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Physical Restraint in Nursing Homes: Focusing on Nurses' Decision-Making Process

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Background: The use of physical restraint (PR) in nursing homes is still very common in Italy. The residential care facilities are popular setting were elderly and people with cognitive impairment (dementia, Alzheimer disease and/ or people with behavioural disorders) lived. Currently, an ethical and political debate is underway regarding PR. Aim: To explore the experience of nurses' decision - making about restraint or not-restraint ¬.

Methods: Qualitative study based on a phenomenological approach; face-to-face interviews were conducted to collect data focusing on the reality of residential nurses' experience.

Settings: This study was conducted in ten nursing home in different cities in the North of Italy.

Participants: the participants were nurses working in residential care facilities. A purposive sampling of 100 nurses who worked more than 1 year in the same context.

Methods: The data were collected by using semi-structured interviews. Data were analysed by using Giorgi's seven-step phenomenological method.

Results: Three point of interest were identified: phenomenology based on facts (what happens, reasons for using restraint, monitoring and surveillance); mental phenomenology (feelings of family, feelings of patients, experience and feelings of nurses, judgments on restraint and conceptualizations); phenomenology of alternative actions (actionable actions, and desirable actionsgood for future policies).

Conclusion: Although the prescription of restraint is a medical act, nurses play a key role in decision-making processes regarding PR, they are primarily involved in the use of it. The decision-making process on the use of PR is a result of a complex trajectory, for ethical implications and integration with other professionals. Nurses often do not use the restraints as a first option but evaluate and activate other alternative strategies. The factors influencing the decision-making process of nurses concern the characteristics of patients, nurses themselves and context variables.

Biography

Martina Debiasiis a PhD candidate at the University of Verona. She is a nurse working in a Cardiology Department and an expert in qualitative research and in geriatric care.

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