The Current Knowledge and Attitude Of Nurses Working at Tanta Mental Health Hospital Regarding the Use Of Physical Restraint on psychiatric Patients

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Abstract

Use of the physical restraint in psychiatric settings remains controversial. Whenever nurses have to make a decision to use restrain , they often find themselves in the midst of conflict between professional obligation to care for the patients' safety and well-being and a respect for patient's right to manage informed and autonomous choices . This study aimed to identify the current knowledge and attitude of nurses working with psychiatric patients regarding the use of physical restraint. This study followed a descriptive research design. The study was carried out at "Tanta Mental Health Hospital". The target population of this study comprised 50 nurses who provide direct care to psychiatric inpatients in the previously mentioned setting and who are willing to participate in the study . The tool used to collect data was Physical Restraint Questionnaire **.** Physical Restraint Questionnaire was originally developed by Janelli et al (2006). It aims to assess knowledge and attitude of nurses toward the use of physical restraint . The study showed that studied nurses held high knowledge about and nearly positive attitude toward physical restraint use . The study recommended that there is a critical need to provide extensive educational training programs to complement nurses' knowledge by enforcing ethical consideration about the use of physical restraint as well as nurses' attitude toward it .

Kay ward: physical restraint – psychiatric patient

Introduction

Physical restraint is an intervention commonly used in the management of disruptive and violent behaviours in psychiatric setting .However with the growth of the psychiatric consumer movement and the growing public emphasis on patients' rights , society has demanded that people with mental illness will be treated with the least restrictive methods possible. Consequently, consensus is growing that use of physical restraint in psychiatric treatment settings should be reduced and ultimately eliminated and restraint minimization is becoming the focus of ongoing discussion worldwide.[1-3] Physical restraint can be defined as " the use of any manual or physical method , mechanical device , material or equipment attached to a person's body that restricts freedom of movement or normal access to one's body ".[4-5] Despite physical restraint on psychiatric inpatient units remains a highly controversial ethical issue , literatures estimated that more than 20% of young and adult psychiatric patients are physically restrained at some point during their stay in the hospital. [6-7]

Amid the controversy about the use of this intervention and the apparent lack of consistent guideline for its use , nursing staff often are caught in the middle needing to care for people who are disturbed or violent in a safe and therapeutic manner , while assuring the safety of the patient , other patients, the environment , other staff, and themselves. As the result ,some nurses view restraint of psychiatric patients as a violation of basic human rights , others as a necessity for the control of violence and yet others as a therapeutic modality . [1,8] Review of the literatures suggests that physical restraint can be viewed differently by nurses , this depends largely on the nurses' justification of the need for restraints. One of the strongest nurses' justifications for the use of physical restraints in hospitals is the protection of the patients, others or both , often when medication and verbal therapies are insufficient to control potentially dangerous patients . This and the possible beneficial therapeutic effects of restraints are some strong justifications for their use . [3,9] At the same time , not all nurses consider restraint desirable or efficacious. Objections to restraint use have been based

on ethical grounds , with the use of this intervention being viewed as punitive , a violation of patients' basic rights of freedom and dignity .Others contented that restraint may be counter therapeutic and cause feeling of abandonment . (1,6)

Many fear the abuse of physical restraints and possible psychological, physical and emotional consequences. Physical restraints may involve physical and psychological risks , produce negative reactions in patients and staff , be used as punishment to patients , or be used more frequently than should be necessary due to staffing shortage .Restraint procedures not only represent a significant infringement of an individuals' rights to autonomy and self determination but may be associated with significant morbidity and mortality(7,10). Indeed , nurses and other staff may be at risk for assault by some clients during a restraint procedure resulting in physical injury , psychological suffering ,

lost work time and financial costs. This intervention also lead patients to develop negative perceptions of the mental health facility, which weakens the therapeutic alliance and negatively affects treatment adherence.(11) In addition, these procedures if not properly applied may be associated with negative physical consequences for patients, including lacerations, asphyxiation, and even death. Some patients describe the experience of seclusion and restraint as similar to physical abuse and rape. Because of the dramatic risks of restraint , it is hoped that the use of physical restraint will be rendered absolute. (12)

Because of nurses are often on the front line interacting with patients who may be violent or who display disruptive behaviours ,they are most intimately involved in the decision to restrain a patient and play a key role in its implementation .Moreover, their perception and attitude influence not only their interactions with patients but also their choice of intervention when responding to an identified need or problem .So , more insight into the attitudes and opinions of nursing staff regarding restraint measures is considered one of the most interventions aimed to reduce restraints in psychiatric setting (1,7) .

