

**Patients and Nurses' Opinion about uses of physical restraint for
psychiatric patients in Mental Health Hospital**

Hyam Hassan Doma

Baccalaureate of Faculty of Nursing, Tanat University

Mervat Hosny shalaby

Assistant professor of psychiatric Metal Health Nursing,

Faculty of Nursing, Tanta University

Shereen Mohamed Abo El- yzeed Lecture of Psychiatric and Mental Health Nursing

Faculty of Nursing, Tanta University

Abstract

Physical restraint is any manual method or mechanical device attached to the patient's body that restricts freedom of movement and cannot be easily removed. Despite extensive literature on the potential complications of using physical restraint, it is still considered as a permanent and effective intervention in the management of unpleasant behaviors. **This study aimed to** assess patients' and nurses' opinion about uses of physical restraint on psychiatric patients in Mental Health Hospital. **Study was conducted in** Tanta Mental Health Hospital which is affiliated to Ministry of Health. **The study subjects** include 49 psychiatric patient and all nurses working in Tanta Mental Health Hospital (80 nurses). **Two tools** were developed by the researcher to collect the necessary data. **Tool (1) was** Patient Structured Interview questionnaire, and **Tool (2) was** nurses structured Interview questionnaire. **The main results** revealed that a round one third of studied patients had negative opinions about use of physical restraint, and nearly half of them were average. In another hand more than half of studied nurses had positive opinion and nearly to one third were average regarding to using of physical restraints, **so it was recommended that** nurses should be involved in educational program about; therapeutic use of self and effective communication skills to improve their interaction with patient and encourage them to express gradually about their strong feeling, and educated about aggressive behaviors, it's dynamic and predisposing factors, and how applied physical restraints effectively with patients and debriefing following these procedure to minimize a negative effects on patients.

Introduction:

Physical restraint is any manual method or mechanical device attached to the patient's body that restricts freedom of movement and cannot be easily removed ⁽¹⁾. It is considered one of the earliest means used to cope with people who are unable to control their behavior ⁽²⁾. Despite extensive literature on the potential complications of using physical restraint, it is still considered as a permanent and effective intervention in the management of unpleasant behaviors on acute and long term care ⁽³⁾.

One of the strongest justifications for the use of physical restraints in hospital are usually for the protection of patients and others when medication and verbal therapies are insufficient to control potentially violent patients ⁽⁴⁾. Restraint means to place patient under control when necessary to prevent serious body harm to the patient or to another person ⁽⁵⁾. Despite physical restraint on psychiatric inpatient units remains a highly controversial ethical issue, literature estimated that more than 20% of young and adult psychiatric patients are physically restrained at some point during their stay in the hospital ⁽⁶⁾. In all circumstances, the least restrictive restraints should be used and restraints should never be used for the sake or

convenience. In saying this, it is imperative that nurses must understand and follow proper protocol and procedure when restraining a patient to ensure safety and dignity of the patient ^(7,8).

There are several types of medical products that have been used to physically restrain patient's movement. Some of them are 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, or tranquilizer chairs, strait jackets ⁽⁹⁾.

Protection bed was another physical restraint it was a narrow bed, just wide enough to accommodate a person of average weight, with a lid that could be fastened to confine the patient while Blanket sheets restraint is used to restrain the whole body ⁽¹⁰⁾. A more human form of physical restraint was straight waist- coat that evolved into a shaped like a jacket with overlong sleeves, the ends of these sleeves can be tied to the back of the wearer, so their arms are kept close to their chest with possibility of only little movement. Limb restraint was considered one of the types of mechanical restraint commonly used. It's either soft or leather band fastened around the ankle or leg (ankle) or around wrist or arm (wristlet) ⁽¹¹⁾.

Physical restraints were described as “high-risk interventions with fatal consequences if applied incorrectly. One of the most dangerous moments of restrained patient is during the take down. A take down refers to when a patient is raced down and immobilized for application of a restraint. It is quick period that patient can sustained serious injury and even death. Some studies found that the largest percentage of patient assaults by staff members during restraint incidents and another documented that most staff injuries are sustained when staff are trying to control patient violence⁽¹²⁾.

