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INTEGRATIVE REVIEW ARTICLE

# PHYSICAL RESTRAINT OF PATIENTS IN THE PRACTICE OF NURSING: INTEGRATIVE REVIEW

## CONTENÇÃO FÍSICA DE PACIENTES NA PRÁTICA DA ENFERMAGEM: REVISÃO INTEGRATIVA

## CONTENCIÓN FÍSICA DE PACIENTES EN LA PRÁCTICA DE ENFERMERÍA: REVISIÓN INTEGRADORA

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**ABSTRACT**

***Objective:*** identifying scientific articles about the use of physical restraint of patients in the practice of nursing. ***Method***: integrative review with data collection in the bases: MEDLINE, LILACS, SciELO and BDENF in October 2012, from the question << ***As physical restraint has been used in the practice of nursing?*** >> Data analyzed through descriptive statistics. ***Results*****:** the physical restraint commonly used in the practice of nursing, however should use as a last resort to provide security to the patient with aggressive behavior and psychiatric emergency. A qualified team must perform the physical restraint, in order to reduce the risks of physical and psychological damage. ***Conclusion*****:** found that there are few national studies on the subject and the need for development of randomized studies showing whether or not the effectiveness of physical restraint. ***Descriptors*****:** Physical; Restraint; Psychiatric Nursing; Psychomotor Agitation; Nursing Care.

**RESUMO**

***Objetivo***: identificar artigos científicos acerca do uso da contenção física de pacientes na prática da enfermagem. ***Método***: revisão integrativa com coleta de dados nas bases: MEDLINE, LILACS, SciELO e BDENF em outubro de 2012, a partir da questão << ***Como a contenção física tem sido utilizada na prática da enfermagem?*** >> Os dados foram analisados por meio de estatística descritiva. ***Resultados:*** a contenção física é comumente usada na prática de enfermagem, contudo deve ser utilizada como último recurso para oferecer segurança ao paciente com comportamento agressivo e em emergência psiquiátrica. A contenção física deve ser realizada por uma equipe capacitada, a fim de diminuir os riscos de danos físicos e psicológicos. ***Conclusão:*** verificou-se que existem poucos estudos nacionais sobre a temática e da necessidade de desenvolvimento de estudos randomizados que evidencie ou não a eficácia da contenção física. ***Descritores*****:** Restrição Física; Enfermagem Psiquiátrica; Agitação Psicomotora; Cuidados de Enfermagem.

**RESUMEN**

*Objetivo:* identificar artículos científicos sobre el uso de contención física de pacientes en la práctica de enfermería. *Método:* revisión integradora con la recopilación de datos en las bases: MEDLINE, LILACS, SciELO y BDENF en octubre de 2012, de la pregunta << *Como la restricción física se ha utilizado en la práctica de la enfermería?* >> los datos se analizaron mediante estadística descriptiva. *Resultados:* la restricción física se utiliza comúnmente en la práctica de enfermería, sin embargo, debe utilizarse como último recurso para proporcionar seguridad al paciente con comportamiento agresivo y emergencia psiquiátrica. La contención física debe ser realizada por un equipo cualificado, con el fin de reducir los riesgos de daños físicos y psicológicos. *CONCLUSIÓN:* se encontró que existen pocos estudios nacionales sobre el tema y la necesidad para el desarrollo de estudios aleatorios muestran o no la efectividad de la restricción física. ***Descriptores:*** Restricción Física; Enfermería Psiquiátrica; Agitación Psicomotora; Atención de Enfermería.