Although regulatory standards related to the use of physical restraints in psychiatric setting have been strengthened significantly in recent years , it is not clear whether these

changes have influence nursing practice in regard to restrain use .Therefore with these ethical and legal issues in mind ,the researchers undertook a descriptive study to determine the current knowledge and attitude of nursing staff regarding the use of physical restraint.

Aim of the study

The aim of the present study was to identify current knowledge and attitude of nurses working at Tanta Mental Health Hospital regarding the use of physical restraint on psychiatric patients.

Research Questions

What are the current knowledge and attitude of nurses working at Tanta Mental Health Hospital regarding the use of physical restraint on psychiatric patients?

Materials and Method

Material

Study design:

The study followed a descriptive design.

Setting:

The present study was conducted in the psychiatric inpatient wards at "Tanta Mental Health Hospital", which is affiliated to the Ministry of Health . The capacity of the hospital is 75 beds (three wards for men including 50 beds, and two wards for women including 25 beds) , and provides health care services to Gharbya, Menofia, and kafr-elsheikh governates .

Subjects

A convenience sample of 50 nurses who provide direct care to psychiatric inpatients who in the previously mentioned setting and who are willing to participate in the study .

Tools of the study

One tool was used to collect data for the study:- .

Physical Restraint Questionnaire :-

The physical restraint questionnaire was originally developed by Janelli et al (2006) [13]. It aims to assess knowledge and attitude of nurses toward the use of physical restraint . The physical restraint questionnaire is divided into two parts .

Part one **:** *" Knowledge about physical restraint*

It is an 18 item knowledge questionnaire including statements about physical restraint to be answered as '" True or false "'. Fifteen statements are considered true and three statements are considered false. For each of the knowledge item a correct response was scored (1) and the incorrect

response was scored (Zero) .A total score thus ranges from 0 to 18 (The higher the score , the more knowledge the nurses have). The knowledge score was then classified according to the suggested 0-6 ,7-12 and 13-18 scores as poor , good and high respectively.

Part two **:** *Attitude of nurses regarding use of the physical restraint*

This part of the tool consists of 12 statements about attitude of nurses regarding use of the restraint . It is rated on a 3 point likert scale on which 1= agree ,2= undecided and 3 = disagree and with a total score ranging from 12 to 36 .(The higher the score , the more positive is the nurses' attitude " Nurses are more prone to use physical restraint in their practice") .

This tool was supplemented by socio-demographic and clinical experience structured interview schedule which was developed by the researchers to elicit data about socio-demographic characteristics of the studied subjects , sex , age ,marital status , residence ,as well as their clinical experience such as level of education , years of experience , position in nursing career

Method

The tool of the study was translated by the researchers to Arabic language and was validated by a jury to ensure the content validity of the translated version by original one . The jury consisted of nine experts in the psychiatric medicine and psychiatric nursing fields. The required correction and modifications were carried out accordingly.

Tool of the study was then tested for its reliability using the Cronbach's alpha coefficient to measure the internal consistency. Its result was o.721 which indicates an accepted reliability of the tool.

-Before starting the study, an official letter was addressed from the Dean of the faculty of nursing to the director of the identified study setting to request their permission and cooperation to collect data. Before embarking on the actual study, a pilot study was carried out. The purpose of the pilot study was to test the clarity, applicability, and feasibility of the tool. In addition, it served to estimate the approximate time required for interviewing the participant as well as to find out any problem or obstacle in data collection. The pilot study was conducted on ten nurses after explanation of

the purpose of the study and pointing to their right to agree or refuse to participate in the study. These nurses were selected randomly and later excluded from the actual study sample. According to its results, necessary modifications were made.

