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Knowledge and Attitude Regarding Restraints of Patients among Staff Nurses

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Abstract

Non-Experimental Descriptive Correlation design was adopted for the study. A sample is the smaller group, or subset of the group, of interest that is studied in a research study.[7] In this study samples were 80 Staff Nurses working in psychiatric hospital. A self-administered structured questionnaire used to assess the demographic data and assess the knowledge of staff nurses regarding restraints of patients. And assessing the attitude of the Staff Nurses regarding restraints of patients with a 3 point Likert scale. The data obtained was analyzed by using descriptive and inferential statistics. The findings revealed among staff nurses, maximum number 71(88.8%) of them were having moderately adequate knowledge, 7(8.8%) of them have inadequate knowledge and 2(2.5 %) of them have adequate knowledge. The level of attitude of staff nurses regarding restraints of patients. Among the staff nurses, majority 51 (63.8%) of them had moderately satisfactory attitude regarding restraints, minority 3 (3.8%) of staff nurses had satisfactory attitude and 26 (32.5%) of them had unsatisfactory attitude. The correlation (r- value) between knowledge and attitude was r = 0.431. It shows that there is a positive linear correlation, when the knowledge increases level of attitude also increases. The correlation between knowledge of Staff Nurses regarding restraints of patients is significantly correlated with the attitude regarding restraints of patients in psychiatric ward among staff nurses. The variable are correlated (r=0.431) at $p < 0.05$. Hence it shows that research Hypothesis H_1- "There is a significant correlation between knowledge and attitude of staff nurses regarding restraints of patients" is accepted. The chi-square result shows there is statistical significant association between gender with the level of attitude of staff nurses at $P < 0.05$ regarding restraints of patients. The chi-square result shows there is statistical significant association between income per month with the level of attitude of staff nurses at $P < 0.05$ regarding restraints of patients. Hence research Hypothesis H_2 -"There is a significant association between knowledge and attitude of staff nurses with their selected demographic variables" is accepted. Depicts the level of knowledge and of Staff Nurses regarding restraints of patients. About 71 (88.8%) of the staff nurses have moderately adequate knowledge 7(8.8%) of the staff nurses have inadequate knowledge, 2(2.5%) have adequate knowledge. Among the total, 51 (63.8%) of them had moderately satisfactory attitude, 26 (32.5%) had unsatisfactory attitude and 2 (3.8%) of staff nurses had satisfactory attitude. So the investigators develop a protocol regarding restraints to enhance the knowledge of the staff nurses regarding restraints.

Key words: Knowledge, Attitude, Restraints, Staff Nurses, Patient.

INTRODUCTION

"Necessity is blind until it becomes conscious. Freedom is the consciousness of necessity". -Karl Marx.

Psychiatric facilities often use medical interventions in the form of restraints to reduce safety risks posed by violent patients and to prevent patients from harming themselves and others. The definition of restraint can be found in the 'Patient's Rights' section the Department of Health and Human Services (DHHS) Public Health regulation (DATE). The term 'restraint' includes either a physical restraint or a drug that is being used as a restraint. A physical restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the patient's body that he or she cannot easily remove that restricts freedom of

movement or normal access to one's body. A drug used as a restraint is a medication used to control behaviour or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.[1]

The Joint Commission on Accreditation of Hospital Organization (JCAHO) "Provision of Care, Treatment, and Services standard" define restraints in two categories: (1) physical, or "any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body" and (2) chemical, or "inappropriate use of a sedating psychotropic drug to manage of control behaviour.[1]

Physical Restraint is any manual method, physical or mechanical device, or equipment that immobilizes or reduces the ability of the person to move his or her arms, legs, body or head freely include waist, vest, wrist or leg restraints, hand mitts, chairs with table tops, full side rails, 'net beds' or 'enclosed beds', 'freedom' elbow splints, or tucking a patient's sheets so tightly that the patient cannot move.[2]

The use of restraint is a major infringement on a person's civil liberty and should only be an option of last resort. The Public Advocate supports the concept of a restraint-free environment and recommends that restraint only is used when all alternative options have been explored and have failed or are considered inappropriate. The primary purpose of restraint should always be the promotion and maintenance of a person's health, wellbeing and safety. The protection of others may also be a consideration.[3]

Restraints are anything that restricts a patient's or residents free movement. The most common are:

- Soft bands used to secure a patient's or resident's wrists or ankles

- Roll belt - secures the midsection

- Other restraints include:

- Mittens to secure hands

- Vest restraints, which help immobilize a patient's or resident's upper body

- Swedish belt - secures patient/resident in wheelchair

- Geri chair - reclining chair with a locking tray in front

- Leather bands - have key locks

- Chemical restraints (medications) - used to control behaviour or restrict patient/resident's freedom of movement.[2]

Morbidity and mortality risks associated with physical restraints:

