

Impact of Nurse's Intervention on The Ways of Nurse's Management of Patient's Needs restraints



***Manal Mohamed El-Kayal
Essmat Mohamed Gemaey
ZAGAZIG And TANTA UNIVERSITY
Egypt***

Introduction

Nurses are the primary caregivers in hospitals and are more likely to encounter violence and aggression because of the amount of time spent in direct patient care .Many nurses have not been trained to manage explosive situations .Therefore, this study was carried out to evaluate the impact of a nursing intervention on the ways of Nurses Management of Patients who needs Restrain.

- The attitude of nurses toward restraints is considered one of the main reasons for variations in their use
- concerns included limited monitoring and poor practice – revealing their ambivalence about restraint use even though they pointed out that the positive side was having brought the situation under control

Aim of the study

Aim of the study

- The aim of the present study is to evaluate the impact of nurse's intervention on the ways of nurse's management of patient's needs restrain in Tanta Mental Health Hospital



Materials and methods

Setting

The study was carried out at Tanta Mental Health Hospital

Subjects

All available nurses working in Tanta Mental Health Hospital (thirty) possessing the following characteristics:

- *Both male and female
- *Willing to participate in the study

Tools:

- The aim of this study was achieved through the use of structure/interview questionnaire developed by the researcher after thorough review of literature; the structured interview comprised three parts:
- Biosocial data about the nurses, age, sex, education, years of experience.....etc.
- Information about:
- Meaning of aggression, cues for aggression ,indication of restrain and seclusion
- Assessment directed to understand needs and knowledge? For preparation of nurses intervention

METHODS

- **Data collection :**
- Data of this study were collected from October 2005 to jun 2006; this covered a period of 4 months.
- Data were collected through the use of individual structured interview after explaining its purpose of the study and interview for each nurse (pre-test) Time taken in each interview ranged from 15 to 20 minutes (9-10 Am)

Cont.

- Sessions with nurses was carried out 3 days per week (Sunday, Monday and Tuesday) from 9-to 11 Am in addition 2 weeks for pre test and 2 weeks for post test
- The sessions were implemented by using pictures, poster, and hand outs
- The sessions conducted to day shift nurses and repeated according the schedules of nurses

Cont,

- At the beginning of first session an orientation to the training and its purpose took place and nurses were informed about time and place of sessions
- To ensure that the nurses understand the previous session ,each session started by a summary about what was given through the previous session and the objectives of anew topic
- To ensure exposure of all subject to the same learning experience, all nurses receive the same content, same teaching method, handouts, and training

Cont.

- Nurses included in the study were subjected to nursing intervention in **the form of series** of session that was designed to provide nurses with basic information about violence and aggression in the **form of**
 - Definition of aggression
 - Factors triggering aggression,
 - Causes of aggression,
 - Warning signs of aggression,
 - Signs of aggression
 - Sequel of aggression
 - Clues of aggression
 - How to deal with the patient in aggressive state and patient reaction during and after restrain

RESULTS



SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF NURSES

Characteristics	No	%
Education:		
Diploma in nursing	19	63.4
Bachelor in nursing	11	36.6
Experience in nursing in years		
<5	6	20.0
5-10	10	33.3
>10	14	46.7
Experience in psychological nursing in years		
<5	6	20.0
5-10	11	36.7
>10	13	43.3
Previous experience with aggressive patients	29	96.7
Previous training for dealing with aggressive patients	8	26.7

Knowledge about aggressive behavior before and after implementation of nurse's intervention

Items of knowledge	Before intervention		After intervention		Z	p
	n	%	n	%		
<i>Aggressive behavior is due to:</i>						
Repeated frustrations	24	80.0	24	80.0	0.000	1.000
Sign for asking others' help	7	23.3	9	30.0	0.535	0.593
Way to control others	7	23.3	17	56.7	2.500	0.012*
Method of release of energy	10	33.3	18	60.0	1.886	0.059
Method of self presentation	10	33.3	20	66.7	2.357	0.018*
Method of compensation	12	40.0	22	73.3	2.357	0.018*
<i>Warning signals of aggression:</i>						
Change of voice tone	17	56.7	30	100.0	3.606	0.001*
Expression of intention to harm others	10	33.3	15	50.0	1.213	0.225
Angry face	28	93.3	22	73.3	2.121	0.034*
Increase hallucinations and delusions	13	43.3	16	53.3	1.069	0.285
Muscle tension	12	40.0	14	46.7	0.500	0.617
Hyperactivity	17	56.7	25	83.3	2.309	0.021*

Cont,

<i>Sequels of aggression:</i>						
Guilt feelings	10	33.3	19	63.3	2.324	0.020*
Self under-estimation	7	23.3	17	56.7	2.500	0.012*
Stimulation of others anger	22	73.3	27	90.0	1.890	0.059
Rejection by other patients	18	60.0	17	56.7	0.229	0.819
Firm manipulation by health team	11	36.7	21	70.0	2.500	0.012*
<i>Methods of control of aggression:</i>						
Verbal limits for patients	19	63.3	21	70.0	0.535	0.593
Isolate patient	19	63.3	20	66.7	0.277	0.782
Limit patient motion	23	76.7	21	70.0	0.816	0.414
Major tranquilizers	19	63.3	22	73.3	0.905	0.366
ECT	18	60.0	13	43.3	1.387	0.166

