

A Study to Assess the Effectiveness of Video Assisted Teaching on ECT in Improving the Knowledge and Practice of Staff Nurses Working in Selected Hospitals

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Abstract: *The use of electricity to cause convulsions, in the hope of improving a person's mental health, is one of the most controversial issues in the mental health field. Paralleling the diverse and often strongly held beliefs about ECT, there are wide variations between and within countries in terms of usage, indications, modality, and degree of governmental or professional regulation. [1] A recent editorial in the British Journal of Psychiatry celebrates 75 years of convulsive therapy, beginning with the work of Hungarian psychiatrist Laszlo Meduna. It reports that "despite the lack of evidence at this stage of therapeutic benefits, Meduna carried on with convulsive therapy", and that his "persistence was admirable" [2]. The authors conclude that "ECT has saved and significantly improved the lives of tens of thousands of patients since the 1930s". Since Meduna's day, however, it has been recognized that medical ineffectiveness is often the consequence of poor scientific research [3]. There has been a global movement towards evidence-based medicine, defined as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" [4]. Advocates of this approach assume that clinical decision-making should be informed by a hierarchy of knowledge, at the top of which stands data from placebo-controlled randomized controlled trials [5]. Background of the Study: Mrs. Cannors has been stated given year about 9.5% of American Adult suffer from mood with median age of onset 30 years of old and adult women are two times likely to depression than their made counterparts mood disorder frequently co-occur with other psychiatrics or medical illness client may show depression with substance abuse an anxiety disorder or eating disorder, Medical Problem often associated with depression. [7] Mood disorder can almost always be managed effectively through the combination of medication is used for up to 1 year or for lifetime, depending on the client potential for relapse. Particularly for bipolar disorder, mood stabilizers may be needed for long-term treatment several classes of antidepressant drugs affect neurotransmitter in different way. On the website, see the boxes medication for mood disorders and exercise versus a prescription Medication for Major Depressive Disorder. [8] ECT is a viable treatment alternative for some clients with depression and may be provided in an inpatient or outpatient setting. An electrical shock is administered to a specific region of the brain to induce a seizure. General anesthesia is required, and the client does not remember the experience. The mechanism of action is not entirely understood but its effect on the neurotransmitter receptors may be similar to that of the tricyclic antidepressant. The client experiences short-term memory loss, but improvement is faster than with medication treatment respectively, the study found significant disparities by geographic location defined by income level.*

Keywords: Electroconvulsive Therapy, Mood Disorders, Evidence-Based Psychiatry, Depression Treatment, Medical Ethics

1. Introduction

The use of electricity to cause convulsions, in the hope of improving a person's mental health, is one of the most controversial issues in the mental health field. Paralleling the diverse and often strongly held beliefs about ECT, there are wide variations between and within countries in terms of usage, indications, modality, and degree of governmental or professional regulation. [1] A recent editorial in the British Journal of Psychiatry celebrates 75 years of convulsive therapy, beginning with the work of Hungarian psychiatrist Laszlo Meduna. It reports that "despite the lack of evidence at this stage of therapeutic benefits, Meduna carried on with convulsive therapy", and that his "persistence was admirable" [2]. The authors conclude that "ECT has saved and significantly improved the lives of tens of thousands of patients since the 1930s". Since Meduna's day, however, it has been recognized that medical ineffectiveness is often the consequence of poor scientific research [3]. There has been a

global movement towards evidence-based medicine, defined as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" [4].

Objectives:

The objectives of study are;

Primary Objective

To assess the effectiveness of video assisted teaching on ECT in improving knowledge and practice of staff nurse working in selected hospital

Secondary Objective:

- 1) To assess the pre test level of knowledge regarding ECT among the staff nurses working in selected hospital.
- 2) To administer video assisted teaching on ECT.
- 3) To determine association between pre test of knowledge level score with selected demographic variable.

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2. Materials and Methods

The study was undertaken to assess the knowledge of staff nurses regarding electroconvulsive therapy . Evaluator approach and Quasi-experimental one group pretest and post test was used to collect data among 60 staff nurses A drawn conveniently using inclusion and exclusion criteria. The following Assumption were made by the investigator- The staff nurses working into the hospital may possess some knowledge regarding ECT. The video assisted teaching may improve the knowledge score of staff nurses regarding ECT.

The knowledge score of staff nurses may vary according to selected demographic variable.

The practice of staff nurse about ECT may vary according to

selected demographic variable.

