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Nurse's knowledge, attitudes and practices versus patient's perspectives on the use of seclusion and physical restraint: Evidence based on psychiatric clinical practices

The overall goal of this speech was to support the evidence based on clinical psychiatric nursing, regarding the elimination of seclusion and restraint practices in inpatients' psychiatric wards. This was done by conducting two studies: The first was conducted with an objective of investigating the nurses' knowledge, attitudes and practices towards the use of seclusion and physical restraints; the second study however, was aimed to investigate the psychiatric inpatients' experiences and suggestions regarding seclusion and restraint practices. The data was therefore collected in 2 phases from two different settings, between October 2014 and June 2015. Firstly, 37 nurses (52.8%) of whom were male had moderate knowledge and attitude, yet a strong intent to use physical restraints. There was therefore, no significant correlation between nurses' practice, knowledge and attitude scores. It was noted that 33.3% of the respondents preferred using both restraints and seclusion. The male gender was correlated with a higher use of physical restraints $r=-341$, while the use of seclusion had a positive significant correlation with nurses' level of education $r=465$, and a negative association with the other demographics. The second study explored the patient's perceptions regarding their obligation to be in either physical restraints or seclusion. The results revealed that the majority (60.9%) of the participants perceived that S/R application is neither necessary nor beneficial in treating their difficulties. Hence, the frequency of restraint among the study participants ranged between zero and eight times, while the seclusion frequency ranged between zeros to twenty times. Consequently, and based on the results from both studies and other findings done in the same field, there was an evidence that nurses' inadequate level of knowledge on the physical and psychological effects of restraints and seclusion impact their performance and attitude in caring

with psychiatric patients. Therefore, an in-service training program on procedure, indication, and negative consequences of restraints and seclusion is highly suggested to limit the frequency of its use amongst psychiatric patients. Moreover, the recommendations of this study are supported by literature. According to Balas and Boren (2000), leaders and clinicians in the research setting need to understand the relationship between an organization's culture of safety and patient outcomes, as well as how nurses' qualifications and certification can influence executives to lead working environment improvements. In addition, and even more important, future researches need to address how research findings and evidence can be translated to become the new standard of nursing practices. Likewise, the recommendation is parallel with the necessary request of psychiatric patients, which is to eliminate seclusion and restraint by supporting the use of less intrusive, preventative, and evidence-based interventions in behavioral emergencies that aid in minimizing aggression while promoting patients' safety.

Speaker Biography

Amal I Khalil is an Assistant Professor of Psychiatry and Mental Health Nursing at the Menoufyia University in Shebin-alkom, Egypt. Currently, she is working at King Saud bin Abdul-Aziz University for Health Sciences, College of Nursing, Jeddah, where she was awarded many times for her teaching activities, community and social contributions. She was nominated as a Reviewer to the *Journal of Horizon Research Publishing, USA, International Journal of Nursing and Clinical Practices* and *International Journal of Research in Nursing*. She has many publications and presented many research papers both nationally and internationally. In addition to teaching and research, she had worked as a Psychotherapist at a private practice and has membership in APNA (American Psychiatric Nurse Association), Family and Child Safety program related to National Guard Health Affairs, Saudi Arabia, and KAFA institution for smoking and addiction management.

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