

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