

■ *Original Article*

ELECTRO-CONVULSIVE THERAPY (ECT): IN THE EYES OF NURSES OF A TERTIARY-CARE HOSPITAL

Dhana Ratna Shakya¹, Sami Lama²

¹Department of Psychiatry, ²College of Nursing, B. P. Koirala Institute of Health Sciences, Nepal

Abstract

Background: Electro-convulsive therapy (ECT) is frequently viewed negatively, even among health professionals. Such a view might have adverse consequences. **Objective:** To explore how nursing students and nursing staff view ECT. **Methodology:** This is a semi-qualitative attitudinal study and the views were compared between nursing 'student' and 'staff' groups. A questionnaire prepared to assess views about different aspects of ECT was distributed among nursing students and staff of a tertiary-care hospital with a psychiatric service, after an explanation. The questionnaire focused mainly on effectiveness, safety, use, acceptance and some local issues. **Results:** A total of 108 subjects included 54 nursing staff and students each. Average student age was 21 and staff 29 years. Nearly one-third of students were interested in psychiatry for career versus only 13% staff. The majority of students had seen ECT being given, compared with 40% of staff. Depression was stated as an indication by 62% students versus 40% of staff. More staff thought ECT was more expensive than drugs. More staff indicated adverse effects as a main obstacle while using ECT than students. More students thought it 'very effective' versus staff. Regarding safety, both had comparable views, but more staff viewed it as dangerous. More students than staff felt it should be promoted and public awareness should be raised. More students expressed readiness to use ECT if needed for themselves or relatives. **Conclusion:** Nursing students had more favorable views towards ECT than nursing staff.

Keywords: Electroconvulsive therapy, knowledge attitude, nurse, psychiatric morbidity

Introduction

Electro-convulsive therapy (ECT) is an effective and relatively safe treatment method for severe psychiatric disorders like severe depressive disorders, mania, catatonia and acute exacerbations of schizophrenia.¹ Despite the evidence establishing the efficacy and safety of ECT,² there are myths and misconceptions about this treatment method not only among the general public but also among health professionals.³ The interaction and relationship between the nurse and the patient is very important in all stages of management of health problems, including psychiatric disorders.⁴ The nurses spend more time with the patients and their relatives than other health care providers. Nurses'

knowledge of and attitude about ECT is important because it is likely to be formed through close contact with patients and patient party; and also because their knowledge and attitude will be communicated to the patients and their families.⁵

There have been a number of studies investigating the topic of nurses' knowledge of and attitudes to ECT,^{5,6} but the results are ambiguous. A study in London showed a highly significant correlation between knowledge of and more positive attitudes to ECT. The more years in mental health, higher education, and the greater number of patients undergoing ECT they had had contact with, correlated with more knowledge. The number of patients they had had contact with and the closeness of that contact correlated with more positive attitudes. Registered nurses had more knowledge and more positive attitudes than student nurses in UK.⁵

Address for correspondence:
Dr Dhana Ratna Shakya, MD
Department of Psychiatry, BPKIHS, Dharan
Email: drdhanashakya@yahoo.com

There are hospitals with ECT service in Nepal, including B P Koirala Institute of Health Sciences (BPKIHS).⁸ Besides Tribhuvan University Teaching hospital (TUTH) and Patan Mental Hospital⁹ along with BPKIHS, it is available in some teaching hospitals and private settings as well. Because of the wide spread myths and misconceptions about ECT in all levels, public and service providers, it has apparently not been perceived as positively as it should be. There is a report of declining trend of its use in state Mental Hospital of Nepal.⁹

There is a dearth of studies regarding this treatment method in Nepal. Exploring the perspectives of nursing staff and students towards ECT will guide the concerned to take necessary steps to make ECT more accepted among them. It will benefit not only patients but also nurses by making them aware about the method.

This institute-based semi-qualitative attitudinal study has been carried out in a tertiary-care-teaching-hospital with psychiatric service in eastern Nepal to explore how nursing students and nursing staff view ECT and to compare the views between student and staff groups of nurses.

