

Nurses' Knowledge and Practice Regarding Restraints at Intensive Care Units in Egypt Health Care Authority Hospitals

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ABSTRACT

Background: Restraint knowledge and practise by nurses are vital in providing nursing care to restrained patients and preventing problems. The evaluation of nurses' knowledge and practise in relation to the applied constraint impact on nursing care, as well as its weaknesses and strengths. **Aim:** The aim of this study is to assess nurses' knowledge and practice regarding restraints at intensive care units in Egypt Health Care Authority hospitals. **Subjects and Methods: Design:** Descriptive correlational study design was applied. **Setting:** This study was performed at ICU in the Egypt Health Care Authority Hospitals in Port Said Governorate. **Sample:** Convenience sample of nurses, with total number of 129 working at ICU in the time of data gathering. **Tools of Data Collection:** Two tools were employed for getting data: **Tool I:** A self-administered Nurses' Knowledge Questionnaire, **Tool II:** Nurses' Practice Observational Checklist. **Results:** The study findings showed that 68.5% of the surveyed nurses had satisfactory knowledge, highest percentage of them (93.8%) had satisfactory practice concerning restraints; and there was a statistically significant relation among satisfactory level of nurses' knowledge and satisfactory level of nurses' practice regarding restraint for patients in ICU. **Conclusion:** This study finding included that satisfactory level of knowledge and practice among nurses regarding restraints at ICU. **Recommendations:** Continues orientation an regular in serves restraining programs for nurses in ICU regarding restraint for continues updating their knowledge.

Key words: *Intensive Care Units; Nurses' Knowledge; Nurses' Practice; Restraints.*

INTRODUCTION

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AIM OF THE STUDY

The aim of this study is to assess nurses' knowledge and practice regarding restraints at intensive care units in Egypt Health Care Authority hospitals in Port Said governorate.

Study Objectives

1. Identify of nurses' knowledge levels regarding resraints at ICU in Egypt Health Care Authority Hospitals in Port Said governorate.
2. Evaluate nurses' practice level regarding restraints at ICU in Egypt Health Care Authority Hospitals in Port Said governorate.

3. Find out the relation between nurses' knowledge and practice regarding restraints in intensive care units at Egypt Health Care Authority Hospitals in Port Said governorate.

SUBJECT AND METHOD

I. Technical Design

Study Design

Descriptive correlational research design was employed to achieve the research aim.

Study Setting

This research was carried out at ICU in Egypt Health Care Authority Hospitals in Port Said Governorate which named:

1	Al-salam Port Said hospital	2 intensive care unit	21 beds
2	Al Shifa Medical Complex in Port Said city (Al-Tadamun hospital)	3 intensive care unit	17 beds
3	El-hayat Port Fouad hospital	1 intensive care unit	9 beds
4	Al Shifa Medical Complex in Port Said city (Elmabra hospital)	2 intensive care unit	17 beds
5	Alzhoor central hospital	1 intensive care unit	10 beds

Study Subjects

Convenience sample of nurses with total number of 129 working in the previous mentioned intensive care units at the time of data gathering and distributed as the following:

1	As-salam Port Said hospital	34
2	Al Shifa Medical Complex in Port Said city (Al-Tadamun hospital)	35
3	Elhayat Port Fouad hospital	19
4	Al Shifa Medical Complex in Port Said city (Elmabra hospital)	19
5	Alzhoor central hospital	22
Total		129 nurses

Tools of data collection

Data was collected for this research via using the tools below:

Tool I: A self-administered Nurses' Knowledge Questionnaire:

This tool created via Perkins et al., (2016) in an English language and translated into Arabic language by auther. This tool utilized to identify nurses' knowledge about care of adult restrained patients at intensive care unit. This tool contains 28 questions includes nurses' knowledge assessment about restraints of critically ill patients as definition, indications, types, complications, contraindication, precautions, release of restraints, barriers for restrain use, psychological effect and nursing care presented to sick people as soon possible, before, during and after restraint.