Restraint method can have considerable harmful psychological effect on both patients and nurse. It can affect the relationship between patient and staff member, and changes the ability of nurses to preserve and interact with the patient as an individual. There is a risk of patients being a status of objects, and to be controlled regardless of their individual needs⁽¹³⁾. The patients who physically restrained experienced fear, demoralization, anger, resistance, powerlessness, punished, and denial. In addition to attempting to restraint may be frightening patients and increase the feeling of fear, which can be result in

angry or combative behavior as well as lose of dignity and withdrawal⁽¹⁴⁾.

Nursing staff may have some emotional reaction felt while doing restraint procedure, include anxiety, anger, feeling bored or distressed, crying, inadequacy, hopelessness, frustration, fear, guilt, dissatisfaction. In another line the restraint incidents had reawakened distressing memories of pervious traumatic events to staff members, although this method is not to the satisfaction of neither patients nor nurses, nurses are inevitably forced to use it.⁽¹⁵⁾

The studies show that a wide variance exists in the frequency of this intervention is used, from one health care setting to another. One significant factor in this variance may be the opinion and experience of nurses toward its use⁽¹⁶⁾.

Scherer (1991) emphasize the important of providing nurses the opportunity to reflect their feeling, and opinion about uses of physical restrain on patients. Such as opportunity for discussion of their concern, contribute to the improvement the quality of care that provided to restrained patients⁽¹⁷⁾.

Nurses are often on the front line of interacting with patients who may be violent or who display disruptive

behaviors, some studies show that nurses may considered a physical restraint as acceptable mean of managing the destructive behavior of seriously disturbed patient ⁽¹⁸⁾,or nurses feel pressured to demonstrate physical restraint as a result of feeling of anger and frustration, when their clients do not conform to their instructions, the restraints tended to occur as a result of conflict and power struggles; inflexibility, lack of negotiation skills, or an inability or unwillingness to attempt to understand patients, on the part of the staff members, and did not occur as a result of emergency situations ⁽¹⁹⁾ .

Despite understanding of patients, and nurses perspectives are considered important in decision making toward use physical restraints and evaluate its' effective, little researches have been conducted this aspect in using of physical restraint ⁽²⁰⁾. The process of physical restraint continues even after the restraint of the patient. It includes nursing care, to ensure prevention of patient damage, interaction with the patient for the commitment and release of restraint and also explaining to the patient reasons or need to restrain him/her. Thus it is important to determine nurses and patients' opinion toward physical restraints ⁽²¹⁾.

Aim of the study

The aim of the study was to assess psychiatric patients and nurses' opinion about use of physical restraint on psychiatric patients in Mental Health Hospital.

Research questions

What are the opinion of psychiatric patients and nurses about uses of physical restraint on psychiatric patients in Mental Health Hospital?

Materials and Method

Materials

Research design:-

The present study follows a descriptive research design.

Setting:-

The study was conducted at Tanta Mental Health Hospital. Affiliated to Ministry of Health with capacity of (107) beds, divided in to four wards. Two ward for male (67bed) and two wards for female (40bed) This hospital serves three governorates, namely; Gharbeya , Menofeya ,and Kafr –El-sheikh .

Subjects:-

The study was selected from the previously mentioned setting and divided in two groups:-

Group one: - It was consisting of 49 psychiatric patients either male or female

depended on power analysis equation (with power of test (90%) and significant level ($\alpha = 0.05$). The subjects of the study were fulfilling the following inclusion criteria:-

- Able to communicate.
- Willing to participate in the study.
- Have previous experience with physical restraint
- Duration of mental illness more than 6 months.

Group two: - all nurses working at Mental Health Hospitals (80 nurses) and fulfilling the following inclusion criteria:-

- Willing to participate in the study.
- Working experience at Mental Health Hospitals more than 2 years
- Provide direct care to psychiatric patient.

Tools of the study:-

The data of the study was collected using the following tools:

Tool (I): Patient Structured Interview questionnaire .It was developed by the researcher after review of literature to assess opinion of psychiatric patients about uses of physical restraint ⁽²²⁻²⁵⁾. It consisted of two parts:-

Part one: - included items related to socio demographic characteristic of psychiatric patient, it included: age, sex, marital status, occupation, educational level, and clinical data such as: - duration of illness,

numbers of hospitalization, and duration of current hospitalization.

