

Knowledge, Perception and Attitude of Mental Health Nurses towards Electroconvulsive Therapy in Two Neuropsychiatric Hospitals, South-West, Nigeria

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Abstract

This study assessed the knowledge, attitude, and perception of mental health nurses toward electroconvulsive therapy in two neuropsychiatric hospitals in South-West, Nigeria. A descriptive cross-sectional design was used to survey 374 mental health nurses working in the Neuropsychiatric Hospital, Aro, Abeokuta, and Federal Neuropsychiatric Hospital, Yaba. Data collected through questionnaires were analyzed using descriptive statistics. Findings showed that 282(75.3%) of nurses demonstrated high knowledge of ECT Mean = 16.13 (SD = 2.96), 191(51.0%) had moderate perceptions with Mean = 56.18 (SD = 8.31) and 274(73.2%) reporting favorable attitudes Mean = 27.38 (SD = 4.55). Knowledge showed a significant positive correlation with perception ($r = 0.32, p > 0.05$) and attitude ($r = 0.39, p > 0.05$). Years of work experience were insignificant to attitude ($F(193) = 0.98, p < 0.05$). The study concluded that nurses demonstrated high knowledge, moderate perception, and positive attitudes toward ECT. These findings provide evidence for continuous training to strengthen the quality of ECT practice in psychiatry.

Keywords: ECT Attitude, Electroconvulsive therapy, ECT Knowledge, ECT Perception, Neuropsychiatric hospitals, Mental health nurses.

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INTRODUCTION

Mental health disorders constitute a major global public health concern, affecting nearly one billion people worldwide and contributing substantially to disability, morbidity, and premature mortality. Depression, schizophrenia, and bipolar disorder remain among the leading causes of mental health-related disease burden globally. The challenge is particularly pronounced in sub-Saharan Africa, where mental health systems are constrained by inadequate funding, limited infrastructure, and shortages of specialized professionals. In Nigeria, an estimated 20–30% of the population experiences some form of mental illness, yet access to quality mental health services remains limited (Gureje et al., 2020; World Health Organization [WHO], 2022).

Electroconvulsive Therapy (ECT) is one of the most effective evidence-based treatments for severe psychiatric disorders, particularly major depressive disorder, catatonia, and treatment-resistant schizophrenia. The procedure involves the administration of controlled electrical stimulation under general anesthesia to induce a therapeutic seizure, resulting in significant clinical improvement among patients who do not respond adequately to pharmacological interventions (Chen et al., 2022). Although ECT may cause transient side effects such as headache, confusion, nausea, and temporary memory impairment, recent technological advances—including ultrabrief-pulse stimulation, optimized electrode placement, and individualized dosing protocols—have significantly improved its safety profile while reducing cognitive adverse effects (Munkholm et al., 2021; Deng et al., 2023).

Despite its demonstrated effectiveness, ECT continues to face considerable stigma due to misconceptions associated with its early use before the introduction of anesthesia and muscle relaxants. Contemporary modified ECT is a safe, closely monitored procedure; however, outdated perceptions continue to influence healthcare professionals and the public, particularly in low- and middle-income countries (Kellner et al., 2020; Botham et al., 2024).

Mental health nurses play a pivotal role in the administration and monitoring of ECT, patient education, and post-treatment care. Their knowledge, perceptions, and attitudes directly influence patient acceptance, informed consent, and treatment outcomes. Evidence suggests that nurses with adequate knowledge of ECT are more likely to demonstrate positive attitudes and provide supportive care, whereas misconceptions may contribute to stigma and reluctance toward the therapy (Lonergan et al., 2020; Hosseini et al., 2025). However, studies in Nigeria have reported persistent knowledge deficits and ambivalent attitudes among mental health nurses regarding ECT (Ezeobele et al., 2021; Abdullahi et al., 2022).

Given the scarcity of recent evidence from South-West Nigeria, assessing nurses' knowledge, perceptions, and attitudes toward ECT is essential for identifying educational needs, addressing stigma, and informing interventions aimed at improving the quality of psychiatric care. Therefore, this study examined the knowledge, perceptions, and attitudes of mental health nurses toward ECT in two psychiatric hospitals in South-West Nigeria.

