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Assignment title: Alternatives to Physical Restraint in the Paediatric Setting: An Annotated Bibliography

Module title: NU3S03

Course title: Children's and General Integrated Degree Programme

Reflection

The following reflection was structured using the 3 stages outlined by Rolfe et al. (2001) (as adapted by Callaghan & Morrissey 2011):

Stage 1

Physical restraint (PR) is described by the Royal College of Nursing (RCN 2010) as a process in which force is reasonably applied by one person against another's resistance. This may be for the purpose of immobilization or to prevent an individual from engaging in harmful behaviors. As a student, I have witnessed many situations in which PR was applied by nurses on children in their care. These situations were emotionally overwhelming for me as the majority of children reacted negatively to the PR applied to them. I have always questioned as to whether the needs of the child are considered throughout the PR process. For this reason, I have chosen the topic "needs and provisions for children and families" from the School Research Matrix (School of Nursing and Midwifery 2013).

Stage 2

Nurses are obliged to ensure that the dignity, rights and safety of the hospitalized child are considered, respected and maintained throughout the PR process (RCN 2010, European Association for Children in Hospital 2006, ABA 2000). Hence, the issue of PR warrants further exploration as in my experience, PR application is accepted as common practice by children's nurses despite the potential consequences that can arise for the child such as emotional distress, physical injury, pain and even death (RCN 2010, Forrester et al. 2002). Ultimately, nurses have the power to enhance the physical and psychological protection of hospitalized children by reducing the need for PR use in clinical practice (RCN 2010). This brings to light the research question: Are there alternative methods to PR that can be used when nursing children?

Stage 3

As the literature available regarding this topic is scant, it was difficult to locate recent and relevant research studies. Nonetheless, by using the search strategy as outlined in Appendix #1, three articles which explore alternative methods to PR in children's nursing were found. Two studies utilized the survey method (Selekman & Snyder 1995, Demir 2007) and one study adopted a mixed method for research (Snyder 2004).

Selekman & Snyder (1995), Snyder (2004) and Demir (2007) affirm that there are alternative methods that can be and should be used when nursing children in order to prevent the need to use PR.

However, any alternative measures that are available that could potentially prevent the need to use PR are often overlooked by nurses (Snyder 2004, Demir 2007). Possible reasons for this may be due to staff shortages and time constraints placed on nursing staff but such reasons require further investigation (Demir 2007).

Surprisingly, none of the researchers attempted to define or to classify what an alternative method to PR is despite advocating the use of such methods in practice. Furthermore, none of the studies proved that alternative strategies used in children's nursing practice are effective in reducing the need to use PR. Snyder (2004) does mention that the actions taken by the majority of parents in her study were successful in preventing the need for PR but no reference to nurses actions were made. There are also some indications that the effectiveness and suitability of alternative measures to PR could be influenced by the age of the child and the paediatric facility in which the nurse is practicing (Selekman & Snyder 1995). However, such gaps in the literature significantly reduce the overall quality of the chosen studies and provide little guidance, direction and support to children's nurses who wish to use alternative methods to PR in practice. Further research is needed therefore to establish a body of knowledge for an appropriate

framework of nursing care in relation to PR and alternative methods in the paediatric setting.

Annotated Bibliography

Selekman J. & Snyder B. (1995) Nursing perceptions of using physical restraints on hospitalized children. *Pediatric Nursing* **21**(5), 460-464.

This publication gives details of the first research study that was conducted in relation to PR use amongst nurses caring for the hospitalized child. Selekman & Snyder (1995) chose the survey method in order to investigate PR practices in a paediatric rehabilitation centre, a paediatric unit within a general hospital, a ward in a paediatric hospital and a paediatric-psychiatric unit. Following ethical approval, sixty nurses in total anonymously completed a questionnaire which was collected by the researcher at each ward/unit after a period of 2 weeks. In the questionnaire, nurses rated the degree to which PR use was required in certain situations and the various alternatives to PR used by them if any.

The overall validity of the research tool could be challenged as the questionnaire was developed using "rationales for use of restraints" (p.461) which were obtained from a paediatric textbook that has not been referenced by the author. It is noteworthy that the questionnaire was standardised and comprised of mainly closed-ended questions, even though the research took place in a variety of paediatric settings. Closed-ended questions are known to be limiting, misleading and often prompt the participant to choose the answer as anticipated by the researcher (Boynton P.M. & Greenhalgh T. 2004, Polit & Tatano-Beck 2009). Furthermore, Selekman & Snyder (1995) deemed the questionnaire to be suitable based on a pilot study involving two nurses and nurse educators who do not appear to accurately represent the research population of the various hospital sites (Burns et al. 2013). It could be argued therefore that the questionnaire may not have been

suitable for or applicable to the participating nurses given that they practice in four different paediatric facilities (Fink 2002). Ultimately, this could have impacted on the research findings as a whole.