Scoring system for a self-administered nurses' knowledge questionnaire:

Scoring system of nurses' knowledge is measured as described below:

The question were scored as "zero" for wrong answer and "one" for correct reply.

The total grade was 28 and the nurses' knowledge levels was satisfactory if the perecent $\geq 60\%$ and insatisfactory if $< 60\%$ and cut of point was done at $60\% = 17$ (Al-Khaled, Zahran, & El-Soussi, 2017).

Tool II: Nurses' Practice Observational Checklist

This tool invented via Cannon, Sprivulis & Mccarthy (2001); Huang, Chuang, & Chiang (2009). It is an observational checklist to evaluate nurses' practice concerning care of restrained patients at intensive care unit. Furthermore, adapted by the researcher after reviewing the recent related literature and translated into an Arabic language. It included 33 phrases, distributed under four phases, namely: Preparation phase (Assessment of the needs for restraints, check physician's order), application phase (apply restraint, making sure it is not over an IV line or another device), post restraints care and maintenance phase (observe patient condition and check vital signs), and documentation phase (record complication, and record patient condition).

Scoring System for nurses' practice observational checklist:

Scoring system of nurses practice is calculated as the following:

The items were to be checked as “Done/ sometimes /Not done”. A score of two was given to the “done” items, one to sometimes and zero to the “not done.” Add the item scores and divide the total score by the number of items to get the mean score for the practice. These scores were converted to percentiles, and means and standard deviations were calculated. The practice was thought to be satisfactory if the percent score was $\geq 60\%$ and unsatisfactory if $< 60\%$ based on statistical analysis and importance of nurses' practices regarding the care of restrained patients in intensive care unit (Al-Khaled, Zahran & El-Soussi, 2017).

In addition to that personal and job-related information of the surveyed nurses were assessed. Personal characteristics cover age, gender, marital status, and educational qualification. While job-related data includes work experience in nursing fields, years of expertise in hospital, years of experience in ICU unit, source of knowledge about restraint, and any previous training courses attended.

II. Operational Design

This research's operational design comprises a preliminary phase, tool validity, reliability, a pilot study, and a field of activity.

Preparatory phase

It comprised revising relevant, modern and close literature, multiple experiments and theoretical knowledge of numerous sides of the investigation through books, research articles, periodicals, magazines, and internet to upgrade tools for data gathering. Reviewing the official websites such as ACP Journal Club, Pub med, Cochranne library, Ebesco and so on.

Tool Validity

Study tools were tested by a panel of eleven experts in the nursing field who revised the study tools for feasibility, relevance, clarity, understanding, applicability, and comprehensiveness,.

Tool Reliability

The Cronbach alpha coefficient will be calculated to assess the reliability of the developed tools to assess its internal consistency of a self-administered nurses' knowledge questionnaire was 0.889 and nurses' practice observational checklist was 0.901.

Pilot Study

A pilot research was done on 10% of nurses (13 nurses) to examine the feasibility, applicability, and time necessary to complete out the survey materials. The necessary changes were made based on the findings of the pilot research. Nurses who took part in the pilot trial were not included in the study sample. The tools were not modified based on the results of the pilot research. It was basic and straightforward. The pilot research was carried out between the first and middle of July 2021.

Field Work

Information was gathered during six months from beginning of August 2021 to January 2022. Before conducting the study, nurses were assured that the collected data will be remained confidential and no personal identification will be used by any means, nurses were informed that they can withdrawal from the study any time without any consequences. It was carried out by the researcher at selected settings; official approval was obtained from in Egypt Health Care Authority Hospitals directors and the responsible persons of the aforementioned settings selected to employ the research. The study's nature and intended outcomes were explained in detail. We started to gather data after clarifying the goals of the study for nurses. The author interviewed every nurse; the tool took about 25 minutes to be completed. Egypt Health Care Authority hospitals in Port Said Governorate was visited four to five-days weekly according availability of nurses. The researcher was interviewed with three to four nurses each daily, from 12 p.m.to 3 p.m.

III. Administrative Design

The relevant authorities have formalized their consent for the conduct of this investigation. Before initiating the research project, the Dean of the Faculty of Nursing at

the University of Port Said issued an official letter to the Directors of the aforementioned settings, describing the goal and intent of the investigation and seeking authorization to proceed.