LITERATURE/THEORETICAL UNDERPINNING

Electroconvulsive Therapy (ECT) remains one of the most effective evidence-based interventions for severe psychiatric disorders, including major depressive disorder, treatment-resistant schizophrenia, bipolar disorder, and catatonia. Modern ECT is administered under general anesthesia with muscle relaxants and is supported by advances in electrode placement, individualized stimulus dosing, and continuous physiological monitoring, making it a safe and

effective treatment modality with minimal adverse effects (Kellner et al., 2020; Botham et al., 2024). Despite these advances, misconceptions and stigma surrounding ECT persist among healthcare professionals and the public, often influencing its acceptance and utilization.

Mental health nurses play a pivotal role in ECT services through patient preparation, monitoring during treatment, post-procedure care, patient education, and advocacy. Consequently, their knowledge, perceptions, and attitudes toward ECT significantly influence patient experiences, treatment acceptance, and clinical outcomes (Loneragan et al., 2020). Research indicates that adequate knowledge of ECT is associated with positive attitudes and greater confidence in supporting patients undergoing treatment. Conversely, inadequate knowledge may contribute to misconceptions, fear, and reluctance to recommend or support ECT (Ezeobele et al., 2021; Fletcher et al., 2023).

Knowledge of ECT encompasses understanding its indications, contraindications, procedures, benefits, risks, and side effects. Studies have demonstrated that structured educational interventions, simulation-based training, and direct clinical exposure significantly improve nurses' understanding of ECT and reduce stigmatizing beliefs (Song et al., 2021; Payne, 2024). Nurses who are knowledgeable about contemporary ECT practices are better equipped to provide accurate information, address patient concerns, and facilitate informed decision-making.

Perception refers to the manner in which nurses interpret and evaluate ECT based on their knowledge, experiences, and professional values. Positive perceptions are often associated with direct observation of successful patient outcomes and familiarity with modern ECT procedures. In contrast, limited exposure and persistent societal stigma may foster negative perceptions and apprehension regarding the treatment (Berma et al., 2019; Ezeobele et al., 2021). Nurses' perceptions are particularly important because they influence how information about ECT is communicated to patients and families and shape the quality of emotional support provided during treatment.

Attitude represents nurses' predisposition to respond favorably or unfavorably toward ECT. Positive attitudes are commonly linked to higher levels of knowledge, professional experience, and clinical exposure, whereas negative attitudes are often associated with misconceptions, inadequate training, and fear of adverse effects (Cambridge University Press, 2019; BJPsych Bulletin, 2023). Attitudes influence nurses' willingness to participate in ECT-related care, advocate for patients, and support the integration of ECT into comprehensive psychiatric treatment plans.

This study is underpinned by the Knowledge-Attitude-Behavior (KAB) Model, which posits that knowledge influences attitudes, and attitudes subsequently shape behavior. The model suggests that individuals with adequate, accurate knowledge of a phenomenon are more likely to develop positive attitudes and engage in desirable behaviors (Connor & Norman, 2005; Godin, 1994). Applied to ECT, the KAB model proposes that mental health nurses with comprehensive knowledge of the procedure are more likely to develop positive perceptions and attitudes, which in turn enhance their clinical practice, patient advocacy, and support for ECT utilization. The model therefore provides a useful framework for understanding the relationship between nurses' knowledge, perceptions, and attitudes toward ECT and serves as the theoretical basis for this study.

METHODOLOGY

Study Design and Setting

This study adopted a descriptive cross-sectional survey design to assess the knowledge, perceptions, and attitudes of mental health nurses toward Electroconvulsive Therapy (ECT) in two psychiatric hospitals located in South-West Nigeria. The design is appropriate for collecting data at a single point in time and for identifying patterns, relationships, and trends among variables. The descriptive aspect of the design focuses on capturing the prevailing knowledge, attitudes, and perceptions of ECT among the target population, without attempting to establish causal relationships or predict future outcomes. This approach enables the researcher to garner a comprehensive understanding of the current state of ECT knowledge and attitudes among mental health nurses in two selected mental health hospitals in South-West, Nigeria.