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## INTRODUCTION

In the Brazilian context, more precisely from 1970, there was intense changes and progress in the design, modes of care and treatment for people with mental disorders. In the current situation, in which they offer full assistance and humanized search to people in distress, the use of physical restraint is controversial, since on the one hand she is criticized and, in a way, countered by acceding to the anti-asylum movement due to numerous cases of erroneous and inhumane use recorded in the history of Psychiatry.[1-2] However, the physical restraint is a procedure still used in care of elderly patients, agitated, disoriented, confused and with mental disorder in acute framework that presents episodes of aggression.[3-5]

Despite the mental health therapeutic actions developed by multiprofessional team, restrictive procedures have been under the responsibility of the nursing staff. It can considered a historical heritage of nursing who played in psychiatric institutions, whose main function was to contain and physical force to coerce patients with mental disorders.[1]

The modes of containment of patients presented in the literature are the physical restraint, mechanical containment and isolation. The physical restraint is more comprehensive and involves the physical approach of hold, immobilize and lead the person to the bed or isolation; the mechanics involves using mechanical or manual devices that limit the actions of the patient as, for example, tracks, bandages, blankets; isolation is an enclosed space in which the patient is maintained without the possibility to go out and, in some countries, it is used as a means of restraint.[6] In Brazil under the name of isolation cell-strong or cubicle has been used for a long time and is currently in disuse and banned by Ordinance No 24/92 of the Ministry of health.[4]

For the application of restrictive measures there are some parameters that must be followed as, for example, use them as last strategy in meeting people under agitation or aggression, have the justification of patient safety and/or health care team, not be applied as a form of punishment or intimidation.[1-2]

The physical restraint commonly is performed by the nursing staff in different situations and how health services: (UTI) intensive care, medical clinics, emergency rooms, Pediatric units, clinics for the elderly as well as specialized services for mental health.[7-12]

The situations that lead the nursing team to decide on the use of restrictive techniques consist in which to realize that the patient is confused, disoriented, as in the cases of those in immediate postoperative anesthetic recovery or to prevent accidental extraction of catheters and tubes of UTI and people with mental disorder in crisis. Containment shapes can range from partial upper limitations until 90% containment of the body by filleting in episodes of extreme psychomotor agitation and aggression.[4.6]

The physical restraint brings risks and is prone to physical injury, both the patient and the team, so she must employed after exhausted all possibilities of approach to the patient. When such approaches do not take effect and the restrictive procedures employed, they should be appropriate, developed with technical rigor, maintained for a brief period in order to snap the desired therapeutic effect safely, and effectively, avoiding damage and complications to involved: patient and staff.[1.3]

With increased risk of complications occur with the patient that is contained are: white suction, airway obstruction, suffocation, rhabdomyolysis, deep vein thrombosis, pressure ulcer, injuries mostly in the regions of direct application of containment devices, and even the death of the patient. There is also the possibility of producing negative psychological effects and medico-legal complications.[2-5]

The legal parameters for the use of physical restraint procedures by the nursing staff are in charge of resolution 427, May 7, 2012, the Federal Council of nursing care (Cofen).

To decide about their use the nurse should evaluate rigorously and in a global way and avoid focusing only on the behavior of the patient, taking into account environmental factors, technical and human resources available. The nurse should identify the reason that triggered the unrest, in order to intervene in the environment in an attempt to reverse the aggressive behavior of the patient, avoiding physical restraint.[1]

It should emphasized that the physical needs of the patient should be included in the nursing care plan: continuous checking vital signs, regular observation of the blood circulation in the limbs contained, observation of chest expansion and presence of Dyspnea and skin care. Patients in any type of physical restraint are vulnerable and must protected, and under no circumstances can be alone and/or at the mercy of other patients.[1-3]

Thus, it was established the following goal for this study:

- To identify scientific articles about the use of physical restraint of patients in the practice of nursing.

## METHOD

Integrative review, whose method allows you to search, organization and the synthesis of results of studies by means of critical analysis on a given topic, consists of a wide methodological approach in order to deepen the knowledge in a particular area. Thus, the results of integrative reviews seek to subsidize nurses to adopt best practices for everyday care.[13]

This study carried out in October 2012. For its development followed by five phases.[13]

In the first phase, called the identification problem, was established the theme, the issue that has guided the research: "as the physical restraint has been used in the practice of nursing?" and the goal of the study.

