

**“TO DETERMINE THE EFFECTIVENESS OF THE VIDEO ASSISTED TEACHING
IN IMPROVING THE ATTITUDE TOWARDS THE ELECTROCONVULSIVE
THERAPY AMONG THE PATIENT’S RELATIVES UNDERGOING
ELECTROCONVULSIVE THERAPY IN SELECTED HOSPITALS”**

Miss. Akshata Rajendra Mane ¹, DR. Nutan Potdar^{*2}

¹4th year Basic BSc (N) student, Krishna Institute of Nursing Sciences, Krishna Institute of Medical sciences, Deemed To Be university Karad, Malkapur, Dist- Satara, Maharashtra, India.
akshatamane043@gmail.com

^{*2} Corresponding Author, Associate Professor, Mental Health Nursing, Krishna Institute of Nursing Sciences, Karad, India. nutanpotdar@gmail.com

Address for correspondence,

DR. Nutan Potdar, Associate Professor, E-mail: nutanpotdar@gmail.com

BACKGROUND

Mental illness is ignored by the people. There are superstitions among the people. When patient fail to respond to medications or unable to tolerate the side effects of the medications then ECT is one of the good options to treat the patients.

OBJECTIVES

1. To assess the attitude towards the electroconvulsive therapy among the patient’s relatives undergoing electroconvulsive therapy.
2. To determine the effectiveness of the video assisted teaching in improving the attitude towards the electroconvulsive therapy among the patient’s relatives undergoing electroconvulsive therapy.
3. To find association between pre-test level of attitude score with selected socio-demographic variables.

RESEARCH METHODOLOGY:

Quantitative research approach was adopted to collect the data. 30 patient’s relatives undergoing ECT were selected using non probability purposive sampling technique at karad. The patient’s relative’s attitude was assessed by using attitude scale before and after the intervention with a single session video assisted teaching on ECT.

RESULT:

The result showed that there was significant difference in pretest and posttest attitude regarding ECT. It shows the video assisted teaching programme was effective in improving attitude towards ECT. That there is a significant relationship exists between attitude score towards ECT among patient’s relatives undergoing ECT with their socio- demographic variables.

CONCLUSION

There was significant difference in pre-test and post-test knowledge regarding ECT. A single session involving video assisted teaching improves the knowledge towards ECT among patient's relatives by removing myths and misconception about ECT.

Key words: Effectiveness, Attitude, electroconvulsive therapy

INTRODUCTION

The explosion of knowledge and the impact of science and technology can be felt in all walks of life. Its effects are greatly felt in medical science, where more complicated instruments have been developed and used in various types of diseases. One such design used in the treatment of mental illness is ECT. [1]

Electroconvulsive therapy can fluctuate in its application in 3 methods: electrode placement, frequency of treatments, and the electric waveform of the stimulus. Those three styles of application have large variations in both detrimental side effects and wonderful effects. After treatment, drug therapy is generally persisted, and a few patient's. Get hold of continuation/renovation ECT. In the United Kingdom and Ireland, drug remedy is continued at some point of ECT. [2]

Thus, the stigma attached to ECT is counterintuitive to its improved outcome, despite its clinical efficacy and safety. This had warranted several investigations focusing on the knowledge, attitude, and the experience of the clinicians, patients, and their caregivers. There are numerous reports of negative perspectives about ECT, especially among patients and caregivers.[3,4]

Research approach: The research approach selected for this study was "Quantitative research approach".

Research design: The research design adopted for this study was "Pre-experimental one group pre-test post-test design"

Setting of the study: This study conducted at selected Manswasthya mental health hospital and Manovedh mental health hospital karad.

Population: In this study the population was patient's relatives who undergoing electroconvulsive therapy residing in karad area.

Sample and sampling techniques Sample: Sample for the present study is Patient's relatives undergoing electroconvulsive therapy.

Sample size: In this study the sample size was 30 patient's relatives who undergoing electroconvulsive therapy.

Sampling technique: - Sampling technique for present study is Non probability purposive sampling technique.

Tools for data collection: Development of the tool: Based on the objective of the study, three point Likert scale was prepared to assess the attitude of relatives of patient's who undergoing electroconvulsive therapy.

Ethical consideration: The study was conducted after the approval of ethical committee. Subjects were explained clearly about purpose and consent was obtained before data collection. Confidentiality about the responses was assured.

Procedure for data collection ▪ Formal permission was obtained from the Nursing College, **Principal.** ▪ Formal permission was obtained from psychiatrist in clinic and mental health hospital. ▪ The investigator introduce herself to the respondents. Purpose of the study was explained to each respondent and informed consent was obtained Duration of data collection was 4 weeks. ▪ The demographic data is collected from the respondents. The pre-test was taken to assess the attitude of Patient's relatives undergoing ECT. Then video assisted teaching was administered on the same day. The post test was taken after 1 week using the same tool. Collected data was then tabulated and analyzed.

Plan for Data Analysis: Collected data was analyzed by using descriptive and inferential statistics.

