

Nursing Students' Perceptions and Practices of Physical Restraint in a Hospital Setting: A Qualitative Study

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Abstract

Physical restraint is generally used in the healthcare setting, implying that students were exposed to it during their clinical placement and may have participated in it, either actively or passively. This study explores the student nurses' knowledge and practice of physical restraints in clinical practice. A descriptive qualitative design using one semi-structured individual interview and five focus group discussions on nursing students (N=24) from two higher nursing institutions in Brunei Darussalam. The data were analysed using thematic analysis. We identified three meaningful themes focused on the use of physical restraint in the hospital setting from the perspective of nursing students, namely, the definition of physical restraint, the uses of physical restraint and concerns towards its practice. The student nurses reported that physical restraint was justified in providing safe and high-quality patient care. However, they have concerns about its practice, both for themselves and the patients. The need for theoretical and practical guidance on safe and efficient use of physical restraint may further provide educational supports to the students.

Keywords: *Nursing, Perceptions, Physical, Restraint, Safety, Students, Brunei*

Introduction

Physical restraints are often regarded to jeopardise the patient's rights when used as a punishment and convenient for the nurses working in the ward.¹ Restraint should only be applied to keep patients, healthcare professionals, and families in the ward safe.² Numerous studies have assessed the nurses' perceptions, knowledge and attitude on using physical restraint. For example, Jose et al.³ studied 90 nurses working in medical-surgical, pediatric, post-operative and psychiatric settings. The research found that 76.6% of the staff nurses approved physical intervention, while 23.3% of the nurses had unfavourable attitudes towards physical restraints on patients.

Meanwhile, positive opinions on physical restraint were presented with 95.8% of the nurses stated that physical restraint could lead to less risk of falls among the patient; 71.1% of nurses reported that guidelines on physical restraint in their hospital and their knowledge of physical restraint are average.⁴ Another study reported that the psychiatric nurses described physical restraint as their primary method to manage psychiatric patients, especially aggressive behaviours.⁵ However, the study expressed ethical concerns when using a restraining method since it can potentially cause physical injury and compromise patients' dignity.

The use of physical restraint has been debated in many studies.⁵ For example, Sokol⁶ argued that physical restraint is ethically acceptable as long as it poses more benefits than harm to the patients.⁷ In

a German study, it is argued that physical restraints were used solely to ensure the safety of the patients in preventing the risk of falls, especially for patients that are dependent on nurses.² In addition, physical restraint is commonly implemented to avoid confused patients injuring and harm themselves, particularly in the intensive care unit.⁸ A British study found that the most common type of restraint used in healthcare settings is bed rails, restraint belts, and bed linen to lock the patient bed.⁹

Karagozlu et al.¹⁰ have studied 91 final year nursing students' opinion and their practice on physical restraints in Turkey hospitals. They agreed that physical restraint is used to ensure patient safety, family, and healthcare professionals. This, however, must only be considered when other alternatives were tried before the use of physical restraint. Meanwhile, Özcan et al.¹¹ conducted a study involving 120 final year student nurses, whereby most of the students exhibited unbiased attitudes towards physical restraints such as bed rails, straps, or belts. The research also stated that the student nurses are more likely to approve physical restraint or any restraints, as it aims to prevent patient's aggression and ensure patient safety.

Materials and Methods

Design

This descriptive qualitative research was conducted in 2021. The interviews were conducted in a designated private classroom in the University premises to ensure participants and researchers' safety and maintain the participants' confidentiality and the data collected during the interview.

Participants

Nursing students from Universiti Brunei Darussalam and Politeknik Brunei were recruited by disseminating an electronic poster and a series of face-to-face recruitment briefings. The type of sampling used was purposive sampling, and no relationship

was made with the participants before the study period. Seventy students attended the recruitment briefing, and a total of twenty-four nursing students have volunteered and are eligible to participate in the research.

Data collection

The study used two interview types for the data collection: individual face-to-face interviews and focus group interviews. A total of seven key questions related to the research topic were constructed based on the aim and objectives of this study. The duration of each interview was approximately 30-60 minutes. Field notes were written throughout all the interview sessions to help improve the quality of the data analysis.¹² All recorded interviews were transcribed verbatim.

Data Analysis

In analysing the data, all the interview transcripts were read repetitively and critically analysed for few times, word by word and divided into themes by identifying patterns from the responses. Five initial themes were developed, condensed into three final themes after further discussion with the research team. All the themes obtained were derived from the transcribed data verbatim and categorised according to the codes. The data management was handled manually by using a pen, coloured papers and highlighters.