Ethical consideration

Approval was taken from a Faculty of Nursing Port Said University ethical committee and the code is NUR (4/4/2021) which is the approval of hospital directors for the previously mentioned study setting, and patients. Before obtaining written consent to participate in the study, the purpose of the study was explained to the participants. A brief overview of the study was given to participants in order to reassure them that all information obtained would be kept strictly confidential and utilized only for the study objective. Participants were told that they could take part in or out of the study at any time. For identification purposes, code numbers rather than participant names were used. This safeguard ensured that the participants' identities would not be revealed in public reports.

IV. Statistical Design

The data obtained was organized, managed and computerized, then, tabulated and analyzed using SPSS (Statistical Package for Social Sciences), software program with suitable version (23), which was applied to realize the research objectives and answer research question.

Data were illustrated via descriptive statistics in the shape of percentages and rates for qualitative measurements. Standard deviations and means are calculated for quantitative parameters. The chi-square test was implemented to compare qualitative category factors. The P-value is the degree of significance. The statistical significance value was considered at $P\text{-value} \leq 0.05$.

RESULTS

Findings showed that personal data of the studied nurses. In relation to age, it was a mean age \pm SD of nurses 33.0 ± 9.4 , 48.1% of them their age ranged from 20 to <30 years old, 77.5% of them were women, 58.9% of them were married, 44.2% of nurses had bachelor in nursing science.

Outcomes illustrated that distribution of the surveyed nurses referring to their work-related data. In relation to experience in nursing field; 58.9% of participated nurses had expertise ranged from 1 to <10 years, 73.6% of them had from 1 to <10 years' experiences in ICU. The highest percentage of the studied nurses (96.1%) had knowledge concerning restrain and 38.7% of the participated nurses' sources of this knowledge were practice.

Results in **table 1** clarify that 98.4% of studied nurses had correct answer regarding restrain in relation to definition of restrain, followed by 93.8% of them had correct answer related the restrain is part of treatment and also knowledge related the restrain complication; sleepless, stress and depression. While, the 24.8% of the studied nurses had correct answer regarding restrain in relation to restrain is patient punishment.

Table 2.a: Shows in the great matter of concern is in preparation. 95.3% of the nurses explain procedure to the patient before beginning, followed by assess patient physically and mentally and keep patient privacy (92.2%). While, 26.4% of the studied nurses' not check patient name.

Table 2.b: Describes that, all nurses put the bed rails on the bed (100.0%) followed by ties the patient are well tied 96.9%. While, 58.9% of studied nurses tie left hand then tied the right leg.

Table 2.c: This table refers that, the highest percentage of studied nurses assesses vital signs every two hours, and peripheral circulation of restrain extremities (95.3%) during post restrains care and maintenance, followed by 92.2% observe give patient fluid and nutrition.

Table 2.d: This table shows that, the highest percentage of studied nurses document patient behavior pre and post restrain (96.9%), followed by 92.2% document any observation and document type and site of restrains for nursing practice of restrains during documentation phase.

Table 3: This table represents, the highest percentage of the studied nurses had satisfactory levels in all phases of restrain practice; 96.9% regarding post restrains care and maintenance phase followed by 95.3% during application phase, 92.2% during preparation phase and 91.5% during documentation phase.

Table 4 : Clarifies statistically substantial connection between satisfactory degree of nurses' knowledge and satisfactory grade of nurses' practice regarding restraint for the patient in ICU.

Figure 1: Clarifies that satisfactory degree of nurses' knowledge referring to restraint represent 68.5%, 93.8% of nurse samples had satisfactory practice level about restraint.

Table 1: Distribution of the studied nurses according to their knowledge items regarding restraints (n=129).

