

What are psychiatric nurses experiences regarding physical restraint

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Introduction

Physical restraint is a commonly used intervention in mental health institutions. Restraint is used to preserve safety and security, However patients undergoing restraint might suffer a loss of liberty and dignity (1, 2).

It causes physical physiological negative effects on patients, as well as nurses (3).

Since nurses are the principal professionals applying these methods in their clinical practice, it is necessary to inquire on their experiences, perspectives, and attitudes in order to understand the whole process (4).



Objective

This narrative review seeks to cluster and analyse the current literature regarding the use of coercive measures and physical restraint applied to mentally ill patients admitted into acute care settings by nurses. It intends to provide evidence of the nurse's experiences, attitudes and perceptions when using these methods.



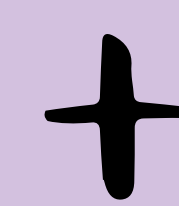
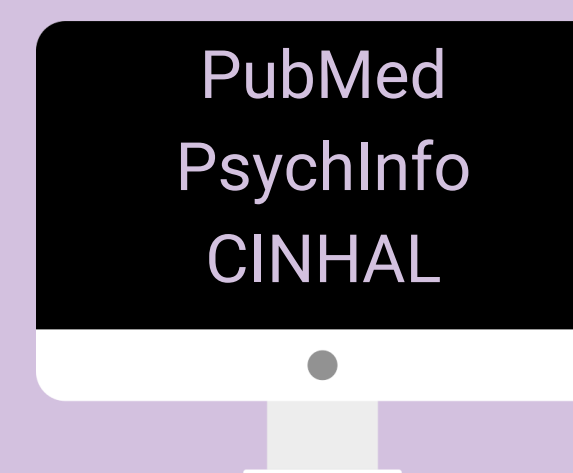
Methods

Literature review:

Research question (PIS):

¿What are psychiatric nurses' experiences when applying mechanical restraint?

P	I	S
Psychiatric nurses	Mechanical restraint	Experiences

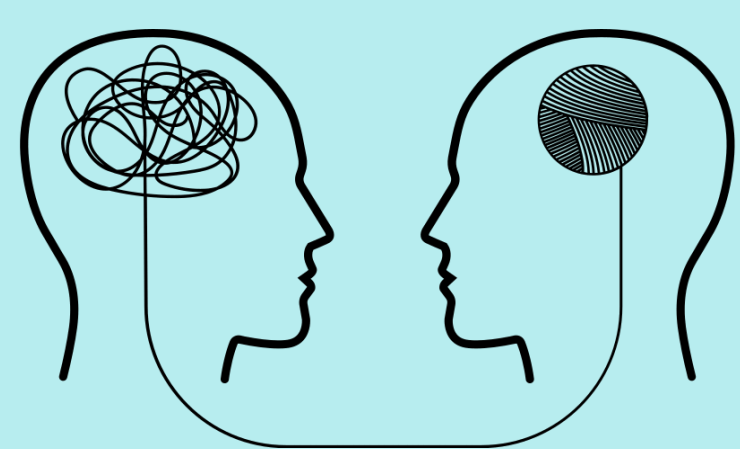


Years: 2012-2022
English or Spanish
Only physical restraint
Only nurses experiences
Only psychiatric setting

NURSES	AND	PSYCHIATRY	AND	RESTRAINT	AND	EXPERIENCES
Nurse	OR	Acute care setting		MeSH: "Restraint, physical"		Perspectives
Nursing	OR	Acute wards		Containment		Perceptions
		MeSH: "Psychiatry"		Restrictive measures		Attitudes



11 articles



- A higher knowledge level is linked with better clinical practices (9).
- Level of knowledge varies depending on the country (9, 10, 11).
- What to know?
 - Negative effects of restraint (10).
 - The procedure (10).
 - Alternative measures (12, 13).
- Need for creating protocols (5, 6, 7, 12).

- Nurses' practices may vary according to their gender, level of education and years of service (5).
- Personality traits:
 - Creativity + leadership + optimism + empathy (6).
 - High personal accomplishments + low burnout scores (7).
 - Tolerance to stress + risk perception (8).



Knowledge and training

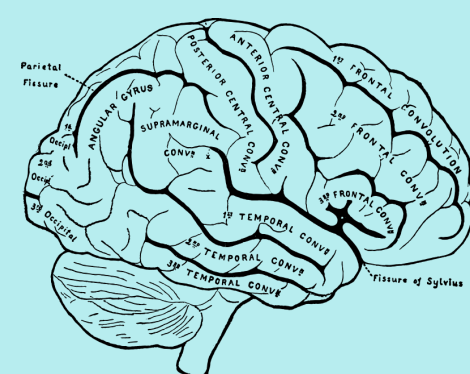
Nurses personal characteristics

Results

Nurse's practices

Attitudes towards restraint

- Restrictive episodes evoke a range of emotional responses (10).
- Change on the paradigm from a treatment model to a safety model (6).
- Restraint is a necessary evil, performed as a way to maintain safety in the ward (8).
- Entails an ethical dilemma (7, 12, 13).



Moments prior to restraint: (14)

- Perform a good assessment of the situation.
- Obtain physician's order.
- Prepare all the material needed.

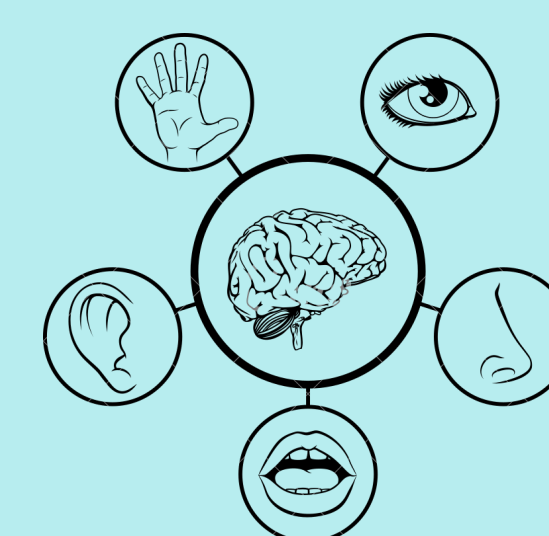


During restraint:

- Decision making process (8).
- Talk to the patient during the procedure (14).
- Restraint accidents (12).

After restraint:

- Record the intervention (9, 10).
- Perform assessments every 15 minutes (9, 10).
- Work on the therapeutic relationship (14).



Conclusion

Restraint entails a complex experience for nurses. Despite being an undesirable intervention, its necessity makes it a common practice in psychiatric settings.

Nurses experiences regarding restraint revolve around factors, such as, persona characteristics, level of knowledge, nurses' attitudes towards restraint and their own clinical practices.

Relevance of this review:

- Research: More research is needed on the subject, specially on alternative measures.
- Education: Nurses need to be trained and educated in this matter.
- Practice: A lack of knowledge and bad practice was evidenced.



Bibliography