Rigour

Lincoln and Guba¹³ introduced criteria to assess a study's trustworthiness. Students from two different education levels and universities were recruited for data collection to ensure credibility is achieved. The dependability is accomplished when all research members were fully involved in collecting and analysing the data. The study's transferability is demonstrated where participants were recruited using purposive sampling. This allows the data results could be adapted and applied to other situations. Lastly,

the study's confirmability was established when the researchers referred back to the raw data taken during the data collection and data analysis period.

Ethical considerations

This study was approved by the Faculty Research Ethics Committee with reference number UBD/PAPRSBIHSREC/2020/40. A gatekeeper was used to approach the students for recruitment briefing and ensuring their participation was voluntary. All the study details were explained to the participants; hence, written informed consents were also obtained. The protection of the research participants' privacy and confidentiality and data was ensured. Only the researchers and participants knew their identity, and in maintaining the participants' anonymity, no names were asked or collected during the discussion or the interview.

Results

The analysis of the data has found three core themes: (1) Meaning of physical restraint, (2) The uses of physical restraint, and (3) Concerns towards physical restraint. Each of them has its sub-themes which is further explained below.

Theme 1: Meaning of physical restraint

Some of the students defined physical restraint as a form of restriction to the patient's movement. This perception was reflected in the following narratives by several of the students:

From my understanding, physical restraint is, I guess, anything that restricts the patient's movement is considered as patient's restraint. (Participant 6, FGD 1)

In other cases, the students believe that physical restraints are used to ensure the patient's safety. For example:

From what I understand about physical restraint, it restrains the patient to the bed or keeps the patient

from hurting themselves. (Participant 1, FFI 1)

Moreover, most students gave examples of different physical restraints they observed throughout their practicum in the ward.

The patient was physically restrained in which his hands were tied to the side rails because he kept trying to scratch his wound. (Participant 6, FGD 4)

It can be seen from the narratives above that they have categorised two forms of physical restraints, physical restraint with the use of aids and physical hold without the use of aids. In addition, most students have mentioned side rails as the most common type of physical restraint done to the patient in the ward setting.

Theme 2: The uses of physical restraint

The students are collectively aware of the reasons behind the use of physical restraints. These are identified as three key reasons, with the first reason that restraint is a form of 'control'. They identified that such control is necessary because some patients may act aggressive or try to harm themselves in the ward.

There was an autistic patient. He was screaming, trying to move around, and he hurts the mother. They put him inside a room and tried to calm him down. He does not interfere with the other patients in the ward. (Participant 5, FGD 1)

The second one uses physical restraint as a necessary treatment to ensure the patient benefits from the treatment.

The orthopaedic patients or maybe the doctors themselves do not want them to move around that much because it might harm them. Hence, this needs us to restrain them, so they could not move that much to heal quickly and correctly. (Participant 1, FGD 1)

The third reason is where physical restraints are used for preventive measures, which could help prevent damage to the patients and their surroundings.

Few of the students narrated this point;

Physical restraint can be helpful when patients are confused and try to pull out some tubing, for example, pulling out the catheter or nasogastric tube. (Participant 1, FGD 3)

Based on these three reasons, the students feel that physical restraint benefits provided substantial justification for its application. As one student put it:

As a student nurse, before doing any physical restraint on the patient, I think it is essential to assess the patient's situation. For example, what would happen if we were to physically restrain him or her? Simultaneously, if I were to encounter such a thing in the ward, if it would bring good to the patient, which is the top priority in the ward or the hospital, we should restrain him. If I cause harm, then I believed that we should find other solutions that would benefit the patient because the top priority is everything that has to do with the patient. (Participant 6, FGD 1)

This narrative highlights their preference to find other alternative methods despite the agreement on using physical restraint. When they failed to find other solutions, physical restraint is used, provided that it is beneficial to the patient.

Theme 3: Concerns about physical restraint

Despite the awareness of the clinical uses of physical restraint, some students voiced their concern over the consequences of restraint on the patient, nurses and student nurses. One student reflected on her clinical placement, whereby the patient appeared to be uncomfortable when the student observed the nurses applied physical restraint on the patient.

There is one patient in our ward where she was physically restrained using hand mittens. Even though it was just her hands that were restrained, I definitely can see that she felt uncomfortable as her hand was kept inside the mittens the whole time. Hence, making her more agitated. (Participant 3, FGD 5)

Another group of students has also shared a similar concern about the patient's psychological effect, mainly when other alternatives can be done instead.

A patient can get traumatised when you apply physical restraint on them. They would get scared as it will give them the idea that they would be restrained again if they were to admit to the ward again. (Participant 1, FFI 1.)

The students realised the importance of physical restraint, but it is not always easy to apply it to patients.