-Study subjects were invited to participate in this study on a voluntary basis. Nurses were informed about the purpose of the study and oral consent to participate in it was obtained before their inclusion. Anonymity, the right to withdraw from the study at any time and confidentiality of data collected were all assured. The questionnaires were handed out by the researchers and the nurses were asked to fill in the questionnaires in the presence of the researcher. It was emphasized that the tool should be filled in on individual level. The time of filling the questionnaire ranged from 15- 20 minutes

Statistical Analysis :-

Data entry and analyses were performed using SPSS version 18. Qualitative data were presented as number and percentage while, quantitative data were presented as mean and standard deviation.

Results

Socio-demographic and clinical characteristics of the studied nurses are shown in table (1) .The sample of the study consists of 50 nurses who work with psychiatric patients. All but 11 of them were male with mean age 33.20±8.74.The largest group of nurses (n=38,76%) were married .Nearly two thirds (n= 34 ,68%) had diploma degree as educational background and worked as bedside nurse . More than half of participant nurses ((n=29 , 58%)had ten years and more of experience in working with psychiatric patients .

The knowledge scores of nurses regarding physical restraint are illustrated in figure (1), it was noticed that the knowledge score of the studied nurses ranged from 9-15 with Mean± SD = 12.6± 1.40 as illustrated in figure (1). More than half of them (58 %) had a total score in knowledge regarding physical restraint more than 13 as described in figure (2)

The percentage of correct and incorrect responses for 50 studied nurses to each of the 18 statements of knowledge regarding physical restraint are summarized in table (2) ,It was observed that one hundred percent of nurses (n=50 , 100%) held

correct answers to the statements " Physical restraints are safety vests or garments designed to prevent injury" and " A record should be kept on every shift of patients in restraints" Meanwhile only (n=8 , 16% , n=13 ,26%) of respondents held correct responses to the statements " Sheet restrain may be necessary at times " and " "Aggression is the main reason for using a restraint " as false response respectively .

Distribution of the studied nurses' score in relation to their attitude about physical restraint is illustrated in figure (3).It was noticed that the attitude scores of the 50 studied nurses ranged from 15- 28 with mean ± SD (32.8 ± 3.27) . The percentage of studied nurses' score regarding the attitude of physical restraint is presented in figure (4), showed that more than half of the studied nurses have positive attitude toward using physical restraint that (52 %) held scores more than 24 in the attitude of physical restraint .

Distribution of the nurses responses the statement of the attitude of physical restraint was summarized in table (3) .it was observed that only (n=6 , 12%) of the studied nurses agree that " I feel that family members have the right to refuse the use of restraints " and "I feel that nurses have the right to refuse to place patient in restraints" . Regarding nurse's emotion regarding restraint , it was noticed that (n= 6 , 12% , n=9 , 18%) of nurses felt by guilty and embarrassed when patient is in restrain respectively meanwhile the majority of participants (n=44 , 88%) felt that they were " acknowledgeable about caring for a restrained patient" . Two thirds of them (n=34, 68%) undecided with the statement "I feel that the main reason restraints are used is that the hospital is short staffed".

Discussion

The use of the restraint in psychiatric settings remains controversial. Whenever nurses have to make a decision to use restraint. They often find themselves in the midst of conflict between professional obligation to care for the patients' safety and well-being and a respect for patients' right to manage informed and autonomous choices.

Overall , the nurses in the present study high knowledge about physical restraint questionnaire however some areas of misconceptions were evident; e.g. "

Aggression is the main reason for using a restraint" , "Restraint should be used when one cannot watch the patient closely " , " sheet restraint may be necessary at times " and " good alternatives to restraint do not exist " . Unfortunately, This finding is not matching with the recent development and regulatory standard about physical restraint use that recommend that restraint will be used only as a last resort when the safety of the patient or others is compromised and only after other options have been exhausted . This may be attributed to the fact that respondents in the present study are lacking of not only how to deal with aggressive patients but also in applying restraint as evident by another nurse's misconception that "sheet restraints may be necessary at times " . Despite the fact that the situations sometimes required some alternatives than restraint , as de-escalating patients' aggression by using verbal de-escalation technique, decreasing stimuli ,or offering support , the present study stated that half of the studied nurses acknowledge that " good alternative do not exist". In the same stream, Terpstra (2001) reported that most of the nurses didn't attempt alternatives with patients prior to physical restraint [(1)].An Egyptian study carried out by Kamel (2007) , found that , the majority of nurses rationalized the use of restraint in situations where patients are aggressive and dangerous to themselves and others.