Knowledge regarding restrains items	Correct		Incorrect	
	N	%	N	%
Definition:				
Definition of physical restraint	127	98.4	2	1.6
Physical restraint may be by giving medication to calm patient	77	59.7	52	40.3
Restraint by lying by the floor is a type of physical restraint	80	62.0	49	38.0
Restrain part of treatment	121	93.8	8	6.2
Indications:				
Restraint is patient punishment	32	24.8	97	75.2
Physical restraint is only permitted if it is necessary to protect patient or other persons from injury	120	93.0	9	7.0
Types:				
Isolating the patient alone in a special room is a type of restriction	93	72.1	36	27.9
Places of physical restraint in the arms and legs only	57	44.2	72	55.8
Complications:				
Restraint complication; sleepless, stress and depression	121	93.8	8	6.2
Pressure ulcer restraint complication	116	89.9	13	10.1
Contraindication:				
Fracture contraindication of restrain	101	78.3	28	21.7
Precautions:				
Written order needed in emergency	84	65.1	45	34.9
In emergency no need medical order	77	59.7	52	40.3
Physical restraint needs medical order	119	92.2	10	7.8
The doctor's instructions regarding the use of physical restraint should be specific	115	89.1	14	10.9
Nursing care:				
Restrained patients should assessed prevent cardiovascular	120	93.0	9	7.0
Patient free restraint every two hours to avoid complications	93	72.1	36	27.9
Order rewritten every 3 days	44	34.1	85	65.9
Apply exercise for restrained patient pressure prevent	117	90.7	12	9.3
Change restraint site need in physical restraint	116	89.9	13	10.1
Patient positioning every four hours	36	27.9	93	72.1
Patient monitor every 12 hours	42	32.6	87	67.4
Nurse tells patient causes of restraint	115	89.1	14	10.9
In some cases, no need for patients' agreement	115	89.1	14	10.9
Patient can refuse restraint	61	47.3	68	52.7
Patient privacy only by nurses	49	38.0	80	62.0
Do not keep restraint record per shift	54	41.9	75	58.1

Table 2.a: Distribution of the surveyed nurses' based on the observational checklist parameters for nursing practice of restraints during preparation phase for the patient (n=129).

Observational checklist regarding restraints preparation items	Not done		Sometimes		Done	
	N	%	N	%	N	%
Check doctor order	6	4.7	5	3.9	118	91.5
Prepare restrain equipment	8	6.2	7	5.4	114	88.4
Prepare help team for restraint	7	5.4	31	24.0	91	70.5
Check patient name	34	26.4	6	4.7	89	69.0
Proceed hand wash before restraint	4	3.1	10	7.8	115	89.1
Introduce yourself to the patient	2	1.6	16	12.4	111	86.0
Explain procedure to the patient before Beginning	3	2.3	3	2.3	123	95.3
Assess patient physically and mentally	6	4.7	4	3.1	119	92.2
Keep patient privacy	0	0.0	10	7.8	119	92.2
Make sure, that patient is comfortable	4	3.1	11	8.5	114	88.4

Table 2.b: Distribution of the surveyed nurses based on the observational checklist parameters for nursing practice of restrains during application phase for the patient (N= 129).

Observational checklist regarding restraints application items	Not done		Sometimes		Done	
	N	%	N	%	N	%
Put the bed rails on the bed	0	0.0	0	0.0	129	100.0
Proceeded patient restraint according hospital policy	5	3.9	4	3.1	120	93.0
Do not overcome venous lines or connected devices	1	0.8	6	4.7	122	94.6
Tie patient parts well	2	1.6	2	1.6	125	96.9
Ties restrain connection with fixed part of bed	6	4.7	7	5.4	116	89.9
The left hand must be tied then the right leg	25	19.4	28	21.7	76	58.9
When releasing the restraint, the left hand must be removed then the right leg or vice versa	23	17.8	22	17.1	84	65.1

Table 2.c: Distribution of the surveyed nurses' depending on the observational checklist parameters for nursing practice of restrains during post restraints care and maintenance for the patient (n=129).

