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# "A Descriptive Study to Assess the Restrain Care Among Psychiatric Inpatients"

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**Abstract:** Restraint used in psychiatric settings to manage situations involving severe agitation, aggression, and risk of harm to patients or others. Appropriate restraint care and continuous monitoring are essential to ensure patient safety and prevent complications. This study aimed to assess restraint care among psychiatric inpatients and to determine association with socio-demographic variables in Ernakulam District. A descriptive observational study was conducted among 20 psychiatric in patients who received physical or chemical restraint. A non-probability convenience sampling technique was used to select cases from the K3 and F&G psychiatric wards. Data was collected using a structured Restraint Care and Monitoring Proforma. Descriptive statistics, including frequency and percentage, were used for data analysis. Fisher's exact test was used for association between type of restraint and level of consciousness. The findings revealed that 10 (50%) cases involved physical restraint and 10 (50%) involved chemical restraint. All 20 cases (100%) had documentation of all 12-restraint care and monitoring practices. Normal circulation, intact skin integrity, absence of pain and complications were recorded. Consent/assent, information provided to the patient or family, medical orders, and restraint care were documented in all 20 cases (100%). A statistically significant association was observed between the type of restraint and level of consciousness (Fisher's exact test, p = 0.011). However, the association between restraint care and selected socio-demographic variables were not statistically significant. The study emphasizes the importance of systematic restraint care, continuous monitoring, accurate documentation, and protection of patient safety and dignity in psychiatric settings.

**Keywords:** *Restraint care; physical restraint; chemical restraint; psychiatric inpatients; monitoring practices; patient safety.*

## INTRODUCTION

Restraint