The study was conducted at selected area of hospital of Maharashtra the prepared questionnaire will be distributed to the subjects. Prior to the study the purpose of the study will be explained and consent of the participants will be obtained to involve in the study. Before the original, a pilot study will be conducted and necessary modifications and further refinements of the tools will be done. Researcher himself will collect the data. Descriptive and inferential statistical techniques such as frequency distribution, central measures (mean, median, mode) standard deviation. Chi square and correlation co-efficient will be used for data analysis and presented in the form of tables, graphs and diagrams.

3. Results

Sr. No	Char	Category	Knowledge		Chi square	d.f.	p value	significance
			Poor	Average				
1	Age	<20	0	0	28.49	2	0	Significant
		21-31	30	9				
		31-40	1	17				
		>41	0	3				
2	Education	Auxiliary	2	3	10.87	3	0.01	Significant
		General	22	11				
		BSc	7	8				
		MSc	0	7				
3	Occupation	1	0	0	6.96	2	0.03	Significant
		2	27	26				
		3	4	0				
		4	0	3				
4	Income	<5000	6	0	9.08	3	0.03	Significant
		5001-10000	5	4				
		10001-15000	17	16				
		Above 15001	3	9				
5	Religion	Hindu	16	16	2.12	4	0.71	Not Significant
		Jain	5	6				
		Buddhist	6	5				
		Christian	2	2				
6	Marital status	Married	7	5	1.29	2	0.52	Not Significant
		Unmarried	24	23				
		Widows	0	0				
		divorced	0	1				
7	Type of family	Nuclear	14	16	0.6	1	0.43	Not Significant
		joint	17	13				
		extended	0	0				
8	Residence	urban	15	17	0.63	1	0.42	Not Significant
		rural	16	12				
		slum	0	0				
9	Area of Work	medical	14	12	7.48	4	0.11	Not Significant

Difference between Pre and Post test Knowledge and Practice among staff nurses

Table X: Comparison of the pre and post test knowledge scores, N=60

Group	Frequency	Mean	S.D.	t value	P value
Pre	60	11.5	3.52	22.41	0.000
Post	60	26.03	3.07		

*p<0.05 i.e. significant difference in the average

Paired t test was used to compare the average scores of the pre and post test knowledge scores. Pre test knowledge average score was 11.5 with the standard deviation of 3.52 and post test knowledge score was 26.03 with the standard deviation of 3.07. The calculated paired t test value was 22.41 with the p value 0.000 which is smaller than 0.05. It means that there was significant difference in the average scores of pre and post test knowledge.

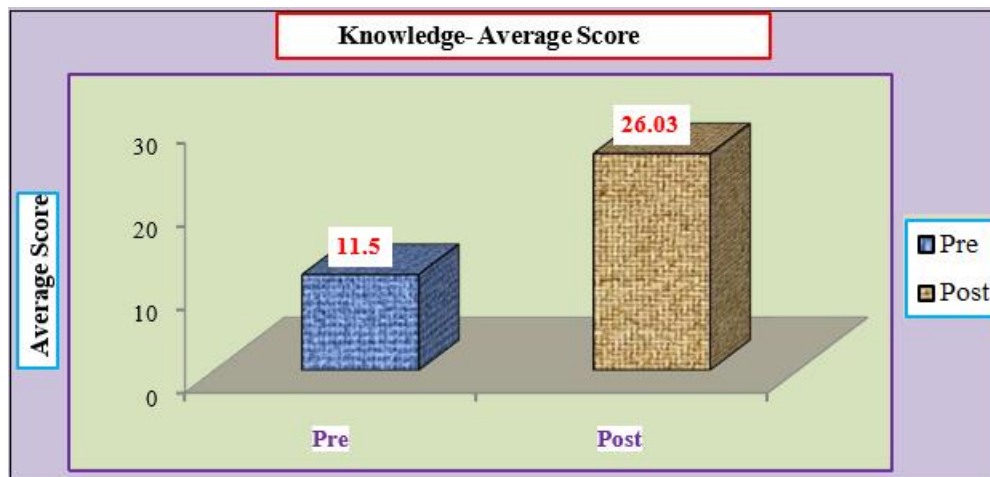
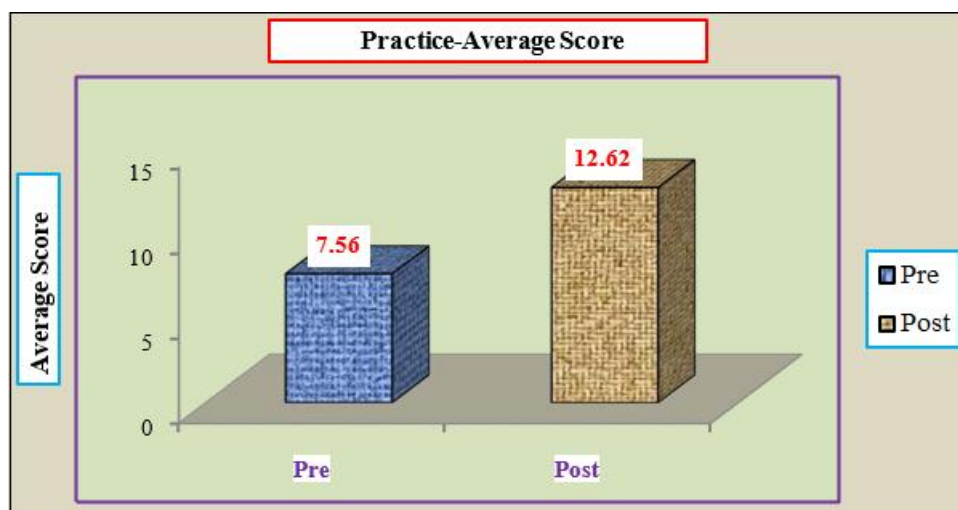