- New onset or increased agitation or confusion

- Delirium

- New onset pressure ulcers

- New onset urinary incontinence

- Constipation, faecal impaction

- Bruising, skin tears, or changes in skin integrity

- Pneumonia

- Nerve injury.[2]

There is still an ongoing debate concerning whether or not to use physical restraint with confused or frail older patients in various care settings. Nurses' views and attitudes towards the use of physical restraints in controlling patients' behaviour and ensuring patient safety may create conflicts with patients' right, including their autonomy in making decision for their own care.[4]

Most of them (80%) practice restraints as a treatment modality and believe that they are integral to the management of psychiatric patients. In India, there is a lack of both studies and guidelines for the use of restraint and seclusion. In a survey, it has been found that most of the clinicians use restraint as a method of control in violent and agitated, suicidal and delirious patients. Restraints are used temporarily for a period not exceeding 8-10 hr on an average, in conjunction with sedatives, when the verbal intervention fails. In the nursing home setting the prevalence rates range from 19 to 84.6 percent and a rate of 34 percent has been reported in the rehabilitation setting.[5]

Many psychiatric institutions, general hospitals and social care homes in countries continue to use caged beds routinely to restrain patients with mental disorders and mental retardation. Caged beds are beds with netting or, in some cases, metal bars, which serve to physically restrain the patients. Patients are often kept in caged beds for extended periods, sometimes even years. This type of restraint is often used when staff levels or training are inadequate, and sometimes as a form of punishment or threat of punishment. The use of restraints such as caged beds restricts the mobility of patients, which can result in a number of physical hazards such as pressure sores, not to mention the harmful psychological effects. People have described the experience as being emotionally devastating, frightening, humiliating, degrading and disempowering.[6]

Knowledge and Attitude Regarding Restraints of Patients among Staff Nurses.

Objectives

1. To assess the existing knowledge of staff nurses regarding restraints of patients.

2. To assess the level of attitude of staff nurses regarding restraints of patients.

3. To co-relate knowledge and attitude of staff nurses regarding restraints of patients.

4. To associate knowledge and attitude of staff nurses regarding restraints of patients with their selected demographic variables.

5. To develop a protocol.

METHODS

A set of orderly, systematic, controlled procedures for acquiring dependable, empirical and typically quantitative information; the methodological approach associated with the positive paradigm.[7] Research approach indicates the basic procedure for conducting the research The appropriate choice of the research approach depends upon the purpose of research study which has been undertaken in order to accomplish the main objectives of the study. Descriptive approach was considered the best to assess the knowledge, and attitude of Staff Nurses regarding restraints of patients.

Research design: Research design used in this study was Non-Experimental Descriptive Correlation. This design was adopted to correlate the knowledge and attitude of Staff Nurses regarding restraints of patients.

Research Variables: Variables are attributes of a person or object that varies, that is takes on different values.[7]

Two types of variables were identified in this study. They are

- **Study variable** - knowledge and attitude of the Staff nurses.

- **Demographic variable** - age, gender, qualification, religion, type of family, marital status, total year of working experience, year of working experience in psychiatric ward, monthly income and source of information.

Setting of the study: The setting is the physical location and the condition in which the data collection takes place.[7] The study was conducted at Psychiatric hospital Nepal. The criteria of selection of the setting were done according to the geographical proximity, feasibility of conducting the study and availability of samples who were the Staff Nurses working in psychiatric hospital. The staff nurses working in this Hospital are cooperative for my dissertation work.

Population: Population is a group whole members possess specific attributes that a researcher is interested in study.[7] In the present study, the accessible population includes Staff Nurses working in Psychiatric hospital, Nepal which were 80 Staff Nurses.

Sample and sampling technique: A sample is the smaller group, or subset of the group, of interest that is studied in a research study.[7] Sampling is the process of selecting representative units of a population for study in a research. In this study samples were 80 Staff Nurses working in psychiatric hospital. The investigator used non-probability convenience sampling technique for the selection of the sample.

Sample size: A sample size of 80 Staff Nurses was selected based on the inclusion and exclusion criteria.

Criteria for sample selection

Inclusion criteria

The study includes Staff nurses who are

- Working in selected psychiatric hospital.

- Willing to participate in the study.

- Having one and above years of working experience.

Exclusion criteria

The study excluded

- Staff nurses who are not available during the time of data collection.

RESULTS

Section 1: Demographic Information.

Table 1(a) The maximum numbers 45(56.5%) of the subjects were in the age group of 26-30 years, 34(42.5%) of them were in the age group of 21-25 years,1(1.3%) of them were in the age group of 31-35 years. The majority i.e. 80(100%) of the subjects were females. Maximum numbers 80(100%) of subjects were PCL nursing. With regard to religion, maximum number 45(56.3%) of subjects belonged to Hindu religion. With regard maximum number of subjects 73(91.3%) were nuclear, 5(6.3%) of them belong to joint family and 2(2.5%) of them from extended family.