Selekman & Snyder (1995) conclude that based on the data obtained, the age a child determines the suitability of the alternative method to PR used by the nurse. For example, in order to avoid resorting to PR, nurses in the study encouraged parental physical contact with the younger child whereas providing information regarding a procedure was reported to be more effective with the older child. It is important to note however that each nurse was instructed to respond to questions regarding various child age groups. Therefore, the researcher made the assumption that all nurses who participated in the study care for children who are aged between 12 months and 12 years; which may not have been the case. This would have influenced the data obtained and resulted in inaccurate findings regarding the relationship between the age of the child and the alternative method to PR. Selekman & Snyder (1995) also highlight that PR practices differed amongst the various units/wards, with some nurses more supportive of alternative methods to PR than others. The accuracy of such a finding is questionable as the response rate was quite low on some units which could have resulted in the clustering of variables (Bartlett et al. 2001).

Snyder B. (2004) Preventing treatment interface: Nurses' and parents' intervention strategies. *Pediatric Nursing* **30**(1), 31-40.

In a further study conducted by Snyder, an ethological research method was used in order to investigate strategies used by parents and nurses to prevent treatment interface by the child. This research method was chosen as the researcher intended to observe human behaviour in the hospital environment (Field & Morse 1995). In reference to the sick child, treatment interface is described as the "conscious or unconscious, threatened or actual" (p.31) resistance of or opposition to medical and

nursing interventions. According to Snyder (2004), PR is the most common but most inappropriate intervention implemented by nurses to prevent treatment interface by children in the clinical setting. The justification and support for this study is unclear as the background literature review is superficial and the literature referred to appears to be irrelevant to the chosen topic (Aveyard 2010). It is also significant that reference is continuously made throughout the paper to two research studies conducted by the researcher herself. It could be argued therefore, that the broader context of the research topic was neglected and other perspectives on the topic were not considered throughout the research process (Pannucci & Wilkins 2010).

In this study, a series of observations were conducted by Snyder (2004) in a PICU over a 4month period in order to identify alternative methods to PR used by parents and nurses. The behavioural reactions of 18 children between the ages of 3 and 6 years to their parents and nurses actions were also taken into account by the researcher. In order to support the observations made and to obtain further information, nursing notes were reviewed by the researcher and semi-structured interviews with the parents and children were conducted. As a variety of methods were used throughout the study and all data collected was verified using a data analysis package, the validity of the study is greatly enhanced (Kelin & Richey 2007). However, the transferability of the data obtained is limited as the PICU was the chosen setting of research, with the focus solely on children between the ages of 3 and 6 years (Koch 2006).

The findings obtained from the study bring to light the important role that parents play in endorsing alternative methods to PR in the clinical setting. The parents in this study engaged mainly in "psychosocial" (p.35) interventions such as being present with the child and reassuring them in order to foster a sense of safety and security. Snyder (2004) states that the children observed generally acted positively to these

interventions by their parents. Some psychosocial strategies used by the nurse to reduce the need for PR use included validating the child's concerns and involving them where possible. It was also noted that nurses refer to environmental stimuli as a form of distraction for the child. In spite of this, Snyder (2004) makes the conclusion that overall the use of alternatives measures to PR used by the participating nurses was unsatisfactory based on best practice PR guidelines in nursing of the older adult and verbal reports of the parents in the study. The credibility of this conclusion is questionable however as the author does not specify the number of parents or nurses who were observed or included in the study (Holloway & Wheeler 2010).

Demir A. (2007) The use of physical restraints on children: practices and attitudes of paediatric nurses in Turkey. *International Nursing Review* **54**(4), 367-374.

The most recent paper retrieved in the literature search was that by Demir (2007) who used a cross-sectional survey method to investigate PR practices amongst the entire children's nursing population in a Turkish city at one particular point in time (Burns et al. 2013). In face-to-face interviews, 121 nurses responded to questions from the researcher regarding the factors affecting PR use and alternatives methods to PR. Permission for the study to be carried out was given by hospital ethics committees as the study did not involve any invasive procedures. It is important to note that other potential ethical issues arising from the study such as psychological harm to the participating nurses were overlooked by the ethics committee despite the interactional nature of the study (Gregory 2003). These potential ethical issues also appear to have been dismissed by the researcher as no reference was made as to how confidentiality was ensured throughout the study. Adherence to the principles of autonomy may also be called into question as written consent was obtained from hospital administration for the research to take place but it is unclear if

the participants themselves gave formal consent to partake in the study (Emanuel & Flory 2004). Therefore, the nurses could have felt obliged to participate in the study by the hospital administration.

The aims of this study were to ascertain children's nurses "ideas and attitudes towards PR" (p.368). However, the data presented and the proceeding discussion appears to highlight poor PR practices amongst children's nurses rather than the aims as outlined by Demir (2007).