Knowledge about nursing care for aggressive behavior before and after implementation of nurse's intervention

Items of nursing care	Nurses giving first ranking				Z	p
	Before intervention		After intervention			
	n	%	n	%		
<i>Condition with priority:</i>						
Aggression	17	56.7	21	70.0	2.232	0.026*
Withdrawal	4	13.3	2	6.7	0.884	0.377
Depression	6	20.0	5	16.7	1.642	0.101
Obsessions	2	6.7	2	6.7	0.184	0.854
Others	1	3.3	0	0.0	0.707	0.480
<i>Objectives of care of aggression:</i>						
Educating patient how to express negative feelings	16	53.3	15	50.0	1.532	0.125
Protecting patients and others	13	43.3	13	43.3	0.626	0.531
Educating patient how to use alternative solutions	1	3.3	2	6.7	2.486	0.013*

Cont,

<i>Important thing to observe aggression warning signs:</i>						
Talking to patient	9	30.0	7	23.3	0.768	0.443
Verbal limits	4	13.3	7	23.3	0.283	0.777
Limit patients' movements	7	23.3	6	20.0	1.787	0.074
Giving necessary treatment	0	0.0	1	3.3	1.652	0.098
Isolate patient	3	10.0	7	23.3	2.034	0.042*
Inform physician	6	20.0	2	6.7	0.863	0.388
Don't know	1	3.3	0	0.0	0.707	0.480
<i>Important thing to deal with verbal aggression:</i>						
Talking to patient	7	23.3	7	23.3	0.581	0.562
Verbal limits	11	36.7	13	43.3	0.172	0.863
Limit patients' movements	3	10.0	3	10.0	1.933	0.53
Giving necessary treatment	1	3.3	2	6.7	0.266	0.790
Isolate patient	1	3.3	4	13.3	1.174	0.240
Inform physician	5	16.7	0	0.0	0.032	0.975
Don't know	2	6.7	1	3.3	0.626	0.531

Knowledge about measures to deal with aggressive patients before and after implementation of nurse's intervention

Measures to be done	Before interventio n		After interventio n		Z	p
	n	%	n	%		
<i>Measures to but verbal limit:</i>						
Explain that aggression not acceptable	16	53.3	13	43.3	0.644	0.519
Talking firmly and quietly	11	36.7	10	33.3	1.536	0.125
Repeat verbal limits	0	0.0	4	13.3	1.038	0.299
Allow alternative behavior	2	6.7	2	6.7	1.365	0.172
Allow alternative way of expression of feelings	1	3.3	1	3.3	0.143	0.886
<i>Measures to limit movement:</i>						
Measuring blood pressure before injection	11	36.7	9	30.0	2.925	0.003*
Injection while in supine position	13	43.3	9	30.0	2.733	0.006*
Injection after limiting movement	6	20.0	8	26.7	2.687	0.007*
Frequent follow up	0	0.0	4	13.3	2.455	0.014*

Cont,

<i>Precaution of movement limit:</i>						
Prevent other patients watching	11	36.7	19	63.3	4.135	0.001*
No help from other patients	1	3.3	2	6.7	3.951	0.001*
Sistance away from patient	5	16.7	3	10.	3.471	0.001*
No use of violence against patient	4	13.3	2	6.7	3.368	0.001*
Ask for help when necessary	2	6.7	1	3.3	3.684	0.001*
Observe circulation of tied parts	7	23.3	2	6.7	2.912	0.004*

Sympathy	5	16.7	1	3.3	2.558	0.011*
Power	2	6.7	0	0.0	0.000	1.000
Others	1	3.3	0	0.0	0.000	1.000
<i>Feelings after control of aggression:</i>						
Comfort	10	33.3	11	36.7	1.633	0.102
Safety	14	46.7	13	43.3	1.512	0.131
Happiness	1	3.3	0	0.0	0.000	1.000
Sympathy	4	13.3	4	13.3	1.857	0.063
Power	2	6.7	0	0.0	1.414	0.157
Guilty	0	0.0	2	6.7	0.000	1.000
Proud	1	3.3	0	0.0	0.000	1.000
<i>Notes to be recorded after limiting patients' movement</i>						
Names of helping persons	4	13.3	16	53.3	1.461	0.144
Descriptions of patients behavior	23	76.7	13	43.3	2.379	0.017*
Descriptions of patients feelings	2	6.7	1	3.3	1.384	0.166
Reactions of helping nurses	1	3.3	0	0.0	1.203	0.229
Reactions of patient						
<i>Fear</i>	15	50.0	10	33.3	0.963	0.335
<i>Anger</i>	12	40.0	14	46.7	0.524	0.600
<i>Anxiety</i>	1	3.3	4	13.3	0.027	0.979
<i>Isolation</i>	2	6.7	2	6.7	1.249	0.212
Having enough knowledge about aggressive behavior	8	26.7	22	73.3	3.300	0.001*
Think in need of more training	29	96.7	17	56.7	3.207	0.001*