In addition, other alternative as "identifying causes of patient's stress and dealing with it' 'was emphasized by only about one third of nurses [(14)]. This may be attributed to the increased staff workload and to the imbalance in staff/ patients ratio , which limits their abilities to observe patients. This was supported by half of the studied nurses in the present study who acknowledged that " physical restraint should be used when one can not watch patient closely ". Here, it is worth mentioning that during data collection , nurses frequently reported that after the enforcement of the new Egyptian Mental Health Decree, the hospital held few educational sessions that emphasize patient's right in the least restrictive environment and restraint should be always a last resort after other options are exhausted. , they added that no one provided them by alternatives to restraint

or taught them how establish a least restrictive environment for the patients . One nurse went further to stating that in some situation "we stand hands fettered and frustrated between patient's right of restraint reduction and patient' self determination and safety of the patient , others and ourselves ? . In fact , we sometimes become victims of this policy of restraint reduction because we were not educated about other alternatives of restraint reduction . In this sense , Chein et al (2005) reported that while the majority of the interviewed nurses believed that the use of physical restraint should always be a last resort , they could only identify a few alternative nursing interventions [15]. Additionally, Gaskin (2007) noticed that nursing staff were frustrated by the pressure they experienced in implementing restraint reduction policies [12].

Studies about restraint use have mostly focused on nurses' inadequacy and their inaccurate knowledge about its and its associated adverse effects .Theses studies supported that increasing nurses' knowledge about restraint use can lead to effective use of alternative measures that may probably reduce the use of restraint .[1,8,11].Indeed , in a study carried out by Claudia (2007) nurses asked for education about all aspect of physical restraint as well as about alternatives of restraint that can be more cost effective and more sedating .[16] From the findings of the present study and other studies , it became evident that the provision of knowledge about restraint alternative seem to be a pre- requisite for successful restraint reduction .

Nurses' attitude toward the use of physical restraint in controlling patient's behavior and ensuring patient safety may create conflicts related to patients' right including their autonomy in making decisions for their own care [17] The result of the attitude of the nurse toward physical restraint in the present study illustrated that the studied nurses had no conflict with patient right and had no ethical dilemma as the minority of the participants agreed with the statements of " *Patient has the right to refuse the use of restraint " , " I feel that nurses have the right to refuse to place patient in restraint " and " Patient suffers a loss of dignity when placed in restraint "*

This result may be due to that nurses justify the use of physical restraint in patient care as beneficial and nondeteriouos nursing intervention and consider restrain use as therapeutic intervention . Additionally ,inadequate ethical and legal awareness of nurses related to physical restraint may be consider an important attribution to this finding . Martin (2002) stated that while patients self determination and dignity are important , they may not take priority for who are unaware of the patient's rights or the alternatives for maintaining patient's safety. [18]. A study by Marangos &Wells (2000) reported that more than half of the psychiatric nurses in their study were not having ethical dilemma when using physical restraint on their patients and didn't believe patients are permitted to refuse placement of restraint and most of them felt ethically justified in using restraint on a ground of beneficence [19].In contrary , Kling (1994) sought attitude about restraint use from 109 staff members who cared for psychotic psychiatric patients ,results indicated that staff would agree with a patient's choice about whether to be placed in restraint and the majority reported they would agree with the patient's choice [20].

Surprisingly , the result of the statements related to emotional reaction of nurses in the attitude scale come to support again that nurses has no ethical dilemma regarding use of physical restraint as minority of the participants reported that they felt guilty and embarrassed when using physical restraint This finding is supported by Dewey & Brill (2000) who found that nurses frequently didn't question the need for physical restraints seeing them as beneficial (for good of the patient) [21]. Additionally , in a study carried by Chein (2000) , most of the nurses stated that they did not feel " bad " or " uncomfortable" about restraint use as they interpreted it as establishing safe environment " or giving nurses more time to care for other patients.[8]. To the contrary , nursing staff in the study carried by Elks & Ferchau (2000) have reported feelings of guilt and embarrassment when using physical restraint as they realized that restraint can contribute to a loss of patient dignity [22]. Indeed , Steele (1993) surveyed 28 nurses in a psychiatric hospital to determine their

attitude about physical restraint. Although 60% of the subjects saw the use of physical restraint as therapeutic , they may be hesitant as well as anxious about participating in physical control of restraint (.[23]) Inaddition, , Abed eldaym (1993) found that 40% of nurses agreed that they felt guilty regarding physical restraint use .On the other hand , 38,96 % of nurses from Saudi Arabia and Kuwait compared to 23.23% from Egypt agreed that " they are doing the right thing "(.[24])