Part two: - Patient Structured interview questionnaire.

This tool consisted of 26 items which measure patient's opinion regarding the experience of being restrained, the effectiveness of restraint, and the ways that patient dealing with being restrained.

In this tool there consisted of 9 positive statements (15,16,17,18,20,21,22,25,26) and the rest statements are negative . Each statement was rated on a three point likert scale on which 1 = agree, 2 = undecided and 3 = disagree (The total score ranging from 26 to 78 grade (good are >75 %, fair are 50-75 %, bad are < 50 %). The higher score was mean more positive opinion of psychiatric patient about use of physical restraint.

Tool (II): Nurses structured Interview questionnaire. It was develop by the researcher after review of literature to assess opinion of psychiatric nurses about uses of physical restraint for psychiatric patient ^(15,23,26). It consisted of two parts:-

Part one: it included socio- demographic characteristics and clinical experience of nurses such as:- sex, age, marital status , level of education, and years of experience in psychiatric nursing filed, previous

training periods , and reason for not attending in any training period.

Part two: - Nurses Structured Interview questionnaire to assess opinion of psychiatric nurses about uses of physical restraint.

This part consisted of 28 items the eleven items were positive statements (1,2,3,11 ,17,19,20,24,25,27,28) and the rest items were negative. Each statement was rated on a three point likert scale on which 1 = agree, 2 = undecided and 3 = disagree. The total score was ranging from 28 to 84 grade (good are >75 %, fair are 50-75 %, bad are < 50 %). The higher score was a more positive opinion of psychiatric nurses toward uses of physical restraint on psychiatric patient.

Method

A written official letters from the Faculty of Nursing, Tanta University was directed to the director of Tanta Mental Health Hospital that is affiliated to Ministry of Health to take their permission for collected data. The director was informed about the goal of the study, date and time of data collection. All tools were translated into Arabic language by the researcher and were tested for translation. All tools were tested for internal validity by a jury composed of five experts in

psychiatric nursing fields. The required modifications were done accordingly.

Ethical Consideration;

- Ethical written consent will be obtained from studied nurses and patients after explaining the purpose of the study.
- The subjects were informed about the goal of the study, date and time of data collection.
- Informing studied subjects about confidentiality and privacy of any information was obtained.
- Respecting the right of the studied subjects to be withdrawal at any time during data collection.

Pilot study:-

-A pilot study was carried out on five of psychiatric patients and eight nurses from Tanta Mental Health Hospital that is affiliated to Ministry of Health to ascertain the clarity, applicability and feasibility of the study tools. In addition, estimate the approximate time required for interviewing the studied subjects as well as identifying obstacles that might be faced during data collection. These subject were excluded later from the study sample. Necessary modification was done based on the finding of this pilot study.

Actual Study

- The actual study involved 49 psychiatric

patients were selected randomly and all nurses (80 nurses) who were working at previous setting.

-The data was collected through interview with each studied subject individually to assess his or her opinion toward use of physical restraint.

-The interview with studied nurse lasted for 10-20 minute, and interview with the studied patient lasted for about 20-30 minute according to their level of attention, understanding and cooperation.

-Data were collected over a period of four months starting from October 2015 and ending in January 2016.

Statistical analysis;

The collected data were organized, tabulated and statistically analyzed using SPSS version 19 (Statistical Package for Social Studies). Data were presented numbers and percentage. The range mean and standard deviations were calculated. Chi – square test was used to compare between more than two variables. Person's correlation coefficient test used to determine association between variables in the same group. The level of statically significant was adapted at $P \leq 0.05$.

Table (1):-Distribution of studied patients according to socio demographic characteristics and clinical data (no=49).