Table XI: Comparison of the pre-and post-test Practice scores, N=60

Group	Frequency	Mean	S.D.	t value	P value
Pre	60	7.56	1.68	24.6	0.000
Post	60	12.62	1.57		

* $p < 0.05$ i.e. significant difference in the average

Paired t test was used to compare the average scores of the pre and post test practice scores. Pre-test practice average score was 7.56 with the standard deviation of 1.68 and post test knowledge score was 12.62 with the standard deviation of 1.57. The calculated paired t test value was 24.60 with the p value 0.000 which is smaller than 0.05. It means that there was significant difference in the average scores of pre and post test practice.



4. Discussion

Electroconvulsive therapy is a procedure, done under general anesthesia, in which small electric current are passed through the brain, intentionally triggering a brief seizure. ECT seems to cause changes in the brain chemistry that can quickly reverse symptoms of certain mental illness.

In the hospital nurses is administering the ECT to the patient therefore nurses should have Proper knowledge about ECT and patient of ECT need always nursing care.

Present study is “A Study to Assess the effectiveness of Video Assisted Teaching on ECT in Improving the knowledge and Practice of Staff Nurses Working in Selected Hospital”

Questionnaire was used to assess the knowledge and practice of staff nurses and collect data.

A quasi - experimental one group pre-test and post- test

design was used to improving the knowledge and practice among the. Staff nurses Video assisted teaching programme was implemented to find out effectiveness.

The investigator utilized one method (simple random sampling technique) to select the subject. pretest was conducted, video assisted teaching programme was implemented up to seven days following and duration is 45 minutes / day (5 minutes more or less) is administered once day and after giving 2 days gap post test was conducted on 10th day in the group of the staff nurses. Post test was conducted by using the same questioners. The findings were discussed on the basis of demographic characteristics and objective. The findings of the study have been discussed with the reference to objective of the study and with finding of other studies.

5. Conclusion

The present study confirms that there was improvement of knowledge and practice after video assisted teaching programme which was statistically significant. The above data gives sufficient association evidence to conclude that video assisted programme on ECT is proved to be effective in staff nurses. It was noted that there was significant association between some demographic variable with the score improving knowledge and practice before and after video assisted teaching programme on ECT among the staff nurses.

However, this study reveals that there is a significant difference in improving the knowledge and practice among the staff nurses, after presenting the video assisted teaching programme on ECT followed by 45 minutes.

Kavanagh & McLoughlin (2009) Reported about The information in this and subsequent sections of this literature review is based on the work of these authors. Just as they have used professional guidelines and recommendations from the United Kingdom in developing their articles, professional and government documents relevant to the practice of ECT in Victoria, Australia are used extensively in this literature review.

Nurses are commonly involved in caring for people before, during and after the administration of ECT the care can involve nurses with different positions including the ward nurse, ECT coordinator, anesthetist's assistant and recovery nurse. One of the main nursing positions is that of ECT coordinator. In Victoria, the Chief Psychiatrist requires each licensed facility to appoint a senior registered nurse as ECT coordinator (Victorian Department of Health 2009). Nurses appointed to this position must be senior clinical nurses who have completed approved courses in ECT and cardiopulmonary resuscitation (CPR). They are responsible for managing ECT suites

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