In the second phase – research of literature – established to delimit the search strategies in order to elect the most relevant articles to the study. Such strategies consisted of determining the databases and the descriptors that subsidize broadband search. The databases were Latin American literature and Caribbean Health Sciences (Lilacs), *Scientific Electronic Library Online* (SciELO), International Health Sciences Literature (Medline); Databases in nursing (BDENF). The descriptors used in the search, according to the Health Sciences descriptors (DeCS) of the Regional Medical Library (Bireme) in three languages proposed: **physical Constraint** (Restraint, physical; Physics Restriction); **Psychomotor agitation** (Psychomotor agitation; Psychomotor agitation). Also used for searching the key words: **physical restraint.** Then were established the criteria for inclusion of articles: articles published in national or international journals written in the languages Portuguese, English or Spanish, in the period from 2001 to 2011, which were available in full and immediate aspects of physical restraint and the practice of nursing. The articles that I responded to such criteria and which repeated in the bases were excluded.

In the third stage, named for the evaluation of data, an instrument elaborated to define which information would extracted from selected articles. The instrument contemplated items of identification of article (year of publication, language, type of article, authors' training, methodological approach (quantitative, qualitative), and/or technical method of research) and sought to extract the essence of the content, production of knowledge and recommendations for nursing practice.

In the fourth phase, called the analysis of the data, selected articles read in their entirety and extracted the identification information contained in the instrument. For the extraction of the essence of the most relevant information content of the articles sorted, codified, categorized and summarized in a unified conclusion (themes), which converge with the problem of research. Thus, the themes provide a succinct organization articles, which facilitates the ability to compare systematically the sources on specific issues in the form of variables or characteristics of the sample.[13] the next step in data analysis involved the Organization of topics in the form tables in order to improve the display of patterns and relationships between articles, serving as a point of departure for interpretation. To this end, developed a database on the *Statistical* program *Package Social Science* (SPSS) for Windows version 13.0 and the data were organized and presented in absolute and relative frequency.

In the fifth and final stage, called the presentation was held the presentation of the results of the study.

## RESULTS

- **Characterization of selected studies**

From the search in databases using the key words and key words selected, 15,663 articles found (Figure 1). After the application of the criteria of inclusion and exclusion remaining 28 articles, which were analyzed in this study.[1-12.14-29]

| Database Descriptors | MEDLINE | SCIELO | LILACS | BDENF | Total |
|---|---|---|---|---|---|
| **Physical constraint** | 9,594 | 34 | 135 | 10 | 9,773 |
| **Psychomotor agitation** | 3,101 | 20 | 90 | 04 | 3,215 |
| **Physical restraint** | 115 | 03 | 30 | 12 | 160 |
| **Psychiatric emergency** | 2,303 | 31 | 161 | 20 | 2,515 |
| **Total** | 15,113 | 88 | 416 | 46 | 15,663 |

Figure 1. Distribution of the amount of articles by database and by descriptor/uniterm. Curitiba-PR, 2012.

Of the 28 selected articles (*n*=11) 39.3% was published in 2010, (*n*=7) 25.0% in 2011, (*n*=4) 14.3% in 2009, (*n*=2) 7.1% in 2004 and 2006, (*n*=1) 3.6% 2005 and 2008. There was no article-selected publication in 2001, 2002, 2003, and 2007. These articles were published

in languages (*n*=17) 60.7% in English, (*n*=9) 32.2% in Portuguese and (*n*=2) 7.1% in Spanish, whereas the total number of articles (*n*=18) 64.0 were published in international journals (*n*=10) 36.0% in national journals (table 1).

Table 1. Distribution of articles, according to the journal of publication. Curitiba-PR, 2012.

