

# Function of Directing in Performing Physical Restrain in Intensive Care Wards: A Phenomenological Study

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**How to cite this article:** Fitri A, Asniar A, Fithria F. Function of Directing in Performing Physical Restrain in Intensive Care Wards: A Phenomenological Study. 2022;14(4):1-6.

## ABSTRACT

The restraint to limit patient's movements with psychomotor agitation is often performed in the intensive care wards. Hence, optimizing the directing function is considerably needed to implement safe restraints. However, performing restraints frequently lead to injuries to patients. This study explores nurses' experiences performing physical restrain in intensive care wards. This study applied a descriptive phenomenological design, using in-depth interviews to collect data from eight key participant dan two associate participant. The key participant were nurse practisioner and team leader of nurse, the associate participant were head of nurse in intensive care wards in Aceh Province, Indonesia. The results of this study identified four themes: Socialization of Standard Operating Procedure (SOP) Restraint, optimization of supervision, lack of documentation, and improvement of nurse capacity development. The study findings show the problems in the decision-making process that needs to be considered by nurse managers to improve patient safety. It is recommended that nurse managers improve directing function and the nurse's competency in delivering nursing services at intensive care wards, especially related to restraining procedures, as one of the efforts to improve patient safety and optimize the nursing outcomes.

**Keywords:** Directing, hospital, nurse, physical restraint, qualitative study

## INTRODUCTION

The restraint to limit the movements of patients is often performed in the intensive care wards. The prevalence of restraint use in critical care varies widely worldwide<sup>26</sup>. Prevalence of restraint use showed between 0 % - 100 %<sup>4</sup>.

In the literature, many factors determine the use of physical restraint. Agitation and attempted self-removal of artificial airways, patients with artificial airways, and ETT<sup>1</sup>.

Used among patients receiving mechanical ventilation<sup>25</sup>. Complex care situations, such as patients at risk of falling or delirium<sup>24</sup>. However, restraints are still frequently found to cause injuries to patients. Physical restraint complications include limb edema, bruising, and redness<sup>22</sup>.

Decision-making is a complex cognitive process of choosing a particular action. It is an important task that relies heavily on

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critical thinking and clinical reasoning skills that includes evidence-based research<sup>15,18</sup>. Clinical decision-making in nursing involves applying critical thinking skills to select the best evidence-based options to control risk and meet the needs of patients in the provision of high-quality care<sup>21</sup>. More specifically three components of clinical decision-making: clinical reasoning, choosing and applying challenging alternatives, professional assessment, and resetting<sup>17</sup>.

Several pieces of evidence highlighted the lack of nurses' knowledge in physical restraint<sup>3,8,14,22</sup>. Lack of knowledge about continuous assessment in patients and lack of training regarding the application of physical restraints can contribute to the effectiveness of restraint implementation<sup>2</sup>. Increasing nurse knowledge results in more positive feelings and beliefs<sup>14</sup>. These strategies can help nurses prevent or reduce ethical dilemmas<sup>20</sup>. The use of restraint is in line with the ethical principles of beneficence and non-maleficence but contrary to the principle of autonomy<sup>20</sup>. Therefore, it is essential to establish an organizational climate where value-oriented activity is prioritized<sup>6</sup>.

This study applies integral nursing theory<sup>7</sup> as a conceptual framework. This research is part of the primary research with several other themes, but this study only focuses on the directing function. In the implementation of restraint, there are management functions that must be considered, one of which is the directing function. When this directing function is weak, it can result in the achievement of optimal nursing care cannot be achieved. This study explores how the management function is related to the implementation of restraint.

## METHOD

This study is descriptive phenomenological research that explores the experiences of direction functions in implementing physical restraint. This study was conducted in Band Aceh, Aceh Province, Indonesia.

The sampling criteria included: (1) nurse practitioner and head nurse in the ICU and

ICCU rooms, (2) Having a minimum of one year of service, (3) agreeing to be interviewed, (4) Not in self-isolation due to COVID-19 infection, (5) Not on annual leave/maternity leave/study assignment.