Socio demographic characteristics	(n=49) No	%
Gender		
Males	26	53.1
Females	23	46.9
Age :		
>20	3	6.1
20- < 30	19	38.8
30- < 40	18	36.7
40-50	9	18.4
Range	18-50	
Mean \pm SD	30.76 \pm 8.65	
Marital status:		
Single	16	32.7
Married	30	61.2
Divorced	1	2.0
Widowed	2	4.1
Educational level:		
Illiterate	4	8.2
Read & write	8	16.3
Primary	13	26.5
Secondary	19	38.8
University graduate	5	10.2
Job:		
Employed	31	63.3
Not employed	18	36.7
Duration of mental illness:		
<10	16	32.6
10-	16	32.6
15-	7	14.3
20-30	10	20.5
Range	2-30	
Mean \pm SD	12.41 \pm 6.34	
Median	12	
Number of hospitalization:		
5-	7	14.3
10-	10	20.4
15-	9	18.4
20-	9	18.4
\leq 25	14	28.5
Range	5-55	
Mean \pm SD	20.84 \pm 12.14	
Median	19	
Duration of current hospitalization		
Range of month	1-10	
Mean \pm SD	4.86 \pm 3.0	

Table (1) clarifies distribution of patients according to their socio-demographic characteristics and clinical data. Regarding to gender, the more than half of sample (53.1%) was male, while (46.9%) were female. As for age, 38.8% of studied patient aged from 20 to > 30 old year and (36.7%) of them ranged from 30 – to > 40, with a mean 30.76 ± 8.65 . More than half of studies patient were married (61.2%), and 32.71% were single. In addition to the studied patients have different level of education with different present age, 38.8% of them have secondary level of education, 26.5% have primary level, 16.3% were read & write, 10.2% have graduate level, and only 8.2% of studied patients were illiterate. The more than half of studies patients (63.3%) were employed. In regarding to clinical data, more than half of studies patient have duration of illness less than 15 years, with mean 12.41 ± 6.34 , and the mean of their number of hospitalization were 20.84 ± 12.14 . In addition to the mean of their duration in current hospitalization was 4.86 ± 3.0 .

Table (2): Distribution of studied nurses according to socio-demographic characteristics (n=80).

Socio demographic characteristics	(n=80) No	%
Sex:		
Male	34	42.5
Female	46	57.5
Age :		
20- < 30	37	46.2
30- < 40	33	41.3
40-50	10	12.5
Range	21-50	
Mean \pm SD	31.09 ± 6.91	
Marital status:		
Single	11	13.8
Married	53	66.3
Divorced	12	15.0
Widow	4	5.0
Educational level:		
Diploma	26	32.5
Graduate from institute of nursing	30	37.5
Bachelor	21	26.3
Master degree	3	3.8
Years of experience in psychiatric nursing :		
<5	21	26.3
5-	32	40.0
10-	10	12.5

15- ≥ 20 Range Mean _± SD Median	9 8 1-25 8.70 _± 6.03 7.00	11.2 10.0
Previous training period: Nurses have training Nurses have not any training	16 64	20.0 80.0
Reasons for not attending training: No training by the hospital No previous advertisement before training Have no time to attend training High cost of training sessions Have no desire to attend training Not need training	14 8 7 6 2 11	17.5 10.0 8.8 7.5 2.5 13.8

The item "reason for not attending nurses training" is not mutually explosive

Table (2) clarifies distribution of nurses according to their socio demographic characteristics. Regarding to, gender the more than half of subjects (57.5%) were female, while 42.5% were male. As for age 46.2% of studied nurses aged from 20 to > 30 old year, and 41.3% aged from 30- > 40 with mean 31.09 \pm 6.91. The more than half of studied nurse (66.3%) were married, (15%) were divorced and (13.8%) were single. In addition to the studied nurses have different level of education with different percentage, 37.5% of them graduate from institute of nursing, 32.5% have diploma, 26.3% have bachelor, and only 3.8% have master degree. In regarding to experiences in psychiatric nursing, 26.3% of the studied nurses had experience less than five years, 40% had experiences from five to ten years, with a mean 8.70 \pm 6.03 years and the median was 7 years. A majority of studies nurses (80.0%) have not previous training periods of psychiatric nursing. Regarding reason for not attending training, it was clear that a various reasons such as 17.5 % of nurses said that the hospital do not provide any training course, 13.8% reported that there is no need for attend these sessions. 10% of studied nurses answered by the hospital do not advertise about training courses, and (8.8%) of nurses insisted that there is not enough time to attend such courses, 7.5% was reported that high cost of training courses, and 2.5% of studied nurses reported that there is no desire for them to attend these training sessions.

Table (3):- Distribution of studied nurses and patients regarding to their opinions about use of physical restraint.

