Physical restraint: the experiences, attitudes and opinions of Intensive Care nurses.

Sam Freeman RN, BSc (Hons), PGCE, MRes
The School of Nursing, Midwifery and Social Work

Aim
To determine the experiences, attitudes and opinions of Intensive Care nurses in relation to the application of physical restraint within two purposefully selected large AICUs in the United Kingdom (UK).

Background
Patients within the Adult Intensive Care Unit (AICU) have the potential to develop delirium and agitation, resulting in the patient displaying unwanted behaviours such as attempting to remove the medical devices to which they are attached. AICUs within the UK are starting to adopt physical restraint as a method of managing unwanted behaviours.

Methodology
A postal questionnaire was distributed to all AICU nurses (n=192) within two purposefully selected large ICUs in the UK.

Results
Data were collected between November 2012 and February 2013. The questionnaire was completed by 39.1% (n=75) of the nurses contacted. All believed that physical restraint had a place. Most expressed the opinion that the reason for its application was to maintain patient safety. Some expressed discomfort around the use of physical restraint. Nurses were happy to discuss the use of restraint with families. There was a perceived need for training and support for nursing staff as well as the need for medical staff to support the decision making process. All respondents believed that physical restraint had a place and most expressed the opinion that the reason for its application was to maintain patient safety.

Conclusion
Nurses require more support and evidence to base their decision-making upon. They require guidance from professional bodies as well as support from medical colleagues. The findings cannot be generalised as they can only be applied to the units accessed and there is possible bias due to low response rate.

The Implications for Further Research
Further research is required into the safety of restraint, alternative methods and identifying predisposing factors to accidental device removal.

Alternative measures such as pain management, sleep promotion and the involvement of relatives needs to be explored before physical restraint policy can be written in line with evidence base. There is need for further research which seeks the patient and family perspective on the use of physical

Acknowledgements
With thanks to Professor Hallett for my MRes supervision and Dr McHugh who assisted with questionnaire development.