Observational checklist regarding restraints post restrain care and maintenance items	Not done		Sometimes		Done	
	N	%	N	%	N	%
Assess patients at least every 15 – 30 minutes	20	15.5	11	8.5	98	76.0
Assess general status of patient	11	8.5	0	0.0	118	91.5
Assess vital signs every two hours	2	1.6	4	3.1	123	95.3
Assess peripheral circulation of restraint extremities	3	2.3	3	2.3	123	95.3
Give patient fluid and nutrition	7	5.4	3	2.3	119	92.2
Assess patient hygiene	7	5.4	5	3.9	117	90.7
Free restrained parts every two hours	8	6.2	11	8.5	110	85.3
Change patient position to avoid complication	9	7.0	5	3.9	115	89.1
Patient exercise to avoid complication	6	4.7	5	3.9	118	91.5

Table 2.d: Distribution of the nurse samples based on parameters of the observational checklist for nursing practice of restraints during documentation phase for the patient (n=129).

Observational checklist regarding restraints documentation items	Not done		Sometimes		Done	
	N	%	N	%	N	%
Document patient behavior pre and post restraint	1	0.8	3	2.3	125	96.9
Document skin condition	9	7.0	2	1.6	118	91.5
Document complication	6	4.7	11	8.5	112	86.8
Document any observation	7	5.4	3	2.3	119	92.2
Document type and site of restraints	6	4.7	4	3.1	119	92.2
Document restraints time and cause	8	6.2	9	7.0	112	86.8
Document restraints remove and time	9	7.0	11	8.5	109	84.5

Table 3: Distribution of the participated nurses depending on their practice rates about phases of restraints for the patient (n=129).

Phases of restraint practice	Unsatisfactory Practice		Satisfactory Practice		Mean ±SD
	N	%	N	%	
Preparation phase	10	7.8	119	92.2	18.2 ±3.1
Application phase	6	4.7	123	95.3	12.5 ±1.9
Post restrains care and maintenance phase	4	3.1	125	96.9	16.7 ±2.7
Documentation phase	11	8.5	118	91.5	12.9 ±2.2

Table 4: Relation between nurses’ knowledge levels and nurses’ practice levels about restraint of studied the patient (n=129).

Nurses’ practice levels	Total Nurses knowledge levels				Chi – Square/Fisher’s exact test	
	Unsatisfactory Knowledge		Satisfactory Knowledge		χ^2	P
	N	%	N	%		
Unsatisfactory Practice	5	12.2	3	3.4	3.712	0.054*
Satisfactory Practice	36	87.8	85	96.6		

*: Statistically significant at $p \leq 0.05$ χ^2 : Chi-Square

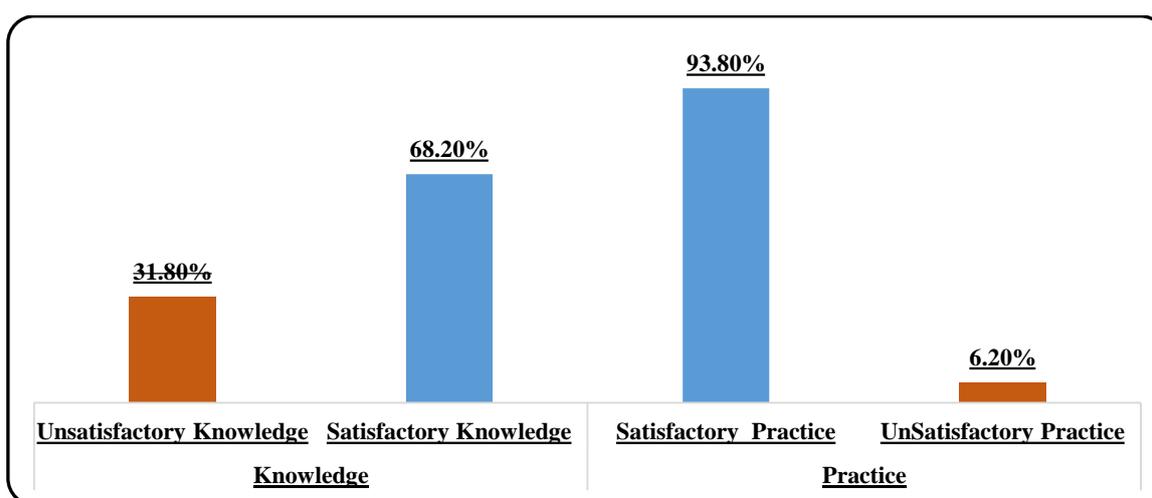


Figure 1: Distribution of the studied nurses’ according to levels of knowledge and practice about restraint (n=129).