Physical restraint	Negative (<50%)		Average (50-75%)		Positive (>75%)	
	No	%	No	%	No	%
Patients' opinion(n=49)	18	36.7	23	47.0	8	16.3
Nurses' opinion(n=80)	0	0.0	27	33.8	53	66.2

Table (3) shows distribution of studied nurses and patients regarding to their opinions about use of physical restraint. It was clear that 36.7% of studied patients had negative opinions about use of physical restraint compared with none of studied nurses, and 16.3% of studied patients had positive opinions compared with 66.2% of studied nurses, while 47% of studied patients reported average and also 33.8% of studied nurses have a same opinion

Table (4): Relation between socio- demographic characteristics of studied patients and their opinion toward physical restraint

Socio- demographic Characteristics	Patient opinion toward physical restraint						P
	Negative (< 50%)		Average (50-75%)		Positive (>75%)		
	No	%	No	%	No	%	
Gender:							0.837
Male	11	42.3	11	42.3	4	15.4	
Female	7	30.4	12	52.2	4	17.4	
Age :							0.367
<30	12	44.4	10	37.0	5	18.3	
≥30	6	23.7	13	59.1	3	13.6	
Marital status:							
Currently not married	7	36.8	9	47.4	3	15.8	
Currently married	11	36.7	14	46.7	5	16.7	
Job:							0.898
Employed	10	32.3	16	51.6	5	16.1	
Not employed	8	44.4	7	38.9	3	16.7	
Educational level:-							0.001*
-Less than secondary	6	24.0	11	44.0	8	32.0	
-Secondary or more	12	50.0	12	50.0	0	0.0	

*Statically Significant at ≥ 0.05

Table (4) clarifies the relation between socio- demographic characteristics of patients and their opinion toward physical restraint. There were not statically significant relation between the opinion of studied patient and their gender, age, marital status, and their job, but there was a statically significant relation with their level of educational level ($P = 0.001$).

Table (5): Relation between socio-demographic characteristics of studied nurses and their opinions toward physical restraint (No = 80)

Variables	Average		Positive		X ²	P
	No	%	No	%		
Age :					6.772	0.009*
<30	7	18.9	30	81.1		
≥30	20	46.5	23	53.5		
Gender:					0.498	0.481
Male	10	29.4	20	70.6		
Female	17	37.0	29	63.3		
Marital status:					1.116	0.291
Currently not married	7	25.9	20	74.1		
Currently married	20	37.7	33	62.3		
Educational level:					1.082	0.582
Diploma	8	26.7	22	73.3		
Graduate from institute of nursing	10	38.5	16	61.5		
Bachelor	9	37.5	15	62.5		
Years of experiences in psychiatric field:					6.227	0.038*
<5	7	21.9	25	78.1		
5-	6	28.6	15	71.4		
≥10	14	51.9	13	48.1		
Previous training:					2.362	0.124
Nurses have training	8	50.0	8	50.0		
Nurses have not any training periods	19	29.7	45	70.3		

*Statistically Significant at ≥ 0.05

Table (5) Shows relation between socio-demographic characteristics of nurses and their opinions toward physical restraint. It was found that a statistically significant relation between nurses opinion toward physical restraint, and their age, and years of experiences in psychiatric field " $X^2 = 6.772$, $P = 0.009$, " $X^2 = 6.227$, $P = 0.038$ respectively"

Table (5): Correlation between studied patients' opinion toward physical restraint and their socio demographic characteristics

Items	Total physical restrain opinion score	
	R	P
Age in years	0.074	0.613
Duration of mental illness	0.215	0.137
Number of hospitalization	-0.021	0.887
Duration of current hospitalization	-0.060	0.683
Educational level	-0.377	0.007*

*Statistically significant at ≥ 0.05

Table (5): Show that relation between studied patients socio demographic characteristics and their opinion toward physical restraint. It was found that negative relation between positive opinion of patients toward physical restraint and their educational level ($r = -0.377$ & $p = 0.007$)

Table (6): Correlation between the studied nurses' opinion toward physical restraint and their socio demographic characteristics.

