



# Nursing



## Restraint Knowledge, Attitudes and Beliefs

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### Background

The use of physical restraints is associated with injury and even death. Despite these negative effects and regulatory efforts of The Joint Commission and the Centers for Medicare and Medicaid, the use of physical restraints continues in U.S. hospitals.

In examining perceptions of restraint use, one study found restraint use was influenced by nurses interactions with patients, families, physicians and the hospital setting (Ludwick, Meehan, Zeller, O'Toole, 2008). Another study found that the environment, hospital policy and leadership style also influenced nurses in the use of restraints (Huang, Chuang, & Chiang, 2009). Restraints also provide a sense of security and safety, and also feelings of guilt, sadness and pity about using restraints in the older adult population (Chuang & Huang, 2007).



### Purpose

The purpose of this performance improvement project was to collect data on inpatient nurses knowledge, attitude and beliefs about restraint use and determine if there are differences between the high restraint rate units and the low restraint rate units.



### Materials & Methods

The Healthcare Personnel Questionnaire Survey was modified with permission from a previous study which assessed restraint knowledge, attitude and beliefs (Lamb, Minnick, Mion, Palmer, & Leipzig, 1999). Responses were collected from 7/8/2011 to 7/31/2011.

Used restraint rates for fiscal year 2011 (June 2010 to July 2011) to determine high and low restraint units

#### High Restraint Rate Units

- TLC (n=28)
- B4/3 Burn Intensive Care Unit (n=2)
- D6/4 Neurosurgery (n=16)
- F8/4 Neurosurgery ICU (n=6)
- Pediatric ICU (n=9)
- D6/5 Pulmonary/Renal/GI (n=21)
- B4/5 Cardiothoracic (n=27)
- F4M5 Cardiac ICU (n=18)

#### Low Restraint Rate Units

- Emergency (n=1)
- F6/5 General Medicine and Geriatrics (n=15)
- B6/4 Orthopedics (n=4)
- B4/4 Rehab Inpatient (6)
- D4/4 Initiation Unit (n=10)
- P4 Peds Hem./Onc, Neuro, ENT, Plastic (n=5)
- D4/6 Family Practice (n=7)
- B5/4 Inpatient Psychiatry (n=9)
- D4/5 Heart and Vascular Progressive Care (n=12)
- F4/5 Cardiology (n=13)
- F6/6 Gyn, Urol, Plastic, & Otolaryn. (n=10)
- B4/6 Transplant (n=9)
- B6/6 Hematology/Oncology (n=12)
- D4/4 General Medicine (n=2)

#### Attitudes Toward Behaviors<sup>a</sup>

- Are uncooperative
- Seek reassurance
- Are up all night
- Wander during the day
- Are confused
- Are agitate

#### Emotion Items<sup>b</sup>

- Guilt
- Embarrassed with family
- Feel bad when pt. more upset
- Let patient know I care
- Feel bad when pt disoriented
- Loss of dignity
- Feel comfortable
- Form of punishment

#### Opinion Items<sup>c</sup>

- Foolish
- Good
- Harmful
- Rewarding
- Effective
- Satisfactory

### Results

	Restraint Rate Group		
	Low	High	p value
For the patients you care for on this unit, do you think physical restraints are used: Responses: 1 (too little), 3 (appropriately), 5 (too often)	2.95 (0.51)	3.06 (0.45)	.022*
On this unit, all reasonable alternatives are tried before restraining patients. Responses: 1 (strongly disagree), 2 (somewhat disagree), 3 (Neither disagree or agree), 4 (somewhat agree), 5 (Strongly agree)	4.50 (0.90)	3.99 (1.06)	.00*
I would rather sedate a patient with prescriptive medication than physically restrain them. Responses: 1 (strongly disagree), 2 (somewhat disagree), 3 (Neither disagree or agree), 4 (somewhat agree), 5 (Strongly agree)	3.07 (0.98)	2.98 (0.94)	.347

	Restraint Rate Group			t	df	p value
	Low	High				
Attitudes toward patient behaviors (low – less bothered) <sup>a</sup>	16.94 (4.77)	16.97 (4.56)	-0.041	260	.967	
Complication Potential (low – less potential)	3.76 (0.94)	3.32 (1.01)	3.684	247.82	.000*	
Emotions related to patient in restraints (low – more positive emotions) <sup>b</sup>	27.76 (4.25)	26.25 (4.45)	2.837	265	0.005	
Opinion on restraints (low – lower opinion) <sup>c</sup>	17.89 (3.54)	19.37 (3.18)	-3.569	263	0.00*	

Note: \* Statistically significant

### Conclusions

Units with a lower restraint rate reported restraints were used more appropriately than higher restraint rate units.

Lower restraint rate units felt more strongly that all reasonable alternatives were tried before restraining patients.

High restraint rate units felt that the complication potential as a result of using restraints was lower than the lower restraint rate units.

Units with a low restraint rate had a lower opinion of restraints.

### Implications for Practice

Assure alternatives to restraints are available.

Provide further education on complication potential of restraints and restraint alternatives.

Further investigate the opinions of restraints on high restraint rate units.

### Bibliography

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