Conclusion

We can concluded that

- management of acute psychiatric disorders, violent behaviors among inpatients continue.
- The results focused on nurses' inadequate and often inaccurate knowledge about the use of restraints and its associated adverse effects.
- Restraint use is a complex issue that needs to be understood in relation to the dynamics within an environment

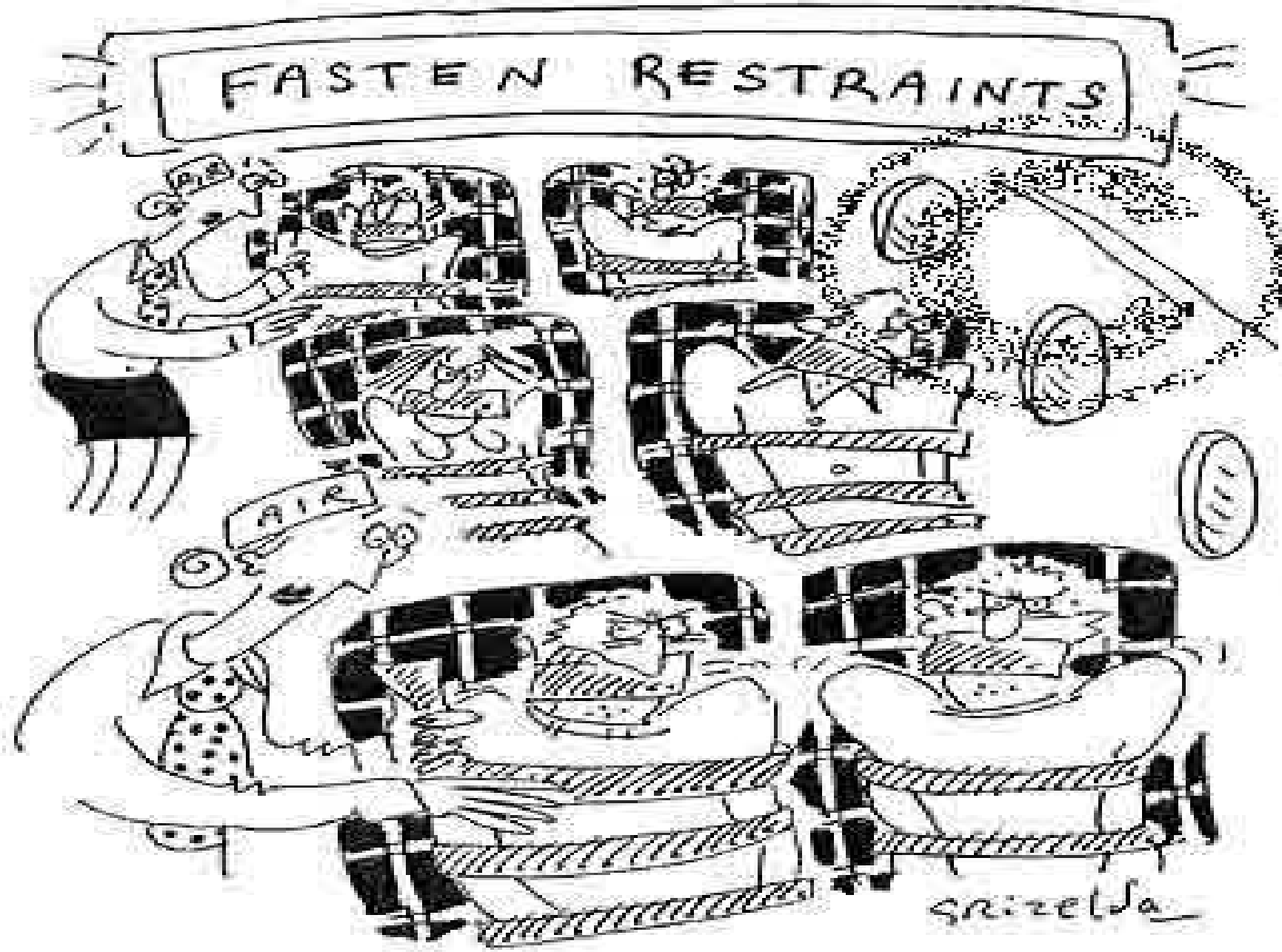
Main Recommendations

- 1. training in the management of disturbed/violent behaviour should be developed.**
- 2. All service providers should have a policy for training nurses regarding the management of disturbed/violent behaviour.**
- 3-The policy should standardise and ensure consistency regarding who receives the training, who provides the training and how often training and updates occur.**
- 3. Training in de-escalation, including competency training to recognise anger, potential aggression, antecedents and risk factors should be provided to all clinical staff. A significant part of the training needs to concentrate on de-escalation techniques and their application in potentially violent situations.**

Cont.

4. Other areas of importance include training in areas such as:

- Observation.**
- Cardiopulmonary resuscitation for all those involved in physical restraint, seclusion and giving medication.**
- Training in medications, including those used for sedation.**
- Training that considers racial, cultural, social and spiritual, social and special needs to ensure that staff are aware of and know how to work with diverse populations.**



Thank you