RESULTS:

Fig 1. Pie diagram Shows distribution of patient's relatives undergoing ECT according to the occupation. [N=30]

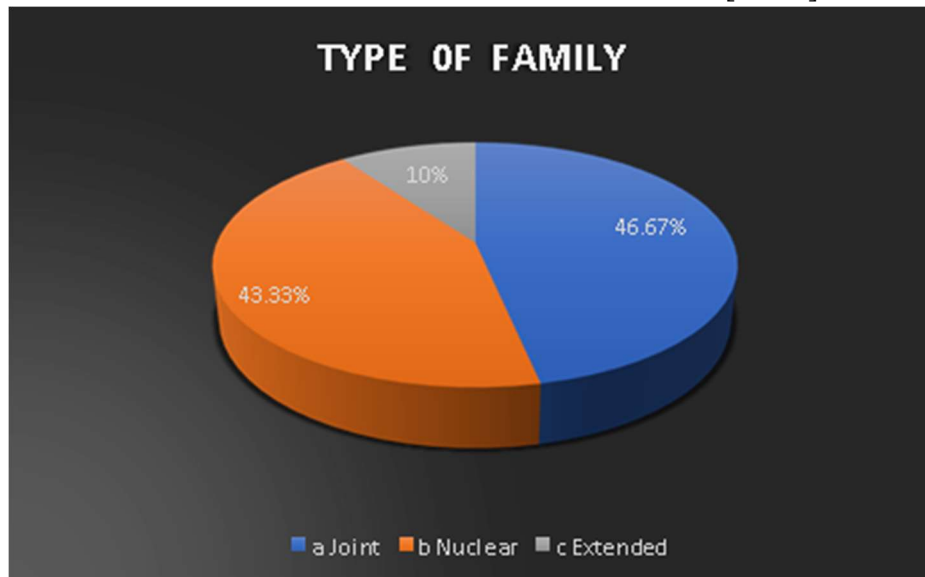


Fig 2. Shows distribution of patient's relatives undergoing ECT according to the marital status. [N=30]

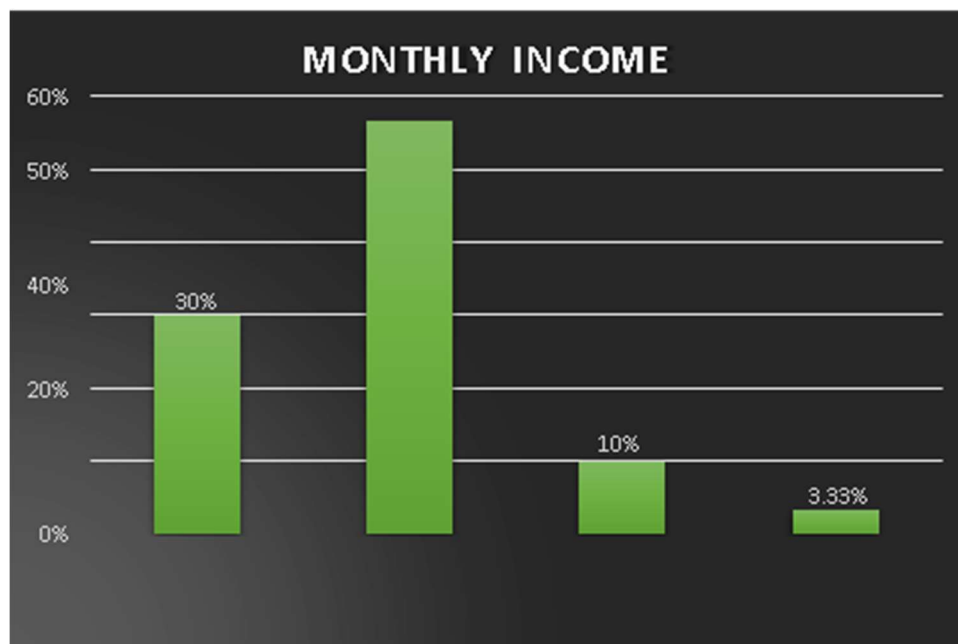


Table No.1: Frequency and percentage distribution of pre-test and post-test attitude score of patient’s relatives undergoing electroconvulsive therapy [N=30]

Attitude	pre-test		post-test		Paired t test	P value
	frequency	Percentage	frequency	Percentage		
Negative [0-6]	4	13.33%	0	0%	9.682	<0.0001
Ambivalent [7-12]	24	80%	8	26.67%		
Positive [13-20]	2	6.67%	22	73.33%		

Pre-test shows that majority 24 (80%) of patient’s relatives had ambivalent attitude, 2(6.67%) had positive attitude, 4(13.33%) had negative attitude towards ECT. Post -test shows that majority of patient’s relatives 22(73.33%) of had positive attitude, 8(26.67%) had ambivalent attitude, 0(0%) had negative attitude towards ECT after video assisted teaching.