Generally , the studied nurses in the present study held nearly positive attitude regarding using physical restraint(were most prone to use physical restraint in the practice) . This positive attitude may be formed through their practice , experience and imitation of others . Few years ago before the implementing movement of restrain reduction which recommended by new Egyptian mental health law, physical restrain in the setting of the study was acceptable measure in their practice and was done frequently in the hospital and most of the nurses use it as ward routine .In this sense , Karrison etal(2001) , reported that attitudes of Swedish psychiatric nursing staff toward the use of physical restrain were strongly connected toward their use in practice . Nursing staff who working in "restraint free" wards had more negative attitude "were least prone to use restraint" towards restraint use than nursing staff working on high use wards. (.[25]) The researchers hope that after wards in psychiatric hospital become restraint free wards , attitude of the nurses toward physical restrain use change negatively and that nurses become more and more knowledgeable about restraint reduction and implementing it as consequence to the growing enforcement of the new Egyptian Mental Health Decree .

Finally , the results of this study may lead us to fact that , this urgent need to fill the gabs in nursing knowledge and the in-service educational training still has minor role in nurses' awareness regarding recent development and regulatory standard about physical restraint use .

Conclusion

This study emphasized on identifying the current knowledge and attitude of nurses working at Tanta Mental Health Hospital regarding the use of physical restraint for

psychiatric patients . .The study showed that studied nurses held high knowledge and nearly positive attitude toward physical restrain use .

Recommendations .

Nursing understanding and consideration of the important factors influencing decisions on restraint use , use of alternative measures, consideration of adverse consequences and ethical consideration are essential to the appropriate use and reduction of restraint use .This study recommends the following :-

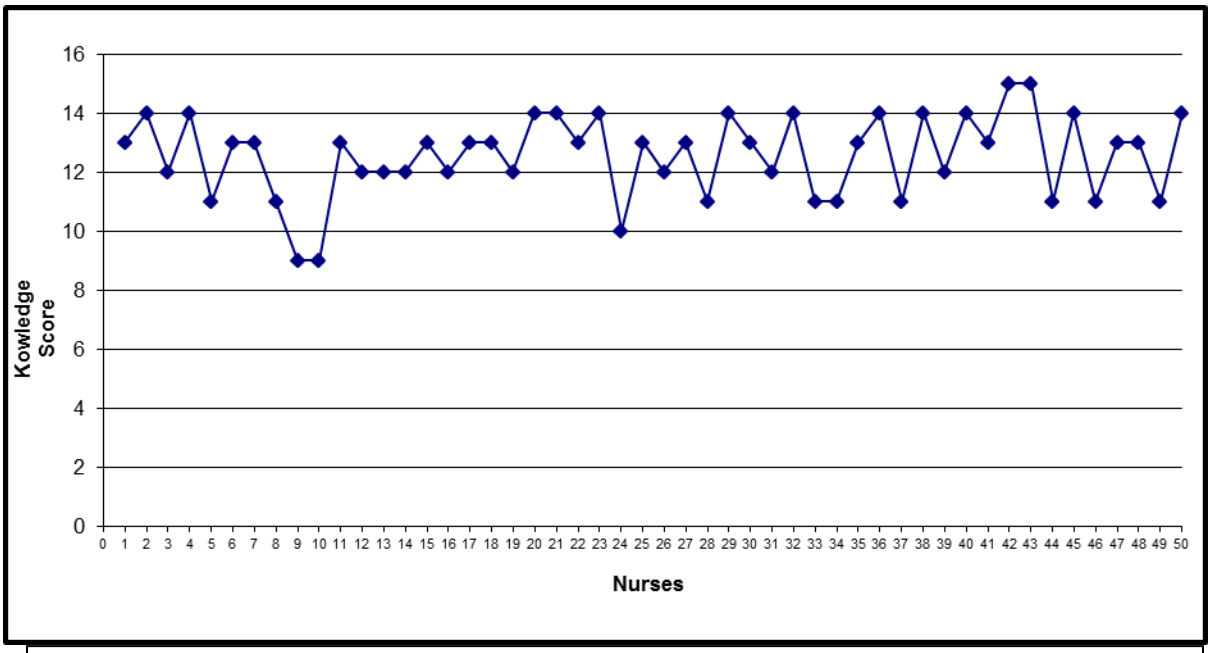
There is a critical need to provide nurses who working with psychiatric patients by extensive educational training programs that entail :-