Table 1(b) Maximum number of subjects 46(57.5%) were married. The majority of the subjects 63(78.8%) were having 1–3 yrs of total working experienced. With regard to the Year of working experience in psychiatric ward, majority of them were having below or equal to 1 yrs of experience 42(52.5%). In relation to monthly income 39(48.8%) of the subjects got a monthly income of Rs. 10,000-15,000, 29(36.3%). With regard to source of information majority of the subjects 28(35.0%) got information from mass media, 26(32.5%) got information from conference, 26(32.5%) from colleague and none of the subjects got information from in service education regarding restraints of patients.

Section 2

Assessment of knowledge among staff nurses regarding restraints of patients.

The above Table 2a depicts that among 80 staff nurses, maximum number 71(88.8%) of them were having moderately adequate knowledge,7(8.8%)

S.No	Demographic variables	Categories	No.	%
	Table 1(a): Depicts the frequency and percentage distribution of demographic variables of staff nurses working in Psychiatric hospital. *n*=80			
1	**Age**	21-25 yrs	34	42.5
		25-31 yrs	45	56.5
		31-35yrs	1	1.3
		Above 35yrs	-	-
2	**Sex**	Female	80	100
		Male	-	-
3	**Qualification**	PCL Nursing	80	100
		BNS	-	-
4	**Religion**	Hindu	45	56.3
		Muslim	-	-
		Christian	35	43.8
		Others	-	-
5	**Type of family**	Nuclear	73	91.3
		Joint	5	6.3
		Extended	2	2.5

Table 1(b): Frequency and percentage distribution of staff nurses according to marital status, total years of experience, years of working experience in psychiatric ward, income per month and source of information regarding restraints of patients. *n*=80

S.No	Demographic variables	Categories	No. (80)	%
6	Marital status	Married	46	57.5
		Unmarried	34	42.5
		Divorced	-	-
		Widow/ Widower	-	-
7	Total years of experience	1-3yrs	63	78.8
		4-6yrs	17	21.3
		7-9yrs	-	-
		Above 9 yrs	-	-
8	Years of working experience in psychiatric ward	<1 year	42	52.5
		2-4 yrs	36	45.0
		5-7 yrs	2	2.5
		Above 7yrs	-	-
9	Income per month (Rs)	Below 10,000	29	36.3
		10000-15,000	39	48.8
		Above 20,000	12	15.0
10	Source of information	Conference	26	32.5
		Mass media	28	35.0
		Colleague	26	32.5
		In service education	-	-

Table 2(a): Distribution of staff nurses according to their level of knowledge regarding restraints of patients in psychiatric ward. *n* = 80

S.No	Level of knowledge	No.	%
1	Inadequate knowledge (<50%)	7	8.8
2	Moderately adequate knowledge (50-75%)	71	88.8
3	Adequate knowledge (>75%)	2	2.5
4	Total	80	100

of them have inadequate knowledge and 2(2.5 %) of them have adequate knowledge.

The present study represents the Range, Mean Table 2(b). Standard Deviation (SD), mean percentage of knowledge of the Staff Nurses regarding restraints of patients. The overall tools consist of maximum score of 28. The present study shows that the sample had a range of 2-4, mean of 3.61 (90.3% of mean percentage) with a standard deviation (SD) of 0.68 was obtained for knowledge on general information of restraints, the range of 2-8, mean of 3.95 (49.4 % of mean percentage) with a standard deviation (SD) of 1.15 was obtained for knowledge regarding physical restraint, the range of 1-5, mean of 2.58(51.6 % of mean percentage) with a standard deviation (SD) of 0.82 was obtained for knowledge regarding use of restraint, the range of 3 - 11, mean of 6.59 (59.9% of mean percentage) with a standard deviation (SD) of 1.64 was obtained for knowledge regarding management of restraints and side effects. The overall knowledge total score of mean is 16.68 (59.5%) with SD of 2.69.

Table 2(b): Mean, SD and range of knowledge regarding restraints of patients in psychiatric ward among staff nurses. *n*=80

S.No	Aspect of knowledge	Max. Score	Range	Mean	SD	Mean%
1	General information on restraint	4	2-4	3.61	0.68	90.3
2	Physical restraint	8	2-8	3.95	1.15	49.4
3	Use of restraint	5	1-5	2.58	0.82	51.6
4	Management of restraint and side effects	11	3-11	6.59	1.64	59.9
5	Over all	28	11-28	16.68	2.69	59.5

Table 3(a): Distribution of staff nurses according to their level of attitude regarding restraints of patients in psychiatric ward. *n*=80

S.No	Level of attitude	No.	%
1	Unsatisfactory attitude (<50%)	26	32.5
2	Moderately satisfactory attitude (50-75%)	51	63.8
3	Satisfactory attitude (>75%)	3	3.8
4	Total	80	100

Table 3(b): Mean, SD and range of attitude regarding restraints of patients in psychiatric ward among staff nurses. *n* =80

S.No	Variable	Max. Score	Range	Mean	SD	Mean%
1	Attitude	60	20-52	31.95	6.55	53.25

Section 3

Assessment of the level of Attitude of Staff Nurses regarding restraints of patients.