Materials and methods

A questionnaire was prepared to explore the knowledge and attitude of the subjects about the effectiveness, safety, use, and acceptance of ECT. It also included questions regarding some local issues about ECT such as setting of application (out patient or inpatient) and the cost of treatment. Some questions were open ended. A pilot study was done among 10 nurses to examine its validity. The self-administered questionnaire also included some information about the demographic profiles (confidentiality maintained), years of work in the medical field, areas of interest and exposure to ECT.

The questionnaire was distributed in 2008 in all departments and classes after the explanation about the study to all nursing staff and students giving consent. Their names were noted down. The respondents were to return their response upon their will confidentially later within a few days to the investigating team members.

Those not returning the responses were reminded through a personal contact or phone calls 3 times over a period of four months to submit the completed survey questionnaire. We included the responses on the first come first basis. The number of subjects was kept same (54) in both the student (of Certificate and BSc level) (from which we got first) and the staff for ensuring the comparability.

Data were entered into a computer and analyzed using 'Statistical Package for Social Studies' (SPSS) software with descriptive statistics. The responses on different aspects from staff and student groups were compared for the sake of better understanding.

Results

The responses of 108 nursing subjects, 54 nursing students and 54 nursing staff were collected. There were only 2 male nursing staff and no male nursing student. Rest were all female nurses. Nursing staff were older than nursing students (average age, minimum and maximum age of staff versus students being 29:21, 20:17 and 58:24 years, respectively).

About half of the staff and one third of the students were of Certificate level of education. Thirty six students were BSc students. Among the staff, 8 respondents were of bachelor level, 10 master level, and 5 did not respond. The majority of the staff nurse had work experience of more than 1 year duration.

'Psychiatry and mental health' was more the career choice among students than among staff respondents (31.5 versus 12.9%). Popular areas of interest among staff were maternal health, child health, critical care, emergency care, orthopedic and among students were psychiatry and mental health, public and community health, medicine, surgery, oncology, and other non-medical subjects.

The majority of students (94.4%) had seen or assisted during ECT procedure, in contrast to only 53.8% staff. The majority of both groups had seen it in in-patient setting.

More students than staff thought ECT was useful for depressive illness and more staff than students thought it was useful for schizophrenia and obsessive compulsive disorders. More than three fourths of the students viewed drug to be more expensive than ECT whereas less than half of the staffs view so. Nearly half of staffs (44.4%) thought ECT to be more expensive than drug.

More students viewed psychopathology, lack of consent and availability, procedural problems, stigma, and non-compliance whereas more staff viewed adverse effects and fear as main obstacles while considering ECT use (Table 1).

Table 1: Main Obstacle while considering ECT use in their View*

SNo.	Obstacles	No. of students	% of students	No. of staff	% of staff
1	Fear/ reluctance	2	3.7	3	5.5
2	Non-compliance	2	3.7	0	0
3	Psychopathology	11	20.3	0	0
4	Social-issue/ stigma	5	9.3	3	5.5
5	Consent related	6	11.1	0	0
6	Adverse effects	3	5.5	10	18.5
7	Procedural problem	8	14.8	0	0
8	Lack of ECT facility	4	7.4	1	1.9
9	Do not know	2	3.7	1	1.9
10	None	6	11.1	7	12.9
11	Left unanswered	15	27.8	29	53.7

Headache, injuries especially of tongue, altered consciousness, and memory disturbances were the main adverse effects that both groups had noticed. (Table 2)

Table 2: What Adverse effects of ECT they observed or knew about?