- Misconceptions regarding physical restraint use.
- Ethical consideration about uses of physical restraint and alternatives to it
- Nurses' attitude needs to be considered when hospital intends to change or improve nursing practice in this respect

Table(1) Socio-demographic and Clinical Characteristic of the Studied Nurses

Socio-demographic and clinical characteristics	Studied Nurses (n=50)	
	N	%
Age:		
<30	19	38.0
30-50	27	54.0
>50	4	8.0
Range	**22-56**	
Mean±SD	**33.20±8.74**	
Sex:		
Male	11	22.0
Female	39	78.0
Marital status:		
Single	11	22.0
Married	38	76.0
Widow	1	2.0
Education level:		
Associate degree	4	8.0
Diploma degree	34	68.0
Baccalaureate degree	12	24.0
Position :		
Nurses aids	4	8.0
Bedside Nurse	34	68.0
Head nurse	12	24.0
Residence:		
Urban	23	46.0
Rural	27	54.0
Working experiences in nursing (years):		
5<	5	10.0
5-10	12	24.0
10+	33	66.0
Range	**2-35**	
Mean±SD	**12.94±8.10**	
Working experiences in psychiatric nursing(years):		
5<	7	14.0
5-10	14	28.0
10+	29	58.0
Range	**2-35**	
Mean±SD	**11.48±7.47**	

Figure (1) :- Distribution of Studied Nurses' Score Regarding Knowledge about Physical Restraint



N= 50 Mean= 12.6 SD=1.40

Figure (2) :- Percentage of Studied Nurses' Score Regarding Knowledge about Physical Restraint