Table 3(a): Depicts the level of attitude of staff nurses regarding restraints of patients. Among the staff nurses, majority 51 (63.8%) of them had moderately satisfactory attitude regarding restraints, minority 3 (3.8%) of staff nurses had satisfactory attitude and 26 (32.5%) of them had unsatisfactory attitude.

Table 3b: Represents the range, mean, SD and mean percentage of attitude of staff nurses regarding restraints of patients. The maximum score of the tool is 60. Total number of statements is 20. The overall attitude score range from 20-52, mean value of 31.95 (53.25% of mean percentage) with SD of 6.55.

Section – 4

Correlation between knowledge and attitude of staff nurses regarding restraints of patients.

Table 4 depicts that the correlation (r- value) between knowledge and attitude was r = 0.431. It shows that there is a positive linear correlation, when the knowledge increases level of attitude also increases. The correlation between knowledge of Staff Nurses regarding restraints of patients is significantly correlated with the attitude regarding restraints of patients in psychiatric ward among staff nurses. The variable are correlated (r=0.431) at $p< 0.05$.

Hence the research hypothesis stated H_1 - "There is a significant correlation between knowledge and attitude of staff nurses regarding restraints of patients" is accepted.

Section 5

Association of knowledge and attitude with selected demographic variables of Staff nurses.

Table 5(a) depicts the association between knowledge and demographic variables of Staff nurses such as age, gender, religion, type of family. The chi-square result shows there is no statistical significant association between age, gender, religion, type of family with the level of knowledge of staff nurses regarding restraints of patients

Table 5(b) depicts the association between knowledge and demographic variables of Staff nurses such as marital status, total years of experience,

Years of working experience in psychiatric ward, Income per month (Rs), Source of information.

The chi-square result shows there is statistical significant association between marital status, total years of experience, Years of working experience in psychiatric ward and Income per month (Rs)with the level of knowledge of staff nurses at $P<0.05$ regarding restraints of patients.

There is no statistical significant association between sources of information with the level of knowledge of staff nurses regarding restraints of patients

Table 6(a) depicts the association between attitude and demographic variables of Staff nurses such as age, gender, religion, type of family.

The chi-square result shows there is statistical significant association between gender with the level of attitude of staff nurses at $P<0.05$ regarding restraints of patients.

There is no statistical significant association between age, religion, type of family with the level of attitude of staff nurses regarding restraints of patients.

Table 6(b) depicts the association between attitude and demographic variables of Staff nurses such as marital status, Total years of experience, Years of working experience in psychiatric ward, Income per month (Rs), Source of information.

The chi-square result shows there is statistical significant association between income per month with the level of attitude of staff nurses at $P<0.05$ regarding restraints of patients.

There is no statistical significant association between marital status, Total years of experience, Years of working experience in psychiatric ward, Source of information with the level of attitude of staff nurses regarding restraints of patients.

Table 4: Correlation between knowledge and attitude regarding restraints of patients in psychiatric ward among staff nurses. n=80

Variables	Attitude	
	r	p-value
Knowledge	0.431*	p<0.05

Note: *-Significant at 5% level (p<0.05).

Table 5(a): Association between knowledge regarding restraints of patients in psychiatric ward and demographic variables of staff nurses such as age, gender, qualification, religion, type of family. n=80

S.No	Demographic variables	Categories	Sample (n=80)		Knowledge				χ²- value	p-value
					≤median		>median			
			No.	%			No.	%		
1	Age	21-25 yrs	34	42.5	33	68.8	1	3.1	34.28, d$_f$=2, NS	p>0.05
		26-30 yrs	45	56.5	15	31.3	30	93.8		
		31-35 yrs	1	1.3	0	0	1	3.1		
		Above 35 yrs	-	-	-	-	-	-		
2	Gender	Male	-	-	-	-	-	-	3.772, d$_f$=1, NS	p>0.05
		Female	80	100	48	100	32	100		
3	Religion	Hindu	45	56.3	27	56.3	18	56.3	0, d$_f$=1, NS	p>0.05
		Muslim	-	-	-	-	-	-		
		Christian	35	43.8	21	43.8	14	43.8		
		Others	-	-	-	-	-	-		
4	Type of family	Nuclear	73	91.3	44	91.7	29	90.6	3.83, d$_f$=2, NS	p>0.05
		Joint	5	6.3	4	8.3	1	3.1		
		Extended	2	2.5	0	0	2	6.3		

Table 5(b): Association between knowledge regarding restraints of patients in psychiatric ward and demographic variables of staff nurses such as marital status, Total years of experience, Years of working experience in psychiatric ward, Income per month (Rs), Source of information. $n=80$