The study was conducted at the Neuropsychiatric Hospital, Aro (NPH Aro), Abeokuta, Ogun State, the first purpose-built psychiatric hospital in Nigeria. The hospital operates under a tripartite mandate of clinical service delivery, training of mental health professionals, and research (Neuropsychiatric Hospital, Aro, Abeokuta). It has a network that broadens the scope for longitudinal and epidemiological studies, enhancing the understanding of mental health trends across urban and rural areas. The hospital has a workforce of approximately 190 mental health nurses distributed across 12 wards and primary mental health centers, all of whom were eligible to participate in the study. The second setting was the Federal Neuropsychiatric Hospital, Yaba, Lagos State (popularly known as “*Yaba Left*”). It was originally established as *Yaba Asylum* in 1907, making it the first mental health facility in Nigeria (Federal Neuropsychiatric Hospital Yaba, n.d.). The hospital serves a broad spectrum of psychiatric cases, encompassing severe mental illnesses as well as community-related mental health concerns, which allows for comprehensive clinical studies across age groups, diagnoses, and treatment modalities. Its eight wards provide specialized environments supporting a variety of psychiatric care protocols and interventions, making the institution well-suited for longitudinal and interventional research projects. The hospital employs about 184 mental health nurses across eight wards, who constitute the second study population.

Study Population and Sampling

The population of this study comprises male and female registered mental health Nurses in a neuropsychiatric hospital. Aro, Abeokuta and Federal Neuropsychiatric Hospital, Yaba, Lagos. There are 190 Nurses in the Neuropsychiatric Hospital, Aro Abeokuta, and 184 Nurses in the Federal Neuropsychiatric Hospital as of March, 2024.

Participants were selected based on clearly defined inclusion and exclusion criteria. Eligible participants were mental health nurses employed at either Neuro-Psychiatric Hospital Aro or Federal Neuro-Psychiatric Hospital Yaba, nurses who had worked for at least six months in their current hospital to ensure familiarity with hospital protocols and potential exposure to Electroconvulsive Therapy (ECT) practices, nurses who were available and willing to participate during the period of data collection, and nurses who provided written informed consent to participate voluntarily. Whereas nurses on extended leave during the data collection period, nurses assigned exclusively to administrative roles with no direct patient care responsibilities, and nurses who declined to participate or withdrew consent at any point during the study were excluded from the study.

The study used Yamane's formula to determine the sample size: $n = N / (1 + Ne^2)$. The estimation with a 10% attrition rate produced 212 nurses. Proportional allocation was ensured for appropriate representation of the settings. A convenience sampling technique was used for the selection. Convenience sampling enabled the researcher to recruit participants who were available and willing to participate during the period of data collection, without disrupting essential healthcare services.

Data Collection and Procedure

Data were collected using a structured, self-administered questionnaire comprising four sections:

- **Demographic Data:** Age, gender, years of experience in mental health, and professional rank.
- **Knowledge towards Electroconvulsive therapy:** The level of knowledge among mental health nurses regarding Electroconvulsive Therapy (ECT).
- **Attitudes towards Electroconvulsive therapy:** Likert scale items assessing attitudes towards ECT. It assessed views on the effectiveness, safety, and ethical considerations related to ECT.
- **Perception on Electroconvulsive therapy:** The participants' understanding of the procedure, beliefs about its efficacy, and considerations regarding patient outcomes. It included the role of nurses in the ECT process, the impact of ECT on patient care, and the importance of education and training in ECT.

The questionnaire was validated to ensure the accuracy of the assessment without bias or error. Cronbach's alpha was conducted among 21 mental health nurses working in the Department of Psychiatry, Lagos University Teaching Hospital Annexe, to ensure the reliability of the instrument. The internal consistency coefficient of the data collection tool ranged from 0.72 to 0.87. The data collection was self-administered questionnaires distributed physically by the researcher to eligible mental health nurses in their respective hospital units. Nurses who voluntarily consented to participate were given a questionnaire to complete at their convenience, ensuring minimal disruption to their clinical duties. Completed questionnaires were collected manually by the researcher or designated assistants at pre-arranged times agreed upon with the participants.