DISCUSSION

Restraint is the intentional restriction of a person's voluntary movement or behavior (Scheepmans, et al., 2020). Restraints are protective devices which are either attached or adjacent to the patient's body and are used for immobilization or restricting the activity. Restraints are physical, chemical or environmental measures used to control the physical or behavioral activity of a person or a portion of his/her body (Tanaka, 2023).

The present study findings revealed that more than two-thirds of the nurses tested had a sufficient level of restraint knowledge. This finding may be because nurses staff joined training programs about restraint policies and procedures. Also, it's possible that this finding is due most of the nurses studied having experience working in ICU unit. This finding was consistent with the findings of Elsatar and El-latif (2020), who investigated nurses' knowledge, attitudes, and practices on the usage of physical restraints in the critical care unit and discovered that two-thirds of the nurses evaluated had a strong degree of restraint expertise. Additionally, the study findings disagreed with Balci and Arslan, (2018) who studied nurses' information, attitude and practice towards physical restraint in intensive care units and reported that most nurses had insufficient level of knowledge related to restraints patients.

The present study revealed that the highest percentage of the studied nurses had satisfactory practice about the preparation phase of the patients before restraint. It could be referred to in-services for nurses regarding patient safety. These findings contradicted with those of a study about nurses' knowledge, posture and clinical practice of restraint and which reported that around two thirds of nurses failed to prepare the patient before restraint (Sze, 2019).

Regarding application phase of restraint the current study finding shows that the highest percentage of the studied nurses were proficient in implementing restraint procedure. It might be a reference to the present study's nurses' combined in-service training on patient safety and This means that restraint is exercised with guidelines and educational background, and knowledge combined with practice improves the quality of nursing care provided for Restricted patient. However, the critical care nurses were perceived to have a lack of understanding regarding the application of physical

restraint. These results disagree with the study by Janelli, Scherer, and Kuhn (2019) who studied about acute-critical care nurses' practice of physical restraints.

Regarding post-restraining care, the study finding revealed that the majority of the studied nurses were competent in implementing post restrain care. It could be refer to that the current study nurses joint in-service regarding restrain and patients safety. and there are hospital policies that regulate the care after restraint and regular supervision. These results disagree with those of Perez, et al., (2019) who studied physical restraints in intensive care unit.

Regarding documentation phase, the study results revealed that the highest percentage of the studied nurses document their interventions. These findings disagree with Ji, et al., (2022) about factors influencing the physical restraint of patients in the neurosurgical intensive care unit which found that nurses rarely documented the application of restrain.

The current study finding reflected that vast majority of the nurses had a satisfactory level of practice regarding restrain. These results might be due to that participants had regular conduction of inservice training regarding patients safety. Over half of the nurses who studied had experience in nursing years. This result is agreed with the study held in Jordan and India by Suliman and Aloush, (2020) and tited "Knowledge, attitude and practice of intensive care unit nurses about physical restraint".

Our outcomes revealed a statistically substantial beneficial connection among nurses' knowledge and practice levels regarding restraint. This conclusion matched with Taha and Ali (2017), who found a highly positive link between nurses' knowledge and practice of physical restraints in the critical care unit. This conclusion also matched with Eskandari and Abdullah (2017), who discovered a substantial positive link between nurses' practice, knowledge, and attitude towards restraint. It may be argued that nurses' knowledge and practice increased the quality of nursing care offered to critical care patients.

CONCLUSION

On the current research, concluded that:

Almost all of participated nurses got a satisfactory knowledge level and practice concerning restraint at intensive care unit. Furthermore, we detect a statistically substantial positive connection among nurses' knowledge levels and practice levels about restraint.