S.No	Demographic variables	Categories	Sample ($n=80$)		Knowledge				χ^2- value	p-value
					≤median		>median			
5	Marital status	Married	46	57.5	18	37.5	28	87.5	19.64, d_f=1. S	P<0.05
		Unmarried	34	42.5	30	62.5	4	12.5		
		Divorced	-	-	-	-	-	-		
		Widow/ Widower	-	-	-	-	-	-		
6	Total years of experience	1-3yrs	63	78.8	44	91.7	19	59.4	11.96, d_f=1, S	P<0.05
		4-6yrs	17	21.3	4	8.3	13	40.6		
		7-9yrs	-	-	-	-	-	-		
		Above 9 yrs	-	-	-	-	-	-		
7	Years of working experience in psychiatric ward	<1 year	42	52.5	33	68.8	9	28.1	14.07, d_f=2, S	P<0.05
		2-4 yrs	36	45.0	15	31.3	21	65.6		
		5-7 yrs	2	2.5	0	0	2	6.3		
		Above 7yrs	-	-	-	-	-	-		
8	Income per month (Rs)	Below 10,000	29	36.3	24	50.0	5	15.8	12.99, d_f=2, S	P<0.05
		10,000-15,000	39	48.8	21	43.8	18	56.3		
		Above 20,000	12	15.0	3	6.3	9	28.1		
9	Source of information	Conference	26	32.5	16	33.3	10	31.3	0.822, d_f=2, NS	p>0.05
		Mass media	28	35.0	15	31.3	13	40.6		
		Colleague	26	32.5	17	35.4	9	28.1		
		In service education	-	-	-	-	-	-		

Note: S-Significant at 5% level (ie. $p<0.05$), NS-Not significant at 5% level (ie., $p>0.05$).

Table 6(a): Association between attitude regarding restraints of patients in psychiatric ward and demographic variables of staff nurses such as age, gender, qualification, religion, type of family. $n=80$

S.No	Demographic variables	Categories	Sample ($n=80$)		Attitude				χ^2- value	p-value
			No.	%	≤median		>median			
							No.	%		
1	Age	21-25 yrs	34	42.5	25	53.2	9	27.3	6.47, d_f=2, NS	p>0.05
		26-30 yrs	45	56.5	21	44.7	24	72.7		
		31-35 yrs	1	1.3	1	2.1	0	0		
		Above 35 yrs	-	-	-	-	-	--		
2	Gender	Male	-	-	-	-	-	-	4.29, d_f=1, NS	P<0.05
		Female	80	100	47	100	33	100		
3	Religion	Hindu	45	56.3	27	57.4	18	54.5	0.66, d_f=1, NS	p>0.05
		Muslim	-	-	-	-	-	-		
		Christian	35	43.8	20	42.6	15	45.5		
		Others	-	-	-	-	-	-		
4	Type of family	Nuclear	73	91.3	42	89.4	31	93.9	1.03, d_f=2, NS	p>0.05
		Joint	5	6.3	4	8.5	1	3.0		
		Extended	2	2.5	1	2.1	1	3.0		

Hence from the above Table 5(a), 5(b), 6(a), 6(b) it indicate that the research Hypothesis stated H$_2$-"There is a significant association between knowledge and attitude of staff nurses with their selected demographic variables" is accepted.

DISCUSSION

This chapter includes the discussion of the findings of the study interpreted from statistical analysis. The present study was conducted to assess the level of knowledge and attitude regarding restraints of patients among staff nurses in selected psychiatric hospital, Bengaluru in a view to develop a protocol.

In order to achieve the objectives of the study non-experimental descriptive corelational design was adopted for the present. Non-Probability

Table 6(b): Association between attitude regarding restraints of patients in psychiatric ward and demographic variables of staff nurses such as marital status, Total years of experience, Years of working experience in psychiatric ward, Income per month (Rs), Source of information. *n*=80

S.No	Demographic variables	Categories	Sample (*n*=80)		Attitude				χ^2- value	*p*-value
					≤median		>median			
			No.	%			No.	%		
5	Marital status	Married	46	57.5	25	53.2	21	63.6	0.866, d$_f$=1. NS	P>0.05
		Unmarried	34	42.5	22	46.8	12	36.4		
		Divorced	-	-	-	-	-	-		
		Widow/ Widower	-	-	-	-	-	-		
6	Total years of experience	1-3yrs	63	78.8	39	83.0	24	72.7	1.21, d$_f$=1, NS	P>0.05
		4-6yrs	17	21.3	8	17.0	9	27.3		
		7-9yrs	-	-	--	-	-	-		
		Above 9 yrs	-	-	-	-	-	-		
7	Years of working experience in psychiatric ward	<1 year	42	52.5	30	63.8	12	36.4	6.88, d$_f$=2, NS	P>0.05
		2-4 yrs	36	45.0	16	34.0	20	60.6		
		5-7 yrs	2	2.5	1	2.1	1	3.0		
		Above 7yrs	-	-	-	-	-	-		
8	Income per month (Rs)	Below 10000	29	36.3	23	48.9	6	18.2	7.99, d$_f$=2, **S**	P<0.05
		10,000-15,000	39	48.8	18	38.3	21	63.6		
		Above 20,000	12	15.0	6	12.8	6	18.2		
9	Source of information	Conference	26	32.5	14	29.8	12	36.4	3.34, d$_f$=2, NS	p>0.05
		Mass media	28	35.0	14	29.8	14	42.4		
		Colleague	26	32.5	19	40.4	7	21.2		
		In service education	-	-	-	-	-	-		