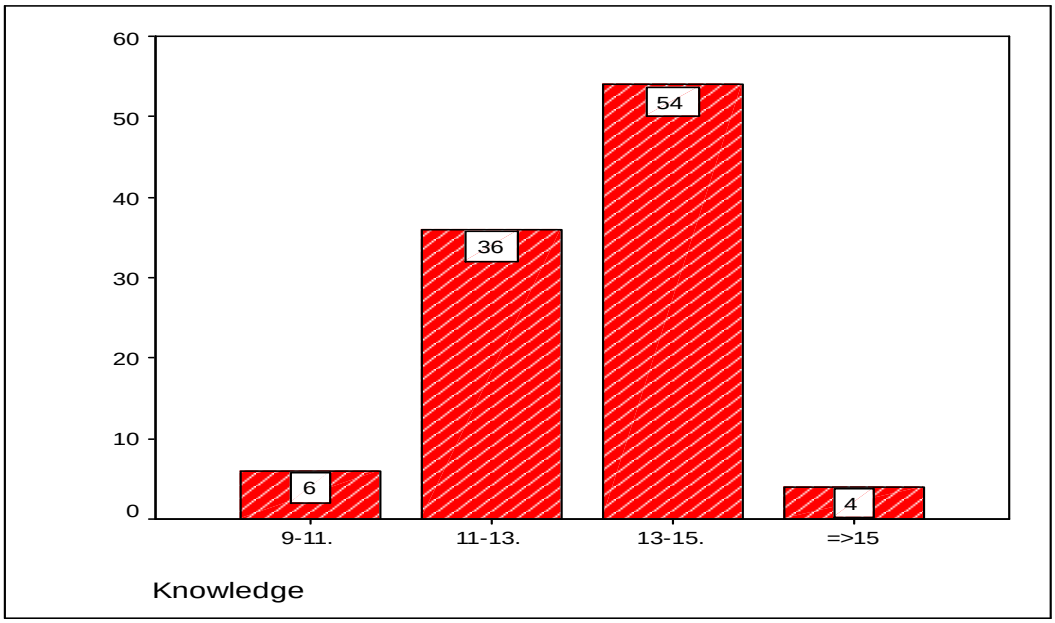
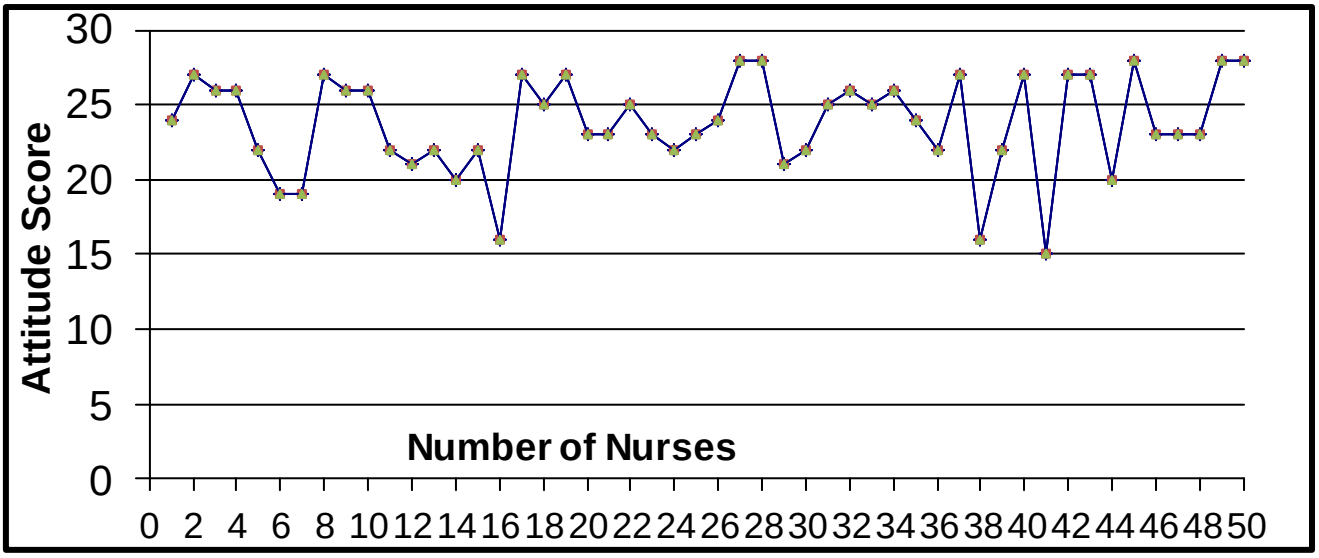


Table (2) :- The Percentage of Correct and Incorrect Responses of Studied Nurses Regarding Knowledge about Physical Restrain Use Statements

Knowledge about Physical Restraint Use Statements	True		False	
	No	%	No	%
Physical restraints are safety vests or garments designed to prevent injury.	50*	100.0	0	0.0
A restraint is legal only if it is necessary to protect the patient or others from harm	48*	96.0	2	4.0
Restraints should be used when one cannot watch the patient closely.	25	50.0	25*	50.0
Patients are allowed to refuse to be placed in a restraint.	30*	60.0	20	40.0
A physical restraint requires a physician's order.	49*	98.0	1	2.0
Confusion or disorientation is the main reason for using a restraint.	37	74.0	13*	26.0
A restraint should be released every 2 hours if the patient is awake.	41*	82.0	9	18.0
Restraints should be put on snugly	48*	96.0	2	4.0
A patient should never be restrained while lying flat in bed because of the danger of choking	45*	90.0	5	10.0
When a patient is restrained, skin can break down or restlessness can increase.	30*	60.0	20	40.0
When a patient is restrained in a bed, the restraint should not be attached to the side rails.	36*	72.0	14	28.0
Sheet restraints may be necessary at times.	42	84.0	8*	16.0
A nurse can be charged with assault if he/she applies restraints when they are not needed.	47*	94.0	3	6.0
A record should be kept on every shift of patients in restraints.	50*	100.0	0	0.0
A physician's order to restrain must be specific.	47*	94.0	3	6.0
In an emergency a nurse can legally restrain a patient without a physician's order.	17*	34.0	33	66.0
Good alternatives to restraints do not exist.	27	54.0	23*	46.0
Deaths have been linked to the use of vest restraints	15*	30	35	70.0