Ethical Consideration

Ethical approval for this study was obtained from Babcock University health research ethics committee (NHREC/24/01/2020), Federal Neuropsychiatric Hospital research ethics committee, Aro, (NHREC/FNPH-HREC/29/08/2023) and Federal Neuropsychiatric Hospital research ethics committee Yaba, (FNPHY/HREC/2025/001/03/20) while permission was received from the Research and Ethics Committee of Federal Neuropsychiatric Hospital Aro, Abeokuta and Federal Neuropsychiatric Hospital Yaba, Lagos. Written informed consent was obtained from all participants after explaining the nature, purpose, potential risks, and benefits of the study through an information sheet attached to the questionnaire. Confidentiality was maintained through anonymous coding of data, secure storage, and restricted access to identifiable information. Participation was entirely voluntary. The research upholds the principles of data integrity, refraining from fabrication, falsification, or misrepresentation of

findings. To maintain academic integrity, proper citation and acknowledgment of prior work must be ensured, guarding against plagiarism and upholding ethical research standards.

Data Analysis

The completed questionnaires were manually sorted, coded, and entered into the computer. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 29. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the responses. Inferential statistics were employed, including Pearson correlation and ANOVA, to test the study hypotheses at a 0.05 significance level.

RESULTS

Table 1: Socio-Demographic Characteristics of Respondents

Variable	Frequency(n)	Percentage (%)
Age (in years); mean age 27.89± 7.57 years		
20-24	73	37.6
25-29	66	34.0
30-34	20	10.3
35-39	22	11.4
40+	13	6.7
Gender		
Male	50	25.8
Female	144	74.2
Years of experience in psychiatric Nursing		
1-5	165	85.1
6-10	17	8.8
11+	12	6.1
Highest educational qualification		
RPN	113	58.2
BSc	62	32.0
MSc	9	4.6
PhD	10	5.2

The mean age of the respondents was 27.89± 7.57, and 37.6% were within the age group 20-24 years. The majority (74.2 %) were females and had between 1-5 years working experience (85.1%). More than half (58.2%) were registered psychiatric nurses.

Nurses' Level of Knowledge of Mental Health on Electroconvulsive Therapy

Table 2: Knowledge on the Potential Side Effects of Electroconvulsive Therapy

Side Effect	Frequency (F)	Percentage (%)
Difficulties with memory recall in the short term	174	16.1
Difficulties with memory recall in the long term	96	9.2
Confusion & disorientation	176	16.8
Headaches	172	16.4
Muscle soreness	101	9.6
Nausea	167	15.9
Changes in heart rate and blood pressure	162	15.1

Most of the respondents reported the following potential side effects of ECT: difficulties with memory recall in the short term (89.7%); confusion and disorientation (90.7%); headache (88.7%); nausea (86.1%); and changes in heart rate and blood pressure (83.5%) (See Table 2)

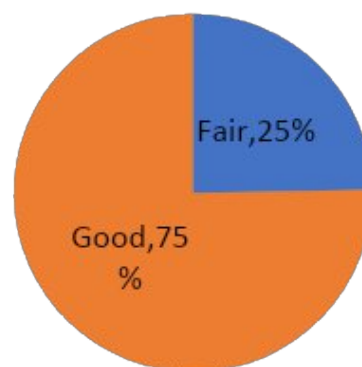


Figure 1: Proportion of Respondents' Level of Knowledge of Electroconvulsive Therapy

Respondent's level of knowledge about ECT was measured on a 23-point rating scale and showed a mean score and standard deviation of 16.13 ± 2.96 . The majority (75%) of the respondents had a good level of knowledge about EC. (Figure 1)

Nurses' Perceptions of Mental Health on Electroconvulsive Therapy



Figure 2: Proportion of Respondents' Perception of Electroconvulsive Therapy

In addition, the respondent's perception of ECT measured on an 84-point rating scale showed a mean score and standard deviation of 56.18 ± 8.31 . More than half (51.0%) of the respondents had a positive perception of ECT (Figure 2).

Nurses' Attitude towards Electroconvulsive Therapy

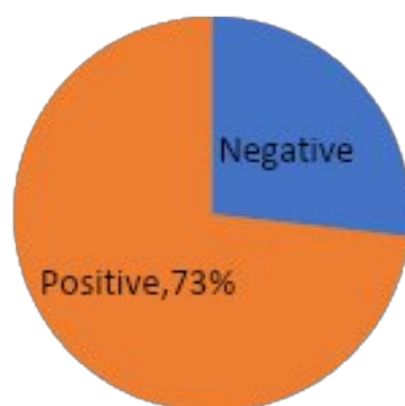


Figure 3: Proportion of Respondents' Attitudes towards Electroconvulsive Therapy

Furthermore, the respondent's attitude towards ECT, measured on a 36-point rating scale, showed a mean score and standard deviation of 27.38 ± 4.55 . The majority (73%) of the respondents had a positive attitude towards ECT (See figure 4.3).

Table 4: Relationship between Respondents' Knowledge and Perception of ECT

		Knowledge	Perception
Knowledge	Pearson Correlation	1	0.32
	P-value		0.001
Perception	Pearson Correlation	0.32	1
	P-value	0.001	

The result of the Pearson Product Moment correlation analysis showed a significant relationship between the respondents' knowledge of ECT and their perception of ECT ($r_{(192)} = 0.32$, $p = 0.001$) (See Table 4). This implies that the respondent's knowledge about ECT correlated with their perception of ECT.

Table 5: Difference in the Respondents' Working Experience and Attitude towards ECT

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	11.907	18	.662	.98	.47
Within Groups	117.500	175	.671		
Total	129.407	193			

The result of the ANOVA analysis showed no significant difference between the respondents' years of working experience and their attitude towards ECT ($F_{(193)} = 0.98$, $p = 0.47$) (See table5). This implies that the attitude of the respondents towards ECT does not vary with their work experience.

Table 6: Relationship between Respondents' Knowledge and Attitude towards ECT

		Knowledge	Attitude
Knowledge	Pearson Correlation	1	0.39
	P-value		0.001
Attitude	Pearson Correlation	0.39	1
	P-value	0.001	

The result of the correlation analysis showed a significant relationship between the respondent's year of experience and their attitude towards ECT ($r_{(192)} = 0.39, p = 0.001$) (see Table 4.7). This implies that the respondent's knowledge about ECT strongly correlated with their attitude towards ECT.

DISCUSSION

This study assessed the knowledge, attitude, and perception of mental health nurses toward electroconvulsive therapy in two neuropsychiatric hospitals in South-West, Nigeria. The findings characterized the distribution of a young and predominantly female cohort with limited years of experience but solid foundational training in psychiatric nursing.

Knowledge of Mental Health Nurses on Electroconvulsive Therapy (ECT)

The majority of respondents reported being knowledgeable about ECT, and three-quarters had received formal training either during their education or through professional development. This level of awareness is much higher than that of Ezeobele et al. (2018), who found that almost one-third of psychiatric nurses had adequate knowledge of ECT, with many expressing discomfort with its administration. The relatively higher knowledge in the present study may be attributed to continuous professional exposure within specialized psychiatric hospitals, which provide both service delivery and structured training (James et al., 2015).

In terms of indications, most respondents correctly identified severe depression, schizophrenia, and acute mania as conditions for which ECT is appropriate, with two-thirds also recognizing its role in catatonia. These findings are consistent with Dawood et al. (2019), who found that many Saudi nurses understood the role of ECT in treatment-resistant depression and catatonia, though misconceptions still existed. Conversely, Kitay et al. (2017) reported that only 20% of Ghanaian nurses could accurately identify ECT indications, highlighting the contextual variation in knowledge across different countries. Knowledge regarding contraindications was generally good; a large proportion recognized the need for caution in patients with cardiovascular disease, supported neuroimaging to exclude intracranial lesions, and correctly identified recent myocardial infarction as a contraindication. These findings are in line with Wood et al. (2007), who reported that experienced nurses demonstrated greater accuracy in identifying risks and contraindications.

In general, this study revealed that the majority of mental health nurses had a high level of knowledge about ECT, this finding contrasts with earlier studies such as Ezeobele et al. (2021), who reported that low level of knowledge regarding ECT among nurse, and James et al. (2015) found that more than half of the nurses were unsure of the indications/side effects of ECT. The difference is that findings may be attributed to the years of service, as most of the respondents

in this study had between 1-5 years' experience; they were fresh graduates who had updated training concerning ECT. The current result, therefore, suggests a positive shift in knowledge levels, possibly due to improvements in training within the Nigerian psychiatric system. This is supported by Kitay et al. (2018), who emphasized that targeted education and clinical exposure play a pivotal role in enhancing ECT knowledge. Edmonson (2020) also noted that knowledge scores improved significantly after a structured educational intervention. Hence, it is likely that respondents in this study benefited from similar exposure or in-service training.

Perception of Mental Health Nurses on Electroconvulsive Therapy

This study found that slightly more than half of the nurses demonstrated a high level of perception regarding ECT, indicating generally favorable views, although there remains room for improvement. The mean perception score of 56.18 ± 8.31 further supports a moderately positive overall attitude toward the treatment; this corroborates with the findings of Lonergan et al. (2020), who observed that direct clinical experience positively influenced nurses' perception of ECT, transforming initial skepticism into professional confidence. It also resonates with Taylor et al. (2019) and Walters et al. (2018), who reported that nurses viewed ECT as effective for treatment-resistant depression. However, some perceptual reservations persist, possibly due to societal stigma, ethical concerns, or misinformation. As Taylor et al. (2019) noted, nurses in their study still saw ECT as a "last resort," while some described it as "invasive" or even "barbaric." These findings support the idea that while clinical exposure improves perception, broader cultural and institutional narratives still influence professional opinions (Antosik-Wójcińska et al., 2020).

Despite these encouraging results, a substantial minority of respondents remained unconvinced of ECT's efficacy for certain conditions, reflecting persistent concerns about its invasiveness, ethical considerations, and social stigma. This aligns with prior research showing that, while ECT is widely acknowledged as clinically effective, perceptions of it as a last-resort treatment persist, and societal stigma continues to influence professional attitudes (Antosik-Wojcinska et al., 2020; McIntyre et al., 2023).

Attitude of Mental Health Nurses Toward Electroconvulsive Therapy

This study showed that 73.2% of the nurses had a positive attitude toward ECT, which is encouraging and reflective of a growing professional acceptance. This aligns with Olagunju et al. (2018), who reported that 60% of nurses in Nigeria viewed ECT as safe and well-tolerated. However, it contrasts with their earlier report that only 30% of Nigerian nurses held a positive attitude toward administering ECT.

Globally, the findings from this study are also comparable to those of Keltz et al. (2017) in the U.S., where 60% of nurses felt comfortable discussing ECT and 40% were enthusiastic about its use in psychotic illnesses. This finding also mirrored the UK study by Brown et al. (2016), where 50% of nurses actively sought to address stigma around ECT.

Although most respondents showed positive attitudes, the study found no significant relationship between years of experience and attitude, contrasting with findings from James et al. (2010) and Wood et al. (2007), who observed that experience was linked to more positive attitudes. This suggests that while experience may help, structured education or orientation programs might now be playing a more significant role in shaping attitudes, a view echoed by Ezeobele et al. (2021) and Dawood et al. (2013).

Relationship between Knowledge, Attitude, and Perception

This study found a significant positive relationship between nurses' knowledge of electroconvulsive therapy (ECT) and their attitudes and perceptions toward the treatment. Pearson correlation analysis revealed that higher levels of knowledge were positively associated with both perception ($r = 0.32$, $p = 0.001$) and attitude ($r = 0.39$, $p = 0.001$), indicating that nurses who are more informed about ECT are more likely to view it favorably and support its clinical use. These results are consistent with Hosseini et al. (2025), who reported that nurses with a broader understanding of ECT exhibited more positive attitudes, while those with limited knowledge were less likely to endorse its use. Similarly, studies by McIntyre et al. (2023) and Walters et al. (2018) highlight that educational interventions significantly improve professional confidence, dispel misconceptions, and foster acceptance of ECT as an effective treatment for severe mental illness.

The findings highlight the critical role of education and structured clinical exposure in shaping nurses' perceptions of ECT. Given that experience alone does not fully predict positive attitudes, targeted training programs, continuing professional development, and stigma-reduction initiatives may further enhance nurses' confidence, knowledge, and willingness to advocate for appropriate ECT use.

Analysis of respondents' clinical experience revealed no significant differences in attitude toward ECT across varying years of work ($F(193) = 0.98$, $p = 0.47$). This finding suggests that, unlike knowledge, accumulated years of practice alone do not predict more favorable attitudes. This contrasts with research by Sumaila and Oko (2025), which identified experience as a predictor of positive attitudes among Nigerian nurses. The current findings imply that direct clinical exposure without structured education may be insufficient to influence professional perceptions meaningfully. As Lonergan et al. (2020) note, targeted education and supervised clinical experience are often necessary to transform initial skepticism into professional confidence.

Collectively, these findings highlight the critical role of knowledge and structured educational initiatives in shaping nurses' attitudes and perceptions toward ECT. Targeted training programs, continuous professional development, and stigma-reduction efforts are essential to reinforce evidence-based practice, promote positive professional engagement, and optimize patient outcomes. The results underscore that improving nurses' understanding of ECT is likely a more effective strategy than relying solely on accumulated clinical experience to foster favorable attitudes and perceptions.

Implications for Mental Health Nursing

The findings of this study have important implications for mental health nursing practice. The correlation between knowledge, perception, and attitude regarding ECT supports the need for ongoing educational and professional development programs to ensure that nurses receive updated and evidence-based information regarding ECT. By removing misunderstanding and gaining confidence, nurses will be able to properly educate patients, reduce fear and stigma, and encourage ECT as a safe and effective treatment modality when clinically indicated.

The benefits of improving knowledge and positive attitudes among nurses could improve the level of patient trust, encourage informed consent, and ultimately influence improved treatment outcomes. Moreover, the study highlights the significance of mental health nurses as front-line representatives in the formation of the societal view of ECT and emphasizes the need to

incorporate ECT education in both undergraduate and post-basic psychiatric nursing curricula. On the part of mental health nursing stakeholders, it is necessary to strengthen continuous professional training to address specific knowledge gaps such as contraindications, cognitive side effects, and safety considerations. Also, the introduction of orientation programmes for newly employed psychiatric nurses and the provision of more practical exposure to ECT through supervised observations, pre-procedure preparation, and post-procedure care help improve nurses' perceptions and build confidence.

CONCLUSION

This study has shown that mental health nurses in the two selected psychiatric hospitals in South-West Nigeria possess a high level of knowledge, hold a positive attitude, and exhibit a generally favorable perception of electroconvulsive therapy. Moreover, a statistically significant relationship exists between knowledge and both perception and attitude, highlighting the pivotal role of ECT-related education. Despite the high knowledge levels, some limitations in perception remain, possibly driven by non-clinical influences such as societal stigma, personal beliefs, or the growing absence of experienced mentors due to the increasing migration of senior mental health nurses abroad. The study concludes that continuous education and open dialogue on ECT can enhance professional perception and reduce reluctance or misconceptions.

Future Research Directions

Based on the findings and limitations of this study, several promising directions for future research emerge:

Research on a qualitative study exploring personal beliefs and ethical concerns surrounding ECT could provide deeper insight.

Comparative studies across general and specialist hospitals can assess how the environment shapes perception. Longitudinal research could track how continuing education impacts attitudes and perceptions over time.

Contribution to Knowledge

This study contributes to the limited body of research on ECT in Nigeria by providing contemporary insights into the knowledge, attitude, and perception of mental health nurses within institutional settings. It also highlights the role of knowledge in shaping professional outlooks, which could inform educational and policy efforts aimed at improving ECT practice acceptance.

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