Note**:** S-Significant at 5% level (ie., *p*<0.05), NS-Not significant at 5% level (ie., *p*>0.05).

convenience sampling technique was used to select the samples. The study was conducted in Mental hospital Lagankhel, Tranqulity hospital and Rthyam psychiatri chospital and data were collected from 80 staff nurses using self- administered questionnaire to assess the level of knowledge and three point Likert scale was used to assess the attitude of the staff nurses regarding restraints of the patients. The findings of the study have been discussed with reference to the objectives, hypothesis and with the findings of other studies.

Demographical profile of staff nurses

The characteristics of the demographic variables described in terms of their frequency and percentage distribution which showed that majority of the staff nurses 56.5% of them were of age 26-30 years, 72.5% of them were males, 100% of them had PCL Nursing qualification, 56.3% of them were Hindu ,91.3% are from nuclear family ,57.5% of them are married ,78.8% of them had 1-3 yrs of total years of experience,52.5% of them had below or equal to 1 year of experience in psychiatric ward,48.8% of them had income between Rs.10,000-15000 per month, 35.0% of them got information from mass media.

The first objective was to assess the existing knowledge of staff nurses regarding restraints of patients.

Out of 80 staff nurses' assessment, Table 2(a) depicts the level of knowledge of Staff Nurses regarding restraints of patients. About 71 (88.8%) of the staff nurses have moderately adequate knowledge,7(8.8%) of the staff nurses have inadequate knowledge,2(2.5%) have adequate knowledge.

The present study represents the Range, Mean. Standard Deviation (SD), mean percentage of knowledge of the Staff Nurses regarding restraints of patients. The overall tools consist of maximum score of 28. The present study shows that the sample had a range of 2-4, mean of 3.61 (90.3% of mean percentage) with a standard deviation (SD) of 0.68 was obtained for knowledge on general information, the range of 2-8, mean of 3.95 (49.4% of mean percentage) with a standard deviation (SD) of 1.15 was obtained for knowledge regarding physical restraints, the range of 1-5, mean of 2.58 (51.6 % of mean percentage) with a standard deviation (SD) of 0.82 was obtained for knowledge regarding use of restraints, the range of 3-11, mean of 6.59 (59.9 % of mean percentage) with a standard deviation (SD) of 1.64 was obtained for knowledge regarding management of restraint and side effects. The overall knowledge total score of mean is 16.68 (59.5%) with SD of 2.69.

The above finding is supported by a Descriptive study that was done to examine the knowledge, attitudes and practices of staff with regard to the use of restraints in rehabilitative settings in Hong Kong, and quantifying the direct and indirect effects of the factors that influenced these practices. A questionnaire was administered to 168 nursing staff in two rehabilitation centres in Hong Kong. The data were collected in 2002-2003 and the response rate was 80%. The study concluded inadequate knowledge and negative attitudes have found among staff.

The second objective was to assess the level of attitude of staff nurse regarding restraints of patients.

As narrated in Table 3(a) the level of attitude of staff nurses regarding

restraints of patients. Among the total, 51 (63.8%) of them had moderately satisfactory attitude, 26 (32.5%) had unsatisfactory attitude and 3 (3.8%) of staff nurses had satisfactory attitude. The present study represents the range, mean, mean percentage and SD of attitude of staff nurses regarding restraints of patients. The maximum score of the tool is 60. The overall attitude score range from 20-52, mean value of 31.95 (53.25% of mean percentage) with SD of 6.55.

The above finding was supported by A Qualitative study was conducted to explore nurses' feelings and thoughts about physically restraining older hospitalized patient among 12 nurses working in three hospitals by using Semi-structured interviews, from August 2002 to March 2003.The study concludes that Most nurses had negative feelings towards the use of physical restraints. Among these nurses there was a struggle between patients' autonomy and the practice of care. However, other nurses said they had 'no feelings' or 'feeling of security' while using physical restraints.

The third objective was to correlate knowledge and attitude of staff nurses regarding restraints of patients.

Table 4(a) shows the correlation between knowledge and attitude was r = 0.431 and positive and statistically significant at 0.05 level. It evidence that there was an interrelationship between knowledge and attitude.

Hence it shows that research Hypothesis H_1- "There is a significant correlation between knowledge and attitude of staff nurses regarding restraints of patients" is accepted.

