

**THE EXPERIENCES OF PATIENTS AND FAMILY
MEMBERS OF THE 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 RESTRAINTS	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 IMPRISONMENT	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
APPENDIX B: 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