For me, physical restraint is helpful, especially when there are procedures that needed to be done on the patient, especially on a restless and agitated patient. Some procedures needed to be done immediately to prevent further health problems, and yet, it can be hard to do it when family patients are around and refuse the use of restraint. By not respecting their decision, we are compromising their rights. (Participant 1, FGD 2)

Discussion

This study establishes that all the student nurses have witnessed physical restraints, and most of them have participated in using physical restraints on patients in the ward. The students defined physical restraint as restricting patients' movement—such definition extends to the limited regular access to patient's body by any means.¹⁰ Not limited to that, the students mentioned that physical restraints are utilised on the patient as it could help in ensuring the patient's safety despite the limitation to the patient's activity¹⁴. However, the students believe that the applications of physical restraint are accepted when there is a high possibility of harm and injury to the patient and the surroundings. They also indicated that nurses must ensure patient safety is confirmed even with physical restraint.¹⁵

In this study, the students have also mentioned different physical restraints they have encountered during their practicum in the ward. Lai et al.¹⁶ found

that the most common form of physical restraint is bedrails (16.9%), followed by jacket restraint. They mentioned that the most common physical restraint is applying bedrails where the patient's hand is tied up to the rails to avoid patients pulling any tubes connected to the patient and avoiding fall. When no aids are used, the student nurses mentioned physically holding patient's bodies to ensure tasks were quickly done on the patient. Physical restraint can only be used for emergency procedures, depending on the patient's behaviour.¹⁷ However, nurses holding the patient, especially without the patient's willingness, are still considered to use another physical restraint.⁹

The study also focuses on physical restraints, where the students viewed physical restraint as a procedure that may benefit the patients during its application. It is observed in the ward that such physical restraint was used to ensure the patient's safety.¹⁸ Hence, physical restraint is usually used to avoid harming themselves and their surroundings, especially patients who act aggressive and restless.¹⁹ In ensuring the patient's safety, physical restraint was also used to ensure the patient receives the appropriate treatment needed for the patient for better healing progress.²⁰

Several students have mentioned physical restraint in the findings to hinder patients from interrupting nurses' work and harming. In addition to that, physical restraint is also said to help patients harm themselves and their surroundings. Similarly, such a point was mentioned in a study of Turkey hospital.²¹ The nurses utilised physical restraints to minimise interference from the patient and therefore easing the burden. Nevertheless, given the use of physical restraint as a treatment, it should be noted that the user should be adequately documented with consent from the patient or the family, as it can cause a problem when not appropriately tackled.⁸

Meanwhile, the students also deep concerns about the use of physical restraint. Regardless of whether

physical restraint is genuinely used to ensure the patient's safety, the student nurses discussed the social considerations of physical restraint. In terms of ethical views of physical restraint, when the patient is physically restrained, the first principle of ethics is already compromised: the patient's anatomy.²² The second principle is justice, where the patient should be treated as a human being to avoid the patient from being treated with judgement and unfairness.

Moreover, when applying physical restraint to the patient, it could also become more aggressive, which could cause more physical injury to the patient²³, referred to as the third principle of ethics beneficence. Thus, the usage of physical restraint should be only applied as a last resort. The last principle of ethics is non-maleficence, where it means no harm to the patient. However, this can be contradicted with beneficence.

The use of physical restraint affects the patient physically and emotionally, and psychologically, where they can get traumatised during their admission in the ward, resulting in their refusal to seek further treatment at the hospital in the future. Simultaneously, the utilisation of physical restraint can also affect a patient's dignity, where their dignity is also described as part of nursing care.²⁴ Jeopardising a patient's dignity is considered a breach of the patient's rights and not respecting the patient's decision.²⁵ Therefore, before physical restraint application, finding alternative methods usually involves having the patient's family or carer around with the patient in the ward.¹⁴

Conclusion

The study found that most of the students defined physical restraint as an act of restricting patient's autonomy, and the most common form of restraint used is bedrails to ensure patients are restricted in the bed space. Not only that, when no aids are required, the only type of physical restraint is physically holding the patient to the bed. Nonetheless, even with the wide use of physical restraint and the students' acceptance

of physical restraint, they also indicate concerns about patient safety, including physical injury and psychological effect on the patients when physical restraints are applied. They also verbalised concern about the aspect of rights and protection if physical restraint is commonly practised. Moreover, the focus should now shift to how the nurse educators can teach the student nurses about the safe application of physical restraint and handling aggression in the healthcare context. The focus should also be on examining the nurses' understanding of the appropriateness of physical restraint across all different health settings.

Conflict of Interest: None

Source of Funding : Self-funding

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