S No.	Adverse effects	Student No.	Student %	staff No.	Staff %
1	Memory related	13	24.1	4	7.4
2	Gastro-intestinal	5	9.3	9	16.7
3	Headache & other pain	22	40.7	18	33.3
4	Injuries- tongue, fall	8	14.8	14	25.9
5	Altered consciousness	23	42.6	10	18.5
6	Seizure problems	4	7.4	1	1.9
7	Aspirations/ choking	3	5.5	1	1.9
8	Others	4	7.4	7	12.9
9	No adverse effect	3	5.5	1	1.9
10	Do not know	2	3.7	2	3.7
11	Left unanswered	9	16.7	18	33.3

More students than staff saw ECT as 'very effective' whereas more staff than students viewed it 'effective'. In both the groups, the majority had responded as 'safe' and 'satisfactory' method of treatment. (Table 3)

Table 3: Effectiveness and Safety of ECT in their eyes

SNo.	Grade of Effectiveness	No. of students	% of students	No. of staff	% of staff
1	Very effective	27	50.0	11	20.3
2	Effective	26	48.1	36	67.7
3	Fair	0	0	3	5.5
4	Not effective	0	0	1	1.9
5	Other	0	0	1	1.9
6	Left unanswered	1	1.9	2	3.7
	Grade of Safety	No. of students	% of students	No. of staff	% of staff
1	Very safe	5	9.3	2	3.7
2	Safe	30	55.6	28	51.9
3	Satisfactory	15	27.8	12	22.2
4	Not safe	2	3.7	2	3.7
5	Dangerous	2	3.7	6	11.1
6	Left unanswered	0	0	4	7.4

More students (59.2%) than staff (50%) had an opinion that 'Food and Drug Administration' (FDA of US) should reclassify ECT as 'low risk category' of intervention. Overall, students had more favourable attitude to ECT than staff about reclassification. In both groups, the majority (94.4% students and 81.5% staff) thought that the combination of ECT and medication would have faster onset of action. Three fourths of students (75.9%) readily expressed that they would accept ECT for themselves or

relatives and 55.6% staff did so if in need. And, 7.4% of staff and 5.5% students strongly opposed the idea of its use. Equal numbers in both groups indicated not to know the answer. And, 5.4% students and 24% staff declined to answer about its use.

Nearly 80% of students and 60% of staff were of the opinion that ECT as a therapeutic measure should be promoted (Table 4) through various ways (Table 5).

Table 4: Their view about its Promotion

SNo.	View about its Promotion	No. of students	% of students	No. of staff	% of staff
1	Use to be promoted	43	79.6	32	59.2
2	Use to be discouraged	0	0	5	9.3
3	Do not know	9	16.7	10	18.5
4	Not like to answer	2	3.7	3	5.5
5	Left unanswered	0	0	4	7.4

Table 5: Strategies they suggested to promote the use of ECT

SNo.	Strategies/ methods	No. of students	% of students	No. of staff	% of staff
1	Public awareness	30	55.6	8	14.8
2	Disseminate by media	1	1.9	0	0
3	Psychoeducation/counseling	13	24.1	10	18.5
4	Training service-providers	1	1.9	2	3.7
5	Research on ECT	1	1.9	0	0
6	Enhance its safety	2	3.7	1	1.9
7	Increase its availability	1	1.9	8	14.8
8	Other measures	0	0	4	7.4
9	No idea	1	1.9	0	0
10	Left unanswered	11	20.3	29	53.7

A few nursing students (5.6%) thought ECT should be discouraged because of its adverse effects and procedural problems, and more staff than that (20.4%) had various reasons like adverse effects, procedural problems, not being effective and human right's point of view.

Discussions

ECT has been used in Nepal for more than 20 years. It is disapprovingly known in Nepal as "Bijuli ko Jhadka" or "Current lagaune upachar" or "Electric Shock" or "Bijuli ko shek". Recently, its use has spread to medical colleges, general hospitals and some private clinic settings.¹¹ At the same time, there is a report of declining trend of its use in state Mental Hospital.⁹ ECT is an important effective treatment method in Nepal as in other

countries including developed ones.¹ However, it is underutilized and often disregarded. There are anecdotal reports of abuse of ECT in Nepal, used indiscriminately and without proper consent in private clinical settings. It also carries myths and misconceptions not only among lay people but also among medical professionals³ and media people¹² which adds to stigmatization. This leads to an enormous resistance from patients and their family members. There are few studies and data and to the best of our knowledge, this is the first Nepalese study exploring Nurses' attitude and knowledge about ECT. Nurses are an important part of the treatment team. Nurses working in psychiatric units are directly involved in the procedure and even nurses working in other departments influence people's idea and attitude about ECT, indirectly affecting the decision

making process. Nurses are in direct and close contact with patients and their families.⁴ Hence, the knowledge and attitude of nurses are crucial. We hoped to explore the perspectives of this important group of stakeholders in this study about the areas of improvement and strategies to improve.

