 't' value was 15.87, which was found to be statistically highly significant at $p < 0.01$ level with 199 degrees of freedom. The standard error of the mean difference was 0.55. It clearly depicts a substantial increase in the mean attitude score from pre-test (27.97 ± 11.67) to post-test (36.76 ± 7.40). The figure visually demonstrates the significant positive change in attitude after the administration of the educational module.

In the pre-test, the majority of the participants 96 (48%) had negative attitude (score 10-24), followed by 59 (29.5%) with neutral attitude (score 25-38) and 45 (22.5%) with positive attitude (score 39-50). After the administration of the educational module, there was a significant improvement in attitude levels in the post-test. The percentage of participants with positive attitude increased remarkably from 22.5% to 52% (104 participants), while those with negative attitude decreased sharply from 48% to 6.5% (13 participants). The neutral attitude category increased from 29.5% to 41.5%.

Section - d; Findings of association between knowledge of with their demographic variable

Table No. 2 Association Between Socio-Demographic And Level Of Knowledge Of Pre-Test Score
n = 200

Sl. No	Socio-demographic data	KNOWLEDGE			Chi-square	D.F.	“P” VALUE
		POOR	AVERAGE	GOOD			
1	Age						
	21-30 yrs	14	50	3	7.75	6	.26
	31-40 yrs	21	36	6			
	41-50yrs	11	27	4			
	>50 yrs	7	16	5			
2	Gender						
	Male	26	68	7	1.27	2	.53
	Female	27	61	11			
	Transgender	0	0	0			
3	Monthly income						
	10000-20000 INR	12	36	2	3.21	6	.78
	20001-30000 INR	14	31	6			
	30001-40000 INR	16	38	5			
	>40000	11	24	5			
4	Religion						
	Hindu	17	51	10	11.89	6	.06
	Muslim	15	49	2			
	Christian	12	18	2			
	Other	9	11	4			
5	Basic Professional Education						
	M.B.B.S.	15	31	1	9.06	6	.17
	B.D.S.	8	18	4			
	G.N.M./B.Sc.Nursing	28	61	9			
	Any Other	2	19	4			
6	Marital status						
	Single	14	27	4	3.6	6	.731
	Married	35	83	12			
	Divorced/separated	1	8	0			
	Widow/Widower	3	11	2			
7	Total Year of Experience						
	Less than 5years	31	86	5	16.87	6	.01
	5 years to10 years	12	23	6			
	10 years to15 years	9	17	4			
	>15 years	1	3	3			
8	Total Year of Experience in ICU						
	Less then 3 years	30	80	9	7.45	6	.28
	3 years to 6 years	11	30	4			
	6 years to 9 years	8	9	1			
	> 9 years	4	10	4			

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9	Currently working						
	Medical Ward	11	24	8	10.98	6	.08
	Surgical Ward	9	31	5			
	Emergency/Intensive care unit	25	28	2			
	O.P.D.	8	16	3			
10	Source of information						
	No any information	7	13	3	3.52	8	.89
	Coworkers/Seniors	8	25	3			
	Family/friends/relatives	9	15	2			
	Books/magazines/ Social Media	21	49	8			
	Workshop/Conferences	8	27	2			

Only the value of Chi-square (16.87), with D.F (6). Calculated “P” value (0.01) of pre-test in relation with total years of clinical experience and level of knowledge is less than the established value of 0.05. Therefore, the researcher accepts the hypothesis that there is a significant association between total years of clinical experience and level of knowledge among health care workers.

Section -e; Findings Of Association Between Attitude With Their Demographic Variable.

Table No. 3 Association Between Socio-Demographic And Attitude Level Of Pre-Test Score n = 200

Sl. No	Socio-demographic data	Attitude			Chi-square	D.F.	“P” VALUE
		Negative	Neutral	Positive			
1	Age						
	21-30 yrs	29	21	17	12.17	6	.06
	31-40 yrs	26	24	13			
	41-50yrs	27	10	5			
	>50 yrs	14	4	10			
2	Gender						
	Male	49	35	17	4.76	2	.09
	Female	47	24	28			
	Transgender	0	0	0			
3	Monthly income						
	10000-20000 INR	21	15	14	3.37	6	.762
	20001-30000 INR	23	15	13			
	30001-40000 INR	29	19	11			
	>40000	23	10	7			
4	Religion						
	Hindu	38	23	17	6.87	6	.33
	Muslim	29	19	18			
	Christian	20	6	6			
	Other	9	11	4			
5	Basic Professional Education						
	M.B.B.S.	23	13	11	5.03	6	.54
	B.D.S.	19	5	6			
	G.N.M./B.Sc.Nursing	44	31	23			
	Any Other	10	10	5			