| Periodical | (*N = 28*) | % |
|---|---|---|
| International | | |
| Rev. Fac. Med. (Bogotá) | 1 | 3.6 |
| Post Grad Med J. | 1 | 3.6 |
| Cochrane Database Syst. Rev | 1 | 3.6 |
| J Med Ethics | 1 | 3.6 |
| BMC Geriatr. | 2 | 7.2 |
| Int J Nurs Pract. | 1 | 3.6 |
| BMC Psychiatry | 1 | 3.6 |
| Int J Ment. Health Nurs | 1 | 3.6 |
| BMC Health Serv. Res. | 1 | 3.6 |
| J Nurs Scholarsh | 1 | 3.6 |
| Trials | 1 | 3.6 |
| J Psychiatr. Ment Health Nurs | 2 | 7.2 |
| Perspect. Psychiatr Care | 1 | 3.6 |
| Am J Crit. Care. | 1 | 3.6 |
| Int J Soc Psychiatry. | 1 | 3.6 |
| Int J Geriatr Psychiatry | 1 | 3.6 |
| Total International articles | 18 | 64.0 |
| Nationals | | |
| Rev nurses UERJ | 2 | 7.2 |
| South Rev. Nurses | 1 | 3.6 |
| Rev Esc. Nurses USP | 2 | 7.2 |
| Cienc. health care | 1 | 3.6 |
| RBM Rev Bras Med. | 1 | 3.6 |
| Rev Bras. Psiquiatr. | 1 | 3.6 |
| J Bras. Psiquiatr. | 1 | 3.6 |
| View. Psiquiatr. Rio G. D South | 1 | 3.6 |
| Total national articles | 10 | 36.0 |
| Total | 28 | 100.0 |

Regarding the authorship of articles (*n*=10) 35.7% are unique to nurses, by nurses with other health professionals (*n*=8) 28.6% (*n*=9) 32.1% of other health professionals and by professionals in the field of social sciences (*n*=1) 3.6%.

The 28 articles resulting from the search were found in 24 different journals, where (*n*=11) 45.8% are nursing specific journals (table 2), which shows the interest in this area of health by theme. Of these 11 nursing journals (*n*=5) are psychiatric nursing magazine. The remaining 54.2% totaling periodicals are magazines psychiatric medicine, public health, ethics, geriatrics and methodological. Of the total, the frequency of articles published in peer-reviewed nursing-specific is (*n*=14) 50.0%.

Table 2. Distribution of national and international journals as being specific nursing or not. Curitiba – PR, 2012.

| Periodicals | Nationals | | International | | Total | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Nursing | 4 | 16.6 | 7 | 29.2 | 11 | 45.8 |
| Other areas | 4 | 16.6 | 9 | 37.6 | 13 | 54.2 |
| Total | 8 | 33.2 | 16 | 66.8 | 24 | 100.0 |

With respect to the methodology of the publications (*n*=15) 53.6% were with studies and qualitative approach (*n*=13) 46.4% quantitative. The method and/or search technique, which were used: (*n*=8) 28.6% of integrative review (*n*=7) 25.0% of cross-sectional studies (*n*=7) 25.0% to studies, exploratory and/or descriptive (*n*=3) 10.7% theoretical reflection, (*n*=2) experimental studies and 7.1% (*n*=1) 3.6% study of *almost*-experimental type. Thus, it found that 70.0 percent of the articles were original research.

**▫Description contents of the selected articles**

Articles that specifically discussed the theme physical restraint were (*n*=22) 78.6%, being that (*n*=6) 21.4% had other main focuses, but their relationship with the physical restraint such as general care in mental health, psychomotor agitation, aggressiveness and safety of elderly patients in long-stay institutions.

Another important is that (*n*=16) 57.1% of the articles discussed the physical restraint of patients with mental disorder in mental health services, (*n*=4) 14.3% in emergency services clinic in general hospital (*n*=7) 25.0% in clinics or institutions of long permanence and (*n*=1) 3.6% of physical restraint of patients in ICU.

In (table 3) are presented the main topics that were extracted from the articles and the frequency of articles that have brought such themes.

Table 3. Themes present in articles selected for the study. Curitiba-PR, 2012.