RECOMMENDATIONS

Referring to our outcomes, the following recommendations are made :

1. Continues orientation an regular in serves restraining programs for nurses in ICU regarding restraint for continues updating their knowledge.
2. Evidence based guideline about restraint should be available for all nurses at all hospitals.
3. Additional research is recommended to determine the factors that may affect the use of restraints.

References

- Al-Khaled, T., Zahran, E., & El-Soussi, A. (2017). Nurses' related factors influencing the use of physical restraint in critical care units. *Journal of American Science*, 7(8), 13-22.
- Ang, S. Y., Bakar, A., F., Perera, K., Wee, S. L., Manickam, A., Lee, J. H. & Chan, J. K. (2016). Physical restraints among the elderly in the acute care setting: Prevalence, complications and its association with patients' characteristics. *Proceedings of Singapore Healthcare*, 24(3), 137-143.
- Backes, M.T.S., Erdmann, A.L., Büscher, A. (2019). The living, dynamic and complex environment care in intensive care unit. *Rev Latino-Am Enfermagem*, 23(3),411–8. <https://doi.org/10.1590/0104-1169.0568.2570>.
- Balci, H. & Arslan, S. (2018). Nurses' information, attitude and practice towards physical restraint in intensive care units. *Journal of Caring Sciences*, 7 (2), 75.
- Bharmal, M., Danivas, V., Keenan, P., Jones, S., Karat, S. C., Kalyanaraman, K., & Krishna, M. (2016). An interpretative phenomenological analysis (IPA) of coercion towards community dwelling older adults with dementia: Findings from Mysore studies of natal effects on ageing and health (MYNAH). *Social psychiatry and psychiatric epidemiology*, 51(12), 1659-1664.
- Cadore, E. L., Moneo, A. B. B., Mensat, M. M., Muñoz, A. R., Casas-Herrero, A., Rodriguez-Mañas, L., & Izquierdo, M. (2014). Positive effects of resistance training in frail elderly patients with dementia after long-term physical restraint. *Age*, 36(2), 801-811.

- Cannon, M. E., Sprivulis, P., & McCarthy, J. (2001). Restraint practices in Australasian emergency departments. *Australian & New Zealand Journal of Psychiatry*, 35(4), 464-467.
- Danivas, V., Lepping, P., Punitharani, S., Gowrishree, H., Ashwini, K., Raveesh, B. N., & Palmstierna, T. (2016). Observational study of aggressive behaviour and coercion on an Indian acute ward. *Asian journal of psychiatry*, 22 (1), 150-156.
- De Jonghe, B., Constantin, J. M., Chanques, G., Capdevila, X., Lefrant, J. Y., Outin, H., & Mantz, J. (2016). Physical restraint in mechanically ventilated ICU patients: A survey of French practice. *Intensive care medicine*, 39(1), 31-37.
- Elsatar, A., & El-latief, O. M. A. (2020). Nurses' knowledge, attitude and practice towards safety physical restraints use in intensive care unit. *Zagazig Nursing Journal*, 11(1), 33-48.
- Eskandari, F., Abdullah, K. & Zainal, N. (2017). Use of physical restraint: Nurses' knowledge, attitude, intention and practice and influencing factors. *J Clin Nurs*, 26(23), 1-10.
- Janelli, M., Scherer, K., & Kuhn, M. (2019). Acute- critical care nurses' knowledge of physical restraints; implications for staff development. *Journal of Nursing Staff Development*, 10(1), 6- 11
- Ji, Y., Yang, X., Wang, J., Cai, W., Gao, F., & Wang, H. (2022). Factors influencing the physical restraint of patients in the neurosurgical intensive care unit. *Clinical Nursing Research*, 31(1), 46-54.