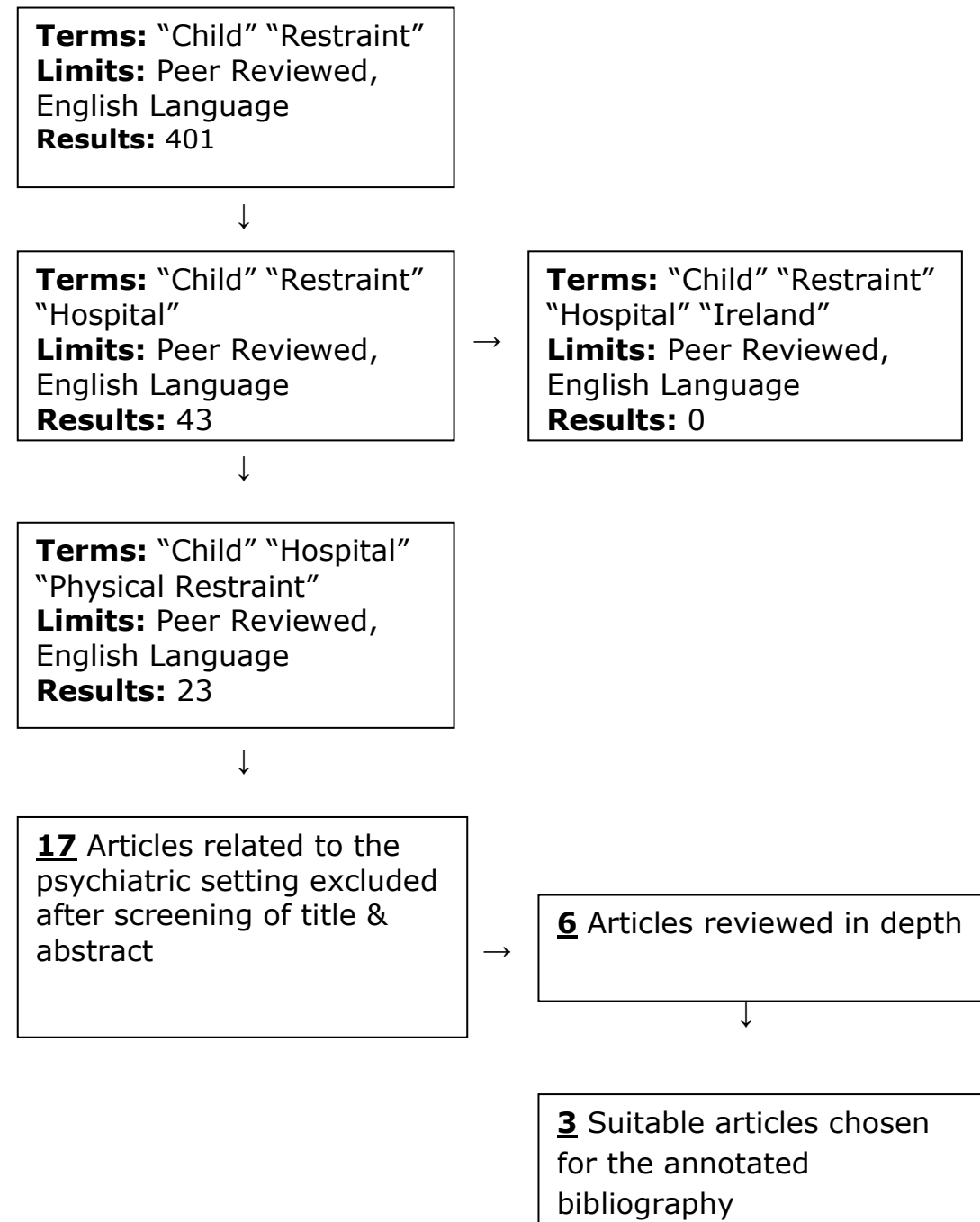
The conclusion is made that suboptimal care is provided by the nurses who participated in the study as the majority do not obtain consent from the child or parent prior to carrying out PR, nor do they consult with other members of the healthcare team. Furthermore, over half of the nurses interviewed had not used alternatives methods to PR in their nursing practice which according to Demir (2007) is an insufficient number when considering PR practice guidelines in America. No reference was made to local policy in the research setting which limits the applicability of this finding to nursing practice (Koch 2006).

Demir (2007) did not consider that subjectivity could have impacted on the result of low PR use as the criteria for what was considered an alternative method to PR was open to the participants' interpretation (Singleton & Straits 2001). Additionally, the nurses interviewed mentioned staff shortages and unmanageable workloads as reasons for not using alternative methods to PR but such revelations were not emphasised or explored further by the researcher. This brings to light the possibility that that the analysis of the obtained data was done so in a biased manner. This ultimately influences the trustworthiness of the findings presented by the researcher (Gibbs 2007, Polit D.F. & Tatano-Beck C. 2008).

Appendix #1

Literature search strategy

Literature database used: CINAHL



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