| Themes | N = 28 | % |
|---|---|---|
| The physical restraint is held to provide security to the patient | **26** | **92.9** |
| The physical restraint may cause physical damage to the patient | 20 | 71.5 |
| The physical restraint must be performed by a qualified team | **20** | **71.5** |
| There are few scientific studies on the topic of physical restraint | 19 | 67.9 |
| Use physical restraint to control aggressive behavior or patients unrest | 19 | 67.9 |
| Containment should be used as a last resort | 18 | 64.3 |
| The use of physical restraint is valid in psychiatric emergencies | 17 | 60.7 |
| The physical restraint may cause psychological harm to the patient | 17 | 60.7 |
| Contention is described as the nursing procedure | **17** | **60.7** |
| A few randomized studies on physical restraint | 16 | 57.2 |
| Containment can bring numerous clinical complications to patient | 15 | 53.6 |
| The effectiveness in the use of restraint is controversial | 14 | 50.0 |
| The patient should be observed continuously by contained nursing staff | 11 | 39.3 |
| The verbal approach should be the first resource in the care of the patient restless or aggressive | 11 | 39.3 |
| The dignity of the patient must be contained protected | 10 | 35.7 |
| You must explain to the patient why he be contained | 10 | 35.7 |
| The physical restraint brings risks of physical aggravations to nursing staff | 8 | 28.6 |
| The physical restraint must be carried out by the multidisciplinary team | 7 | 25.0 |
| The environment in which the patient will be contained should be quiet | 7 | 25.0 |
| The procedure of physical restraint must be registered in the patient records | 6 | 21.4 |
| Health services must have a protocol of physical restraint | 6 | 21.4 |
| The physical restraint can bring ethical-legal consequences to professionals and institutions | 6 | 21.4 |
| To decide on the use of physical restraint has to consider the medical condition of the patient | 5 | 17.9 |
| The use of chemical restraint is preferable to physical restraint | 5 | 17.9 |
| The physical restraint should be removed as soon as possible | 5 | 17.9 |
| The physical restraint must be prescribed by a doctor | 5 | 17.9 |
| The physical restraint is contraindicated as a means of punishment or coercion | 5 | 17.9 |
| Health services must prioritize the reduction of restrictive procedures | 5 | 17.9 |
| Contention is perceived by patients as a form of punishment | 3 | 10.7 |

### • Recommendations of the studies

Of the 28 articles (*n*=21) 75.0% describe the following recommendations on the use of physical restraint: they are developed more studies on the use of physical restraint (*n*=17) 60.7%; institutions and health services should promote ongoing education programs in mental health with emphasis on reduction of restrictive measures (*n*=6)21.3%; Governments must create mental health committees, which oversee and regulate the use of physical restraint in health services and the contentions must be notified, so these compulsory organs; family members should be fellow-agents in discussions and planning of the restrictive measures which may be applied to patients during hospitalization, mainly elderly patients (*n*=4)14.3%; health institutions must give emphasis on reducing physical restraint of elderly (*n*=3)10.7%; containment should be planned individually, assessing each patient and each situation (*n*=2) 7.1%.

## DISCUSSION

In recent decades, the area of mental health considered priority in policies and actions of health around the world. That is because the overall numbers of incidence and prevalence of mental disorders are alarming and configured in serious global public health issue.[1.15] this panorama has influenced the scientific production in the area in search of scientific evidence that substantiates the professional practice, which justifies that 78.6% of articles chosen for this study published between 2009 and 2011.

The theme that evidenced in 92.9% of articles refers to patient safety as justification for the use of physical restraint. The physical restraint is considered by many health professionals as a necessary measure to ensure the safety of restless patients and/or aggressive, professional and family.[1-3.12] The prevalence rates of use of restrictive methods in various countries are high,[10] even with several studies concluding that its implementation has significant negative effects on the health of patients of which 71.5% of articles emphasize on physical damage generated by physical restraint, 60.7% describe psychological damage and 53.6% suggest that physical restraint can bring numerous clinical complications for the patient. On this, it is worth mentioning that 28.6% of the studies showed that the physical restraint can generate physical aggravations in nursing professionals, which increases the complexity of care that are inherent in this procedure.[3,5,9,26-7]

To 67.9% of articles to physical restraint used to control aggressive behavior or patients

unrest. In psychomotor agitation of the patient, one senses an increase in psychic excitement causing the patient has increased motor activity and verbal, motion and demonstrate constant restlessness, irritability, hostility, aggressiveness.[6.27] these signals when presented by the patients can cause fear, anxiety and insecurity in those who are close to him, including health professionals, which in turn may decide by physical restraint without trying other measures such as, for example, the verbal approach, which was suggested in 39.3% of articles.[1]

Whereas the manifestation of patient's aggressiveness stems from symptoms that require actions of professional care, such an occurrence will require the nurse and his team attitude, making therapeutic interaction with views to the care that meets this specificity.[1, 12, 16] However, studies[1, 12, 30] have shown that part of nursing professionals, who work directly or indirectly in the mental health area have struggled to develop specificity and quality care for people with mental disorder in crisis. This can be justified by the lack of qualification and training, which can generate negative consequences to watch, for example, use restrictive procedures as a first option of handling of crises of restless patients or aggressive.