- Mohamed, S., & Ali, H. (2020): Nurses practice to physical restraint practices in ICU units at three teaching hospitals in Baghdad. *KUFA Journal for Nursing Sciences*; 5(1), 1-9.
- Nasrate, H., Shamlawi, A., & Darawad, M. W. (2017). Improving ICU nurses' practices of physical restraints in Jordan: Effect of an educational program. *Health*, 9 (12), 1632-1643.
- Perez, D., Peters, K., Wilkes, L., & Murphy, G. (2019). Physical restraints in intensive care—An integrative review. *Australian critical care*, 32(2), 165-174.
- Perkins, E., Prosser, H., Riley, D., & Whittington, R. (2016). Physical restraint in a therapeutic setting; a necessary evil? *International journal of law and Psychiatry*, 35(1),43.
- Scheepmans K, Dierckx de Casterlé B, Paquay L, Van Gansbeke H, Milisen K. Restraint use in older adults receiving home care. *J Am Geriatr Soc*. 2020;65(8):1769–76.
- Suliman, M., Aloush, S., & Al-Awamreh, K. (2020). Knowledge, attitude and practice of intensive care unit nurses about physical restraint. *Nursing in Critical Care*, 22(5), 264–269. <https://doi.org/10.1111/nicc.12303>.
- Sze, T. (2019): The effectiveness of physical restraints in reducing falls among adults in acute care hospitals and nursing homes: A systematic review. *JBI Libr Syst Rev*. 10(5). 307-351.
- Taha, N. M., & Ali, Z. H. (2017). Physical restraints in critical care units: impact of a training program on nurses' knowledge and practice and on patients' outcomes. *J Nurse Care*, 2(2), 1-9.

Tanaka, M. (2023). Exploring the ethics of physical restraints: Students' questioning. *Nursing ethics*, 30(3), 408-422.

Younis, G., and Ahmed, E. (2019): Physical Restraint and Maintenance of critically ill patient's safety in Intensive Care Unit: Effect of Clinical practice guidelines on nurse's practice and attitude. *IOSR Journal of Nursing and Health Science*, 4(6), 06-21.

تقييم معرفة وممارسة الممرضين فيما يتعلق بالقيود في وحدات الرعاية المركزة في مستشفيات هيئة الرعاية الصحية بمصر

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الخلاصة

تلعب معرفة الممرضات وممارساتهن حول القيود دورًا مهمًا في رعاية التمريض المقدمة للمرضى المقيدون ومنع حالات المضاعفات. ويتعلق تقييم معارف الممرضات وممارساتهن بالتأثير التقييدي المطبق على الرعاية التمريضية والاعتراف بضعفها وقوتها. الهدف: تقييم معرفة وممارسه الممرضين في وحدة الرعاية المركزة . **التصميم:** تم تطبيق تصميم البحث الارتباطي الوصفي. **الإعداد:** أجريت هذه الدراسة في وحدات العناية المركزة بمستشفيات هيئة الرعاية الصحية المصرية بمحافظة بورسعيد. العينة: عينه ملائمه من الممرضين، عددهم ١٢٩ ممرض وممرضه في وحدات العناية المركزة وقت جمع البيانات وتوزيعها. **أدوات جمع البيانات:** تم استخدام أداتين لجمع البيانات: الأداة الأولى: استبيان ذاتي الإدارة معرفه الممرضين، الأداة الثانية: قائمة مراجعة اداء الممرضين . **النتائج:** أظهرت الدراسة أن ثلثي الممرضات المدروسات (٦٨.٥٪) لديهن مستوى مرضى من المعرفة، والغالبية العظمى (٩٣.٨٪) من الممرضات المدروسات لديهن مستوى مرضى من الممارسة فيما يتعلق بالقيود ؛ وكانت هناك علاقة ذات دلالة إحصائية بين المستوى المرضي من «معرفة الممرضات والمستوى المرضي للممرضات» فيما يتعلق بضبط النفس للمريض في وحدة العناية المركزة. **الاستنتاج:** كشفت هذه الدراسة عن معرفة وممارسات جيدة بين الممرضات حول استخدام القيود في وحدة العناية المركزة. **التوصيات:** يواصل التوجيه بشكل منتظم في برامج التقييد للممرضات في وحدة العناية المركزة فيما يتعلق بضبط النفس لمواصلة تحديث معارفهم.

الكلمات المرشدة: وحدات العناية المركزة؛ معرفة الممرضات؛ ممارسة الممرضات ؛ التقييد.