Table No .2: Mean and standard deviation of attitude level of patient’s relatives undergoing ECT regarding ECT [N=30]

Sr.No	Level of attitude	Mean	SD	Paired ‘t’ value	P value
1	Pre-test	9.567	2.473	9.682	<0.0001
2	Post-test	14.567	2.85987		

P value is <0.0001 extremely significant

Table depicts comparison of mean pre-test and post-test level of attitude towards ECT. The post-test mean (14.567) was high when compared to pre-test mean (9.567) score of attitude. The obtained 't' value is (9.682) which shows that there is significant difference between the pre-test and post-test level of attitude regarding ECT among patient's relatives undergoing ECT. Hence the formulated research hypothesis H1 accepted.

Table No. 3: Association between pre-test attitude score with selected socio demographic variables [N=30]

		Negative		Ambivalent		Positive		X ²	P value	Result
		f	%	f	%	f	%			
AGE								4.190	0.6509	NS
A	21-30yr	1	3.33%	7	23.33%	0	0%			
B	31-40yr	1	3.33%	8	26.67%	2	6.67%			
C	41-50yr	1	3.33%	6	20%	0	0%			
D	51-60yr	1	3.33%	3	10%	0	0%			
GENDER								1.875	0.3916	NS
A	Male	2	6.67%	12	40%	2	6.67%			
B	Female	2	6.67%	12	40%	0	0%			
EDUCATION								12.81 7	0.2341	NS
A	Illiterate	1	3.33%	1	3.33%	0	0%			
B	Primary	0	0%	3	10%	0	0%			
C	secondary	0	0%	7	23.33%	0	0%			
D	Higher secondary	2	6.67%	7	23.33%	0	0%			
E	Graduate	1	3.33%	5	16.67%	1	3.33%			
F	Post graduate	0	0%	1	3.33%	1	3.33%			
RELIGION								1.406	0.9655	NS
A	Hindu	3	10%	12	40%	1	3.33%			
B	Muslim	1	3.33%	9	30%	1	3.33%			
C	Christian	0	0%	1	3.33%	0	0%			
D	Any other	0	0%	2	6.67%	0	0%			
Occupation								6.756	0.1494	NS
A	Employed	3	10%	9	30%	2	6.67%			
B	Unemployed	1	3.33%	2	6.67%	0	0%			
C	Housewife/student/retired	0	0%	13	43.33%	0	0%			
TYPE OF FAMILY								10.70 5	0.0301	S*
A	Joint	0	0%	14	46.67%	0	0%			
B	Nuclear	4	13.33%	8	26.67%	1	3.33%			
C	Extended	0	0%	2	6.67%	1	3.33%			
AREA OF RESIDENCE								0.135 7	0.9344	NS
A	Rural	2	6.67%	10	33.33%	1	3.33%			
B	Urban	2	6.67%	14	46.67%	1	3.33%			
RELATION WITH PATIENT										

A	Parents	1	3.33%	5	16.67%	0	0%	3.905	0.6895	NS
B	Spouses	1	3.33%	10	33.33%	2	6.67%			
C	Sibling	2	6.67%	7	23.33%	0	0%			
D	Any other	0	0%	2	6.67%	0	0%			
MARITAL STATUS										
A	Married	3	10%	14	46.67%	2	6.67%	1.949	0.7451	NS
B	Unmarried	1	3.33%	7	23.33%	0	0%			
C	widow	0	0%	3	33.33%	0	0%			
D	Divorced	0	0%	0	0%	0	0%			
MONTHLY INCOME										
A	Less than 10,000 Rs	2	6.67%	7	23.33%	0	0%	20.114	0.0026	S*
B	10,000-30,000 Rs	2	6.67%	15	50%	0	0%			
C	30,000-50,000 Rs	0	0%	2	6.67%	1	3.33%			
D	More Than 50,000 Rs	0	0%	0	0%	1	3.33%			

Table depicts the association of patient's relatives attitude towards electroconvulsive therapy with selected demographic variables chi square test was used.

The analysis revealed that there is a significant association exists between the attitude of patient's relatives with type of family ($X^2 = 10.705$), Monthly income ($X^2 = 20.114$).

There was no association found between attitude of patient's relatives towards ECT with Age ($X^2 = 4.190$), Gender ($X^2 = 1.875$), education ($X^2 = 12.817$), religion ($X^2 = 1.406$), occupation ($X^2 = 6.756$), area of residence ($X^2 = 0.1357$), relation with patient ($X^2 = 3.905$), marital status ($X^2 = 1.949$).

Discussion-

Virit et al assessed the attitude of BPAD patients and their caregivers toward ECT, and they concluded that patients and relatives were satisfied with the treatment, found it beneficial, and maintained a positive attitude toward its use. [5]

McCall et al found that among patients with major depression, the patient's quality of life and function improved as early as two weeks after the completion of ECT. [6]

Although ECT was generally viewed as beneficial, effective, and safe, memory impairment was its most commonly reported adverse effect. [7, 8]

Conclusion

Study finding shows that there is significant difference between the pre-test and post-test level of attitude regarding ECT among patient's relatives undergoing ECT. Therefore, study concluded that video assisted teaching programme was effective to change the attitude towards ECT among patient's relatives undergoing ECT.

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Ethical approval:

The institutional ethical committee of Krishna Institute of medical science “deemed to be university”, karad issued an ethical clearance certificate (Ref. No. KIMSDU/IEC/02/21)

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