It must be considered that in their professional practice, the nurse, besides the technical actions should associate and value, with the same degree of importance, the competence of the communication.[1] from this, it is expected that the patient be privileged with nursing care of quality, humanized and scientifically based, which safeguard its dignity and promotes the right to know what is being done, why and what for, as was described in 35.7% of articles.[11-2.16]

Given this, it is for the health institutions to promote the training of health professionals to address the difficulties that arises from such situations, providing interdisciplinary care, personalized, humanized and to their clientele.[12]

Although 71.5% of the articles Explore the importance of physical restraint be performed by a trained staff and 64.3% emphasized that it should be the last resort to be used in psychiatric emergencies, little was highlighted on the technical aspects, that could guide the practice of nursing in a psychiatric emergency scenario, the use of restrictive measures is necessary. Among such aspects might include: duration of physical restraint, quote from types of devices or appropriate techniques used, example of strategies that alter or influence on the behavior of patients requiring physical restraint.

Of the 28 articles analyzed, 14.3% recommend that Government representatives should create mental health committees, which oversee and regulate the use of physical restraint in health services and the contentions, must be notified, so these compulsory organs. In Brazil, the restrictive measures in mental health are not clearly legislated. Among such laws can cite 1,598/2000 resolution of the Federal Council of Medicine, in which there is reference to the indication and limitation of the procedure by the medical professional. Yet the law nº. 10,216, April 6, 2001 that provides for the protection, rights of people with mental disorders, and redirects the model in mental health in your Art. Two, sole paragraph that indicates the rights of the person with mental disorder in item VIII – treated in a therapeutic environment by less invasive means possible. Only in the year 2012, nursing had the description of the Cofen resolution No. 427/2012, which regulates nursing procedures in employment of mechanical restraint of patients, giving some parameters to be followed by nursing professionals in the use of physical restraint in recent decades the area of mental health is being considered priority in policies and actions of health around the world. That is because the overall numbers of incidence and prevalence of mental disorders are alarming and configured in serious global public health issue.[1.15] this panorama has influenced the scientific production in the area in search of scientific evidence that substantiates the professional practice, which justifies that 78.6% of articles chosen for this published study between 2009 and 2011.

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nursing professionals, which increases the complexity of care that are inherent in this procedure.[3, 5, 9, 26-27]

To 67.9% of articles to physical restraint used to control aggressive behavior or patients unrest. In psychomotor agitation of the patient, one senses an increase in psychic excitement causing the patient has increased motor activity and verbal, motion and demonstrate constant restlessness, irritability, hostility, aggressiveness.[6.27] these signals when presented by the patients can cause fear, anxiety and insecurity in those who are close to him, including health professionals, which in turn may decide by physical restraint without trying other measures such as, for example, the verbal approach, which was suggested in 39.3% of articles.[1]

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## CONCLUSION

With the evolution of mental health practices, the trend is that restrictive measures abandoned resulting in actions developed in therapeutic and relational environment. However, known that the restrictive measures used in everyday nursing practice.

The Brazilian studies on this topic are few, which has hampered the nurses and his team to develop patient care aggressive and agitated with quality, safety and under scientific basis. To this end, the physical restraint should be prioritized theme in discussions of mental health care.

The Brazilian researchers in the area of mental health should promote studies with emphasis on strategies and new modes of care approach to patients with mental disorders in crisis, other than physical restraint. Thus, alternatives that avoid physical restraint need to be developed and in the practice of nursing; the need for development of randomized trials involving the theme in order to provide an evidence base for practice. This because the scarcity of evidence highlights

the lack of technical and scientific recognition in the use of physical restraint and negative physical and emotional impact that it can cause in patients and health professionals involved.

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