

https://dspace.org/

The experiences of patients and family members of the use of physical restraints in an intensive care unit

Makhetha, Liepollo Anacletta

2021
https://hdl.handle.net/10539/33523

Downloaded from a DSpace repository. https://dspace.org/

THE EXPERIENCES OF PATIENTS AND FAMILY MEMBERS OFTHE USE OF PHYSICAL RESTRAINTS IN AN INTENSIVE CARE UNIT

Liepollo Anacletta Makhetha

A research report submitted to
the Faculty of Health Sciences, University of the Witwatersrand
Johannesburg
in partial fulfilment of the requirements for the degree
of
Master of Science in Nursing

Johannesburg 2021

DECLARATION

I, Liepollo Anacletta Makhetha, hereby declare that this research report is the result of my own work. The submission of this report is for the degree of Master of Science (Nursing) at the University of the Witwatersrand, Johannesburg. It has not been submitted anywhere else for candidature for any degree programme or examination at the university.

Signature……..

Date…….

Protocol Number M170636

DEDICATION

To God be the glory:

I dedicate this research report to Almighty God, the source of all the knowledge and wisdom.

To my late son, Lefa Makhetha, who became my pillar of strength, even in his absence. How I wish you were here to witness the fruits of mummy's longsuffering and perseverance.

To my parents, Maliepollo and Tohlang Makhetha, thank you so much for your prayers and words of encouragement. Always motivating me not to lose hope.

Special thanks to the mother of the house, Malipolelo, and Mme Ntsoaki, for taking good care of my children during my studies.

ACKNOWLEDGEMENTS

My greatest appreciation goes to all my academic mentors, supervisors, especially Professor Shelley Schmollgruber and my research supervisor Ms. Vivian. They have supported me through this challenging journey up to completion. Thank you for going out of your way to assist me during my research journey, for pushing me to reach my greater potential and for your patience, even when I doubted myself.

The institution in which the study was conducted and all relevant personnel who granted the permission to carry out the study, special thanks.

To the patients and their relatives who participated in the study, without your participation this study would have not been possible, thank you.

ABSTRACT

Background: Using physical restraints in an ICU setting is common as many of these patients are mechanically ventilated and critically ill. The main reason for the use of physical restraints is to provide a safety measure against falls and injuries that may occur if the ICU patient becomes agitated, and for the protection of accidental removal of intravenous lines, endotracheal tubes and gastric tubes by the patient. There is, however, a wealth of evidence on the detrimental physical and psychological effects of using physical restraints.

Purpose: To describe how patients experienced physical restraint and how their family members experienced them physically restrained in an Intensive Care setting.

Methods: The researcher used a qualitative descriptive and explorative design with semi-structured, in-depth, open-ended question interviews to obtain information from 10 participants. The 10 participants consisted of four patients and six family members. The former was once restrained patients in an Intensive Care Unit and the latter were family members of once restrained patients in a tertiary hospital in Gauteng. Among the questions the study aims to answer, includes the following:

How did the patients experience physical restraining while in Intensive Care Units? How did their family members experience the physical restraining of the patient when visiting them in the Intensive Care Unit?

The use of qualitative thematic analysis, by Braun and Clarkes (2006), was to make sense of the information gathered. Four themes, which provided the fundamental structure of the findings for the discussion, were:

- Patient’s experiences of restraints
- Family experiences towards restraints.
- Mixed family experiences towards restraints.

- Recommendations

Results: This study found out that the use of physical restraints is common practice in the ICU, and restraining patients left participants with mixed feelings. Some regarded this practice as a form of safety and control measure to prevent serious harm and injuries, while others perceived the practice as a form of imprisonment as patients are deprived their freedom. There is need for more social responsibility and good communication channels from nurses caring for restrained patients.

Key words: physical restraints; experiences; patients; family; Intensive Care Unit

TABLE OF CONTENTS

DECLARATION i
DEDICATION ii
ACKNOWLEDGEMENTS iii
ABSTRACT iv-v
TABLE OF CONTENTS vi
LIST OF TABLES vii
LIST OF ABBREVIATIONS viii

CHAPTER 1: OVERVIEW OF THE STUDY

1.0 INTRODUCTION 1
1.1 BACKGROUND OF THE STUDY 2
1.2 PROBLEM STATEMENT 4
1.3 RESEARCH QUESTION 4
1.4 PURPOSE OF THE STUDY 5
1.5 RESEARCH OBJECTIVES 5
1.6 SIGNIFICANCE OF THE STUDY 5
1.7 RESEARCH ASSUMPTIONS 5
1.7.1 META-THEORETICAL ASSUMPTIONS 5
1.7.2 THEORETICAL ASSUMPTIONS 7
1.7.2.1 OPERATIONAL DEFINITIONS 8
1.7.3 METHODOLOGICAL ASSUMPTIONS 9
1.8 OVERVIEW OF THE RESEARCH METHODS 9
1.9 OUTLINE OF THE STUDY 10
1.10 SUMMARY 11