Interviews lasted between 20–50 minutes and were recorded and transcribed verbatim. The interview questions were derived from the study's aims and were open-ended. When data saturation was reached after eight interviews, data gathering was stopped.

The seven-step phenomenology approach of Colaizzi was used to examine the data acquired in this study: (1) interview recordings were attentively listened to, and the participants' comments were verbatim captured to reflect the entire content of the interview; (2) organizing critical statements to provide data that is closely relevant to the topic under investigation; (3) extracted meaningful sentences; (4) the four themes were created by grouping and categorizing; (5) the study themes from phenomenon were utilized to further organize comprehensive general descriptions; (6) detailed descriptions were summarized; and (7) the participants were allowed to look over the analyzed data<sup>13</sup>.

**Ethical Clearance:** The Ethical Clearance was obtained from the Research Ethics Committee of the Faculty of Nursing, Syiah Kuala University, with research code 112013190422.

## RESULT

This research was conducted in Mei – June 2022. This study interviewed eight key participant dan two associate participant. Themes that emerged from the data included: Socialization of Standard Operating Procedure (SOP) Restraint, optimization of supervision, lack of documentation, and improvement of nurse capacity development.

### **Socialization of Standard Operating Procedure (SOP) Restraint**

This theme explains the need to optimize the socialization of SOP *restraint*. Less than optimal socialization was carried out by the

hospital related to SOP *restraint*. Some nurses are not aware of the SOP and do not use *restraint* according to the SOP but perform it based on work experience, seniors, and studying during college.

*“That’s because I don’t know whether SOP exists or not, but a collection of SOPs is in a cupboard; I don’t know whether there is SOP restraint or not. So I also learned from seniors (P1)*

*“As for the SOP, there is no” (P5)*

However, Based on interviews with the *associate participant*, it was found that there is an SOP for *restraining* in the room’s document cabinet. And it was validated by researchers by checking documents. This indicates the lack of SOP socialization, so nurses are unaware of the existence of SOP restraint.

### **Optimization of supervision**

This theme explains the need for optimization of supervision related to the implementation of *restraint*. Generally, participants said that there was no supervision regarding the performance of *restraints*; among the eight nurses, only one said that supervision was carried out, while the others said that no supervision was carried out.

*“There is no special supervision about restraint” (P2)*

*“None (no supervision is carried out)” (P3)*

### **Lack of documentation**

This theme explains the need to increase proper documentation. In general, nurses say that they do not do documentation to implement *restraint*.

*“There is no (no documentation is done)” (P7)*

*“There is no documentation “ (P5)*

### **Improvement of nurse capacity development.**

This theme explained the need for the development of nurse knowledge carried out by the hospital to increase the knowledge and

skills of nurses in carrying out *restraints*; in this case, it could be in the form of training. The nurse said that no training had ever been conducted in developing nurses’ ability regarding *restraint*.

*“None (No training/development conducted by the hospital)” (P5)*

*“There has never been training on restraint” (P7)*

## **DISCUSSION**

This study found that nurses did not do restraints based on SOP; most nurses were unaware of the existence of restraints SOP. Based on interviews conducted with associate participants (head nurses), there is SOP restrain in the room. The lack of socialization among SOP nurses leads to nurses’ ignorance regarding SOP.

Socialization of SOP restraint is essential for nurses to know the procedures in the implementation of bond following standard operating procedures, prudent application regulated by standards meets the risks associated with the use of physical restraint. Prefious study found that, in Jordan, it’s probable that the excessive use of physical conditions is a result of the lack of rules and regulations governing its application <sup>22</sup>.

This finding indicated that nurses in restraint based on work experience and seniors. This finding is consistent with other studies; nurses said that understanding how to utilize *physical restraint* through brief, informal bedside instruction from senior nursing staff, observing and copying others, and learning from their own experiences <sup>19</sup>.