In this study, since there was no exclusion for age, age range was wider in staff group, in comparison to students' group. Almost all nurses were female, except two male nursing staff as respondents, indicating the present trend in Nepal. Among the staff, fewer had seen ECT being given and the majority of nursing students here had observed it. All nursing students had taken class about ECT and were posted in the psychiatry department which apparently had made this finding realistic. A few of them also assisted in the procedure.

More students thought ECT to be cheaper and more effective than drugs. Their view regarding safety was more or less comparable with staff's views, except that some of the staff thought it a dangerous method. More students than staff felt that this method should be encouraged and promoted. More staff than students thought that it should be discouraged. Public awareness is the most important strategy for that purpose. More staff were concerned about the adverse effects, which was an important obstacle while considering ECT use. Considerably more students expressed their willingness to receive ECT for themselves or family or friends if necessary. Nursing students appeared more confident and clearer than staff group; almost in all questions, students gave more responses and more staff left questions unanswered. The responses of the students are nearer to the current view of medical science. The finding of more knowledge and positive attitude among nursing students than nursing staff is in contrary to that of a similar study in UK.⁵ The students appeared to have more options and were more open for more career choices than staff were. Nearly one third of nursing students had considered 'mental health and psychiatric nursing' for their future career. This fact might have had an indirect influence on their more positive responses to ECT in many respects.

Conclusion

ECT is an effective treatment method in the eyes of nurses: both nursing students and nursing staff of BPKIHS, a tertiary-care teaching hospital in eastern

Nepal. Nursing students here, however, had more positive views towards ECT than nursing staff did.

References

1. American Psychiatric Association. The practice of electroconvulsive therapy: recommendations for treatment, training, privileging. Washington DC: American Psychiatric Association; 1990.
2. American Psychiatric Association: Electroconvulsive Therapy. Task Force Report 14. Washington DC, American Psychiatric Association, 1978
3. Byrne P, Cassidy B, Higgins P. Knowledge and attitudes toward electroconvulsive therapy among health care professionals and students. J ECT. 2006 Jun; 22(2):133-8.
4. Shattell M. Nurse-patient interaction: a review of the literature. Journal of Clinical Nursing. 2004; 13:714-722.
5. Wood JH, Chambers M, White SJ. Nurses' knowledge of and attitude to electroconvulsive therapy. J ECT. 2007 Dec; 23(4):251-4.
6. Arkan B, Üstün B. Examination of the Effect of Education about Electroconvulsive Therapy on Nursing Practice and Patient Satisfaction. J ECT. 2008 Dec; 24(4):254-259.
7. Andrade C, Rao NSK. Medical students' attitudes towards electroconvulsive therapy. Convulsive Ther 1996; 12: 86-90.
8. Shakya DR, Shyangwa PM, Shakya R. Psychiatric Emergencies in a tertiary care Hospital. J Nepal Med Assoc. 2008 Jan- March, 169(47): 29-34
9. Sherchan S, Joshi D. Clinical and Demographic Profile of Patients Receiving ECT in an Institute. Journal of Nepal Health Research Council. 2009 April, 7(1): 10-13.
10. Finch JM, Sobin PB, Carmody TJ, DeWitt AP, and Shiwach RS. A Survey of Psychiatrists' Attitudes toward Electroconvulsive Therapy. Psychiatr Serv. 1999 February; 50:264-265.
11. Adhikari SR, Pradhan SN, Sharma SC, Shrestha BR, Shrestha S, Tabedar S. Diagnostic variability and therapeutic efficacy of ECT in Nepalese sample. Kathmandu University Medical Journal, 2008; 6 (21): 41-48.
12. McDonald A, Walter G. The Portrayal of ECT in American Movies. J of ECT. 2001; 17:264-74.