Items	Total physical restrain opinion score	
	R	P
Age in years	-0.234	0.036*
Years of experiences in psychiatric field	-0.197	0.079
Educational level	0.080	0.480

*Statistically significant at ≥ 0.05

Table (6) appears that correlation between nurses' opinion toward restraint and their socio demographic characteristics. It was found that negative correlation between positive opinion of nurses toward physical restraint and their age ($p = 0.036$ & $r = -0.234$).

Discussion

Physical restraint is being used as a protective intervention in psychiatric setting to reduce risks posed by violent patients and to prevent patients from harming themselves and others, **Fisher(1994)** found that, restraint has deleterious psychological effect on patients and staff ⁽²⁷⁾ Consequently, according to **Steel(1993)**,this effect can influence therapeutic alliance between patient and staff, if staff members are prevented from dealing with intense feeling, such as those which may result from the use of physical restraint. It can influence their interaction, reaction and perception about procedure, and their choice for restraint as intervention. Facing staff opinion and reaction toward physical restraint, will help them involvement in philosophy of using less restrictive intervention ⁽²⁸⁾.

Moreover, explore patient's opinion about the experience of being restrained, is very helpful. Patient who have been restrained constitute the only source of information regarding how restraint is experienced; Such patients can provide valuable information, that may complement observational data and information from staff, as to why restraint

is used, whether it could have been avoided, and its outcome ^(29,30).

Some studies have examined patients and nurses opinion concerning physical restraint. They indicated that, patients have negative opinion toward restraint. However, nurses have positive opinion toward applying physical restraint especially on aggressive patient ⁽³¹⁻³⁴⁾. The present study indicates that more than one third of studied patients had negative opinion about physical restraint and around half of them in border line between positive and negative opinion. The most of studied patients described physical restraint during interview as lose of freedom, punishment, humiliated and made them disable, they didn't accepted physical restraint as a way of treatment. This supported by the study of **Kesk-Valkama A(2010)** who found that many of studied patients reported physical restraint a negative intervention and a form of retribution ⁽³⁵⁾.

In this respect the result of the previous studies concluded that the patient who physically restrained had predominantly negative feelings such as anger, frustrated, fear, discomfort, resentment, and being not accepted or rejected.^(r) In addition to feeling of helplessness, depressed or

mixed confusion emotion as well as feeling of loneliness.⁽³¹⁻³⁴⁾

In the same line, **Meehan. T et al (2002)** stated that physical restraints released patients a negative thought toward staff⁽³⁶⁾. **Mohr (1998)** reported that patients were empathetic for patients being restrained.⁽³⁷⁾ Moreover, **Frueth et al (2005)** who added that, restraint is considered as one of the most reported life trauma that occurred within psychiatric setting as identified by patients⁽³⁸⁾. This is also consistent with **Roger (1959)**, who stated that the factor that necessary for patients' therapeutic improvement, is to perceive the helper as being unconditionally accepting their condition⁽³⁹⁾, while the role of physicians and nurses in present study was frequent use of restrictive and often distressing intervention as physical restraint. This goes with **Tong Chien. T et al (2004)**, who found that the most violent psychiatric patients wished that the staff would have been more receptive to their need⁽⁴⁰⁾.

In contrast, the study of **wynn R (2004)** who indicated that some patients reported they calmed down after having been restrained⁽⁴¹⁾. While, **Roachs (2001)** who stated that restraining agitated, confused, or combative patients tend to increase

behavior problem rather than calm and sooth the patients. This is explained by the fact that, a natural human reaction is resist act such as restrict movement⁽⁴²⁾.

Regarding to nurses' opinion toward use of physical restraint, the present study indicates that, the more than half of studied nurses had positive opinion and around third in borderline, they stated that the restraints were benefits for patients, applied to protected nurses and others, its right way to control aggression, and they also satisfied about themselves when used physical restraints.

In the same line, **Frost .S & Wells . D (2000)**, and **Huckshorn KA (2004)** who found from their studies, the nurses described restraints as a best method to manage potential harm, and it's arising from a situation in which patients and others persons in unite^(43,44). In this respect **Mohamed. N. F (2007)** who found from his study that both physicians and nurses rationalized the use of restraint with situations where patients are dangerous to themselves or others. Noticeably, the staff was restraining patients not only in case of excitement, but also in case of aggressive behavior, while patients were still not reaching the stage of losing control. Despite ,the fact that the situations

sometimes required other alternatives than restraint⁽⁴⁵⁾.