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION 12

2.2 PREVALENCE 12

2.3 REASONS FOR THE USE OF PHYSICAL RESTRAINTS 13

2.4 NURSES PERCEPTION OF PHYSICAL RESTRAI NTS 16

2.5 NEGATIVE EFFECTS OF PHYSICAL RESTRAINTS 17

2.6 FAMILY EXPERIENCE OF CRITICAL ILLNESS IN ICU AND PHYSICAL RESTRAINTS 19

2.7 ETHICAL AND LEGAL ISSUES SURROUNDING THE USE OF PHYSICAL RESTRAINTS 20

2.7.1 AUTONOMY 21

2.7.2 BENEFICENCE AND NON-MALEFICENCE 22

2.7.3 JUSTICE 23

2.8 DECISION MAKING PROCESS 23

2.9 IMPACT OF TRAINING ON THE USE OF PHYSICAL RESTRAINTS 25

2.10 APPLICATION OF NEUMAN SYSTEM ON THE CARE OF ICU PATIENTS 26

2.11 SUMMARY 27

CHAPTER 3 RESEARCH METHODOLOGY

3.1 INTRODUCTION 28

3.2 RESEARCH DESIGN 28

3.2.1 QUALITATIVE RESEARCH 28

3.2.2 DESCRIPTIVE DESIGN 28

3.2.3 EXPLORATIVE DESIGN 29

3.3 RESEARCH SETTING 29

3.4 RESEARCH METHODS 30

3.4.1 POPULATION 30

3.4.2 SAMPLING AND SAMPLE SIZE 31

3.4.3 INCLUSION CRITERIA 31

3.5 DATA COLLECTION 32

3.5.1 DATA COLLECTION METHODS 32

3.5.2 THE PROCESS OF DATA COLLECTION 33

3.6 DATA ANALYSIS PROCESS 34

3.6.1 DATA FAMILIARISATION 34

3.6.2 GENERATING INITIAL CODES 35

3.6.3 SEARCH FOR THEME 35

3.6.4 REVIEWING POTENTIAL THEMES 36

3.6.5 DEFINING AND NAMING THEMES 36

3.6.6 REPORT WRITING 36

3.7 MEASURES OF TRUSTWORTHINESS 36

3.8 ETHICAL CONSIDERATION 38

3.8.1 PERMISSION TO CONDUCT THE STUDY 39

3.8.2 INFORMED CONSENT 39

3.8.3 THE PRINCIPLE OF BENEFICENCE 39

3.9 CONCLUSION 40

CHAPTER FOUR DATA ANALYSIS AND RESULTS

4.1 INTRODUCTION 41
4.2 DESCRIPTION OF EMERGENT THEMES 43
4.2.1 PATIENT EXPERIENCE OF RESTRAINTS 43
4.2.1.1 FORM OF IMPRINSONMENT 43
4.2.1.2 CAUSES PHYSICAL INJURIES 43
4.2.1.3 TRAUMATIC EXPERIENCE 44
4.2.1.4 NO MEMORY AT ALL 45
4.2.1.5 NOT A GOOD PRACTICE 46
4.2.2 FAMILY EXPERIENCES TOWARDS RESTRAINTS 47
4.2.2.1 SAFETY AND CONTROL MEASURE 47
4.2.2.2 ALTERNATIVE TO SEDATIVES 48
4.2.2.3 NO INFORMED CONSENT 49
4.2.3 MIXED FAMILY EXPERIENCES TOWARDS RESTRAINTS 49
4.2.3.1 REJECTION AND ACCEPTANCE 49
4.2.4 RECOMMENDATIONS 51
4.2.4.1 MORE CARE AND SOCIAL RESPONSIBILITY 51
4.2.4.2 MORE IMPROVED COMMUNICATION CHANNELS 52
4.2.4.3 MORE SKILLED AND COMPETENT WORKERS 52
4.3 PARTICIPANTS DEMOGRAPHICAL DATA 53
4.4 SUMMARY OF FINDINGS 54

CHAPTER FIVE: DISCUSSIONS OF MAIN FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION 56

5.2 DISCUSSION OF MAIN FINDINGS 56

5.3 LIMITATIONS OF THE STUDY 63

5.4 RECOMMENDATIONS 64

5.4.1 RECOMMENDATION FOR CLINICAL RESEARCH 64

5.4.1 RECOMMENDATIONS FOR NURSING EDUCATION 64

5.2.2 RECOMMENDATIONS FOR FURTHER RESEARCH 65

5.5 CONCLUSION 65

REFERENCES 66

APPENDICIES

APPENDIX A: Information sheet for participants 74

APPENDIXB: Consent form for semi-structured interview with participants 76

APPENDIX C: Consent form for being recorded on Audiotape 78

APPENDIX D: Letter for permission to conduct the study 79

APPENDIX E: Interview guide 80

APPENDIX F: Statement by the researcher 81

APPENDIX G: Research ethics clearance certificate 82

APPENDIX H: Gauteng province permission to conduct the study 83

APPENDIX I: Intensive care unit permission to conduct the study 84

APPENDIX J: An extract from participants 85

APPENDIX K: Example of significant statements, sub-themes, themes 91

APPENDIX L: Language editing and proof-reading 95

APPENDIX H: Demographic data 96

TABLES

4.1 THEMES AND SUB-THEMES 43

4.2 PARTICIPANTS DEMOGRAPHICAL DATA 55

List of Abbreviations

ICU	Intensive Care Unit
WHO	World Health Organization
CEO	Chief Executive Officer
USA	United States of America
SA	South Africa
SASA	South African Society of Anaesthesiologists
COVID	Corona Virus Disease
SPCA	Society for the Prevention of Cruelty to Animals
SANC	South African Nursing Council