The above finding was supported by An Explorative study to assess the relationship between nurses' attitudes and decisions regarding physical restraint use among 30 registered nurses working in two nursing homes by using perceptions of Restraint Use Questionnaire (PRUQ). A significant relationship between nurses' decisions and their attitudes toward restraint use was also found. The results showed that, although nurses endeavour to decide what they consider to be in the patient's best interests, this ambition is affected by a variety of variables, especially in relation to the working conditions and the nurses' willingness to take the risk when not restraining the patient.

The fourth objective was to associate the knowledge and attitude of staff nurses regarding restraints with their selected demographic variables.

The Chi- Square analysis was carried out to determine the association of knowledge with the selected demographic variables and it is found to be associated with variables such as marital status, total year of experience, year of working experience in psychiatric ward and monthly income.

The result of the Chi- Square analysis presented is indicated that there is significant association of attitude with selected demographic variables and it is found to be associated with gender and monthly income.

Knowledge is having association with selected demographic variables such as marital status, total year of experience, year of working experience in psychiatric ward and monthly income at p<0.05 level. Hence there is a significant association of knowledge with the selected demographic variables; and attitude is also having association with the selected demographic variables such as gender and monthly income at 0.05 levels. Hence there is a significant association of attitude with the

selected demographic variables. Hence research Hypothesis H_2 -"There is a significant association between knowledge and attitude of staff nurses with their selected demographic variables" is accepted.

The above finding was supported by An exploratory study to identify registered psychiatric nurses' knowledge, attitudes and practice issues regarding the use of physical restraints in Hong Kong, and to examine the factors influencing nurses' decisions to use restraints on their patients was conducted in two psycho-geriatric wards of one of the two mental hospitals in Hong Kong, using a mixed research design among 42 registered psychiatric nurses by using self-administered questionnaire to examine their practice, knowledge and attitudes towards restraint use and semi-structured interviews of 15 of them. Results from the questionnaires and semi-structured interviews indicated that about two thirds of nurses believed that patients should be restrained for their own safety and to ensure treatment compliance. Overall, the nurses in this study demonstrated only a modest level of knowledge of restraint use and slightly negative attitudes toward this practice dilemmas, and psychological reactions towards restraint use. The findings demonstrate that continuing education, years of working experience, previous exposure about restraint use is important for psychiatric nurses. Further research using an action research method to evaluate the effectiveness of educational interventions on nurses', decisions regarding restraint use is recommended for improvement of nursing practice.

The fifth objective was to develop a protocol.

The Table 2(a) and 3(a) depicts the level of knowledge and of Staff Nurses regarding restraints of patients. About 71 (88.8%) of the staff nurses have moderately adequate knowledge 7(8.8%) of the staff nurses have inadequate knowledge,2(2.5%) have adequate knowledge. Among the total, 51 (63.8%) of them had moderately satisfactory attitude, 26 (32.5%) had unsatisfactory attitude and 2 (3.8%) of staff nurses had satisfactory attitude.
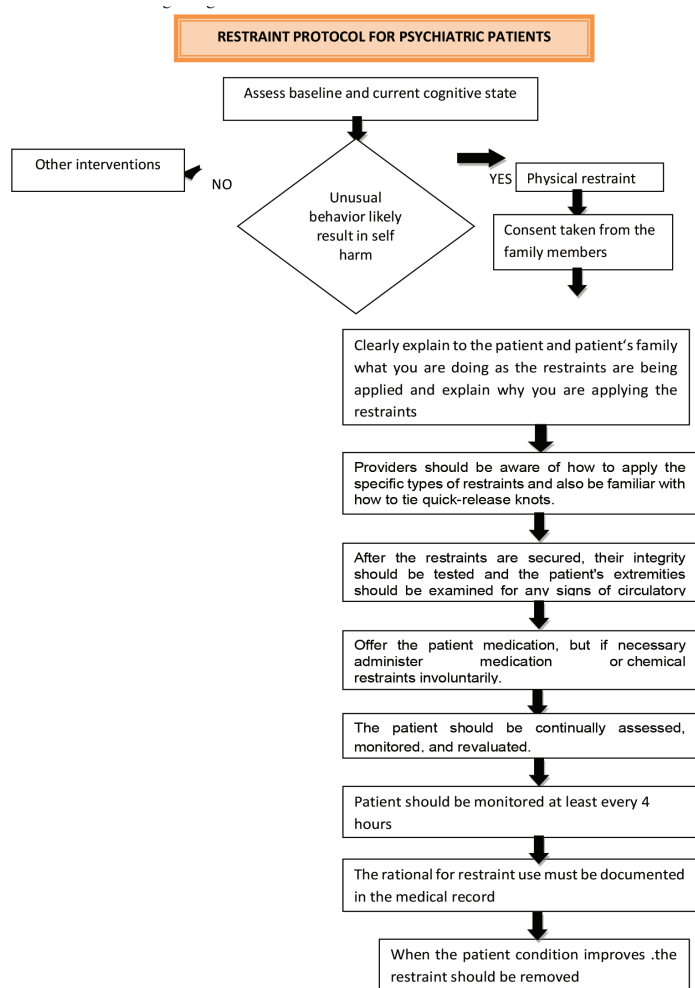
So the investigators develop a protocol regarding restraints to enhance the knowledge of the staff nurses regarding restraints.