However, **Chuang YH (2006)** elicited that the most nurses in his study expressed some a struggle between patients' autonomy and their practice of care⁽⁴⁶⁾. In another hand, **Hantikainen .V and Kappeli.S (2000)**, and **Lee.S et al.,(2003)** who reported that their studied nurses view restraint was a necessary part of their job but it had positive and negative aspects.^(47,48)

Moreover **Mohamed N. F (2007)** stated that the majority of nurses opinion was physical restraint enforces patients to obey order, this may be due to the distance and the fear provoked by the relationship between the patients and staff⁽⁴⁵⁾. This is agreement with the finding of **Abdel Dayem (1991)**, who found that the majority of nurses opinion was physical restraint helped patients to calm down and to behave better after its removal⁽⁴⁹⁾.

In additional to, **Mohamed N. F (2007)** concluded that all nurses in his study viewed restraint has physical complication where as a minority reported psychological complication from use of restraint, and see patients childish in their behavior, and also lack sensation and feelings⁽⁴⁵⁾

In another hand, the present study revealed that the level of education already

influences on the patients' opinion toward used of physical restraints. The studied patients who higher level of education had negative opinion about used of physical in psychiatric hospital. This supported by the previous studies in different countries that show the high level of education effect on psychiatric patients opinion and attitude toward benefits of physical restraints, they saw it as a punishments not as a treatment⁽⁵⁰⁻⁵²⁾.

In another line, the nurses' age and their years of experiences were a considered an important factors that influences on nurses' opinion toward used of physical restraints. This appeared in the present study, where the younger nurses with few of experiences had positive opinion toward applied restraints on hyperactive or aggressive patients, while increased age and experiences the nurses delayed the decision making toward used physical restraints in last choice. This finding was supported by **Klinger V (2001) & Husum TL et al (2010)** who found the nurses with younger age and less duration of experience had more harsh attitude, and prefer restraint even hazardous admitting force⁽⁵³⁻⁵⁴⁾. Moreover, nurses with higher age and more experience has constrictive attitude, refuse restraint and not agree about restraints for hyperactive patients.

Sequeira H and Halstead S (2004) who found that nurses with greater experience of implementing restraint process to intervene in aggressive incidents, able to express their opinion about causes of restraint use, but that nurses with little experience unable to express their opinion about the actual cause of implementing physical restraint⁽³¹⁾.

The best explanation of this finding in the present study may be lack of communication skills among younger nurses to deal effectively with patients in various situation, beside inability to use themselves as a therapeutic tool, wherein the new nurses unable to control of their emotions in stress situations, and absolved patients' anger, this lead to provocative or stimulated aggressive behaviors among frustrated patients who not met their needs or repressed their strong emotions. This explanation supported by **Vythilingum.B (2009)**, **Read.F** and **Fitzgerald.L (2014)** who stated that younger nurses lack of art of effective communication and empathy to handling effectively with aggressive patients.^(55,56) This is accordance with **Gatheil.T (1978)**, who stated that the restraint as an intervention, represent the last resort, and that the earliest interventions, as talking with the patient in distressing situations, offer of

support, explanation or just company, and working with the basic treatment alliance, will prevent increase tension or agitation.⁽⁵⁷⁾

Conclusion

According to the findings of the present study, it can be concluded that a round one third of studied patients had negative opinions about use of physical restraint, and nearly half of them were average. In another hand more than half of studied nurses had positive opinion and nearly to one third were average regarding to using of physical restraints.

Recommendation

Based on the results of this study, the following recommendations are suggested:-

Nurses should be involved in educational programmed about:-

- 1-Therapeutic use of self and effective communication skills to improve their interaction with patient and encourage them express gradually about strong feeling.
- 2- Aggressive behaviors, its' dynamic and predisposing factors among hospitalized psychiatric patients and how to deal effectively with those patients.
- 3- Nursing intervention that facilitate safe and secure environment, de-escalation

of aggression process, conflict resolution and problem solving.

- 4- The alternative least restrictive methods that may be applied with patients who have history of violence.
- 5- Applied physical restraints effectively with patients and debriefing following this procedure to minimize a negative effect on patients who experiences of being restrained.

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