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6	Marital status						
	Single	21	15	9	4.01	6	.67
	Married	65	37	28			
	Divorced/separated	5	1	3			
	Widow/Widower	5	6	5			
7	Total Year of Experience						
	Less than 5years	51	40	31	13.74	6	.03
	5 years to10 years	22	15	4			
	10 years to15 years	20	3	7			
	>15 years	3	1	3			
8	Total Year of Experience in ICU						
	Less then 3 years	59	31	29	10	6	.12
	3 years to 6 years	18	21	6			
	6 years to 9 years	10	4	4			
	> 9 years	9	3	6			
9	Currently working						
	Medical Ward	18	14	11	2.37	6	.88
	Surgical Ward	20	14	11			
	Emergency/Intensive care unit	46	22	17			
	O.P.D.	12	9	6			
10	Source of information						
	No any information	9	11	3	12.02	8	.15
	Coworkers/Seniors	21	6	9			
	Family/friends/relatives	11	8	7			
	Books/magazines/ Social Media	36	20	22			
	Workshop/Conferences	19	14	4			

Only the value of Chi-square (13.74), with D.F (6). Calculated “P” value (0.03) of pre-test in relation with total years of clinical experience and level of attitude is less than the established value of 0.05. Therefore, the researcher accepts the hypothesis that there is a significant association between total years of clinical experience and level of attitude among health care workers.

Section f- findings of relationship between knowledge and attitude.

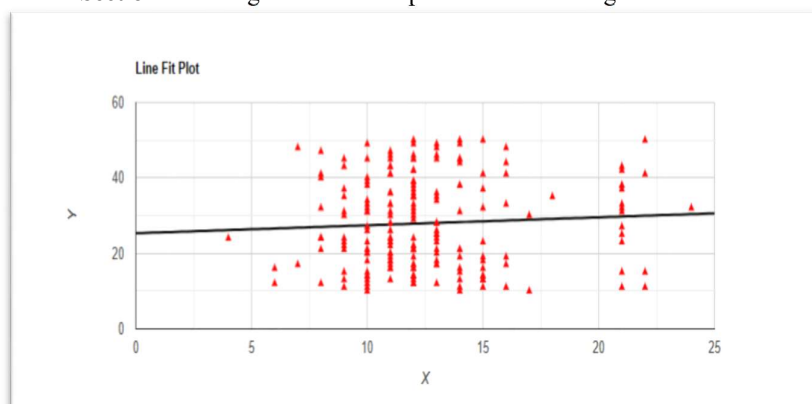


Figure 3: Correlation between pre-test knowledge score with pre-test attitude level

Calculated Pearson correlation coefficient (r) was 0.064, which indicates a weak positive correlation between knowledge and attitude scores.

Conclusion - After administration of the educational module, there was a highly significant improvement in both knowledge and attitude. The mean post-test knowledge score increased to 21.14 ± 3.47 (mean difference = 8.56, paired 't' = 25.84, $p < 0.01$). The percentage of participants with good knowledge rose sharply from 9% to 62.5%. Similarly, the mean post-test attitude score increased to 36.76 ± 7.40 (mean difference = 8.79, paired 't' = 15.87, $p < 0.01$), with the percentage of participants having a positive attitude rising from 22.5% to 52%. A significant association was found between total years of clinical experience and both knowledge and attitude levels ($p < 0.05$). No significant association was observed with other demographic variables such as age, gender, income, religion, professional qualification, ICU experience, working area, or source of information. A weak positive correlation ($r = 0.064$) was observed between knowledge and attitude scores. The structured educational module on organ donation was found to be highly effective in significantly improving both the knowledge and attitude of health care workers in intensive care and emergency units.

Recommendation For Future Research

- A similar study can be conducted on a larger sample using a randomized control trial design.
- Longitudinal studies may be carried out to assess the retention of knowledge and attitude over a longer period.
- Comparative studies between different groups of health care professionals (doctors, nurses, technicians) can be undertaken.
- Research focusing on actual organ donation rates following educational interventions would provide stronger evidence of behavioral change.

Conflict Of Interest- NIL

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