This chapter has dealt with analysis and interpretation of data collected and discussed to assess the level of knowledge and attitude of staff nurses regarding restraints of patients.

CONCLUSION

The present study assessed the knowledge and attitude of staff nurses regarding restraints of patients. The results revealed that 71(88.8%) of the staff nurses have moderately adequate knowledge, 7(8.8%) of the staff nurses have inadequate knowledge, 2(2.5%) have adequate knowledge .Among the total, 51 (63.8%) of them had moderately satisfactory attitude, 26 (32.5%) had unsatisfactory attitude and 2 (3.8%) of staff nurses had satisfactory attitude.

Demographic variables such as marital status, total year of experience, year of working experience in psychiatric ward and monthly income shows significant association with the level of knowledge of the staff nurses regarding restraints except age, gender, religion, type of family, Source of information have no influence. Demographic variables does not have much influence with the level of attitude of the staff nurses except the gender and monthly income shows significant association with the level of attitude of staff nurses regarding restraints.

RESTRAINT PROTOCOL FOR PSYCHIATRIC PATIENTS

Assess baseline and current cognitive state

Other interventions ← NO — Unusual behavior likely result in self harm — YES → Physical restraint

Consent taken from the family members

Clearly explain to the patient and patient's family what you are doing as the restraints are being applied and explain why you are applying the restraints

Providers should be aware of how to apply the specific types of restraints and also be familiar with how to tie quick-release knots.

After the restraints are secured, their integrity should be tested and the patient's extremities should be examined for any signs of circulatory

Offer the patient medication, but if necessary administer medication or chemical restraints involuntarily.

The patient should be continually assessed, monitored, and revaluated.

Patient should be monitored at least every 4 hours

The rational for restraint use must be documented in the medical record

When the patient condition improves .the restraint should be removed

Implications

The investigator has drawn the following implications from the studies, which are of vital concern to the field of nursing service, nursing education, nursing administration and nursing research.

Nursing practice

- Nurses as resource persons for providing awareness by following the guidelines or policy or protocol as provided by their own hospital. Psychiatric nurse should play a major role in using and managing the type of restraints by having adequate knowledge and skill.

- Continuing and in-service education programmes can be conducted for the nurses in improving their knowledge and updating with the recent ones and they in turn can follow proper way of using restraints and managing the restraints patients.

- In collaboration with the regulation bodies, educational institutions can arrange and conduct workshops and seminars on restraints in psychiatric setting and its various aspects.

Nursing education

- The student nurses from Nursing and College of Nursing should be encouraged to attend specialized courses and seminars regarding restraints.

- A curriculum should be developed for nursing students about the types, used, management of restraints patients so that the student nurse can managed the patients effectively.

- Student nurses should be well exposed to areas of proper use of restraints and managing the restraints patients' in order to reduce the difficulty in using and managing the restraints patients in psychiatric setting.

Nursing administration

An administrator plays a key role in an organization for the staff development programme. Nursing is a rapidly growing profession. In this period of growth of advanced technology, recent advances in care there is always a need and demand for quality and competent care to be provided.

- The nurse administrator should formulate policies, protocols, guidelines and system of care in collaboration with the multi-disciplinary team.

- Nurse administrator ensures professional practice with evidence based research which is clinically effective.

- Nurse administrator should facilitate funding to have adequate number of books and journal in the library related to mental health in hospital, community and college.

So, it is the main responsibility of the nursing administrative authorities to initiate, conduct and carry out education programme in various areas of restraints for the future benefit of the nurses and the patients.

Nursing research

- There is a need for extensive and intensive research in this area so that strategies for educating nurses regarding various aspects of restraints can be promoted.

- Nurse researchers should take efforts to conduct interactive session with staff nurses and also to disseminate the finding of research on the management of restraints patients

- This study will serve as a valuable reference material for future investigators.

Limitations

- Difficulties were faced to get cooperation from staff nurses to participate in the study due to their busy scheduled in the hospital.

- The investigator has to undergo many legal procedures to get permission for conducting the study from the Hospitals.

- Since the settings are far from the institution, it was a difficult task for the investigator to travel a long distance to collect the data.

Recommendations

- A similar study can be done on a larger sample to validate and generalize the findings.

- A similar study can be conducted and evaluated using alternative teaching strategies like interactive learning sessions, self-instructional module, etc.

- A comparative study can be conducted between the private and government hospital nurses' knowledge and practice regarding restraints of patients.

- A similar study can be conducted on different settings.

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