This study found that the nurses use gauze to restrain. This finding agrees with other studies; nurses commonly bind patients with crude devices like gauze rolls and crepe bandages, which is the leading cause of severe issues. Additionally, the occasional evaluation of the restraint site can make these issues more likely <sup>22</sup>. The most common side effects of PR application, according to the study’s participating nurses, were skin issues.

This could be the result of poor practice or inappropriate tools. Most nurses who responded said they used gauze and cotton for PR<sup>3</sup>.

Every hospital's management must create clear physical restraint usage rules or standard operating procedures, and the facilities must inform the nurses of these policies or procedures to deliver safe care<sup>2,22</sup>.

Supervision is part of the directing management function, one of the supervisory functions is to ensure that the activities carried out are by established standards through supervision of the implementation of activities. Lack of supervision can impact optimizing the provision of nursing care.

This study found, lack of supervision in implementation restrain. In another study, the nurses said that they were left alone without support, they mentioned that they lacked support from nursing colleagues and other professionals<sup>10</sup>. When nurses are overworked, and their ability to supervise patients is constrained, they are more likely to use physical restraint<sup>6</sup>.

Motivation and communication are part of supervision<sup>12</sup>. The motivation would impel the team toward a change in organizational and healthcare culture<sup>1</sup>. Restraint was more common when a nurse was 'doubled' and were fewer opportunities, suggesting that the provision of additional support could lessen the need for control<sup>23</sup>. Reduce restraints with various patient groups by utilizing a restraint collaborative with different nursing units, a critical care clinical nurse specialist team<sup>16</sup>.

Adequate documentation is indispensable for quality, effective, and efficient nursing services. Nursing documentation is proof of recording and reporting owned by nurses in carrying out nursing records that are useful for the benefit of patients, nurses, and health teams in providing health services. Another finding from our study is documentation in medical records was described as lacking. This finding is consistent with other studies; most nurses consider that manual restraint does

not require documentation<sup>5</sup>. More than half of the nurses (52%) indicated that they never recorded data for PR use in patient charts<sup>3</sup>. Lack of nurse documentation of physical restrain and nurses' infrequent recording of the specifics of the restraint<sup>22</sup>. There were incomplete physical restraint records in the patients' nursing notes<sup>11</sup>.

Nurses must report and document all instances of manual restraint, this information will be used to develop effective strategies to ensure patient and staff safety during these events<sup>5</sup>. Inadequate documentation also prevents a systematic reassessment and evaluation of the use of restraint<sup>24</sup>.

The capacity building of nurses about restraint needs to be improved. This study found that there has never been any training to develop nurses' capabilities related to restraint, even though this is necessary for nurses in the ICU and ICCU. In another study that found the majority of participants in earlier research, a nurse with received training had good guidelines about using restraint that could lead to a better attitude<sup>14</sup>.

Implementing educational programs that can affect nurses' knowledge and attitudes can minimize the use of restraints in hospitals<sup>8</sup>. Avoid complications and improve ICU care services<sup>14</sup>. Several authors have highlighted the importance of ICU nurse skills and training programs in decision-making on restraint use<sup>1,2,22,20,9,5</sup>. The implications of the lack of training and education related to physical restraint are demonstrated through nurses' confidence in their decision-making skills<sup>19</sup>.

## CONCLUSION

The study findings show the problems in the directing function in the implementation of restraint that needs to be considered by nurse managers to improve patient safety. It is recommended for the nurse managers to improve directing function and the nurse's competency in delivering nursing services at ICU and ICCU wards, primarily related to socialization of Standard Operating

Procedure (SOP) restraint, documentation of restraining, supervision, and education, as one of the efforts to improve patient safety and optimize the nursing outcomes.

**Limitations:** The results of this study cannot be generalized by institutions with different characteristics, and this research is qualitative; the pattern of knowing and quadrant in integral nursing theory cannot be found as a whole.

**Funding:** This study was supported by educational fund management institution (Lembaga Pengelola Dana Pendidikan/LPDP).

**Conflict of interest:** The authors declare that they have no conflict of interest.

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