***= Correct response**

Figure (3) Distribution of Studied Nurses' Score Regarding Attitude about Physical Restraint



N= 50	Mean=23.8	SD=3.27

Figure (4):- Percentage of Studied Nurses' Score Regarding Attitude about Physical Restraint

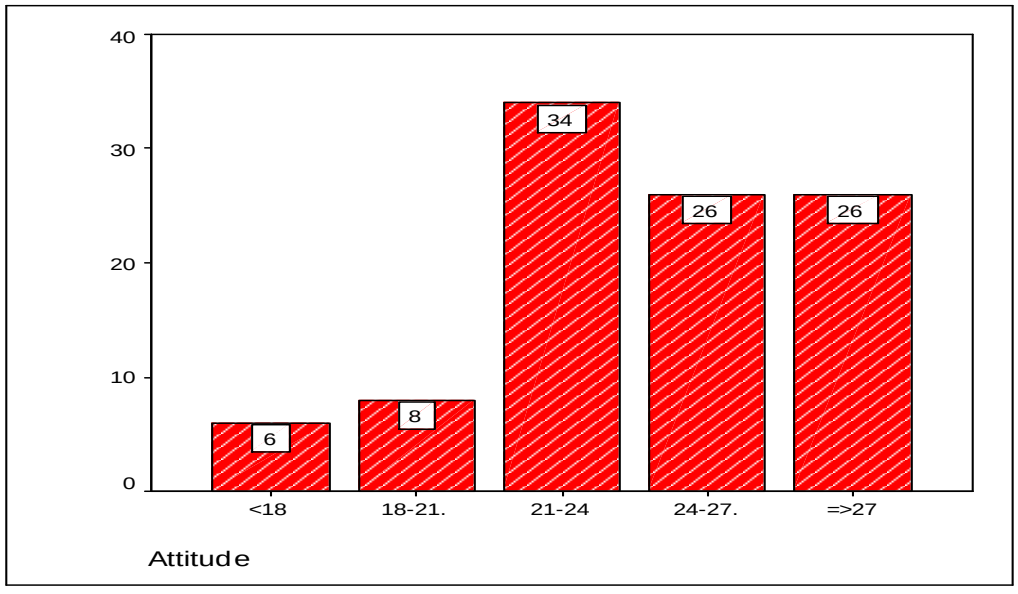


Table (3: Distribution of The Nurses Responses to The Statement of The Attitude toward Physical Restraint Use

Statements	Nurses (n=50)					
	Agree		Disagree		Undecided	
	No	%	No	%	No	%
1- I feel that family members have the right to refuse the use of restraints.	6	12.0	19	38.0	25	50.0
2- I feel that nurses have the right to refuse to place patient in restraints.	6	12.0	28	56.0	16	32.0
3- If I were the patient, I feel I should have the right to refuse/ resist when restraints are placed on me.	18	36.0	27	54.0	5	10.0
4- I feel guilty placing a patient in restraints.	6	12.0	25	50.0	19	38.0
5- I feel that the main reason restraints are used is that the hospital is short staffed.	2	4.0	14	28.0	34	68.0
6- I feel embarrassed when the family enters the room of a patient who is restrained and they have not been notified.	9	18.0	20	40.0	21	42
7- The hospital is legally responsible to use restraints to keep the patient safe.	37	74.0	12	24.0	1	2.0
8- It makes me feel bad if the patient gets more upset after restraints are applied	25	50.0	13	26.0	12	24.0
9- I feel that it is more important to let the patient in restraints know that I care about him or her.	33	66.0	17	34.0	0	0.0
10- It seems that patients become more disoriented after a restraint has been applied.	5	10.0	22	44.0	23	46.0
11- A patient suffers a loss of dignity when placed in restraints.	8	16.0	14	28.0	28	56.0
12- In general, I feel knowledgeable about caring for a restrained patient.	44	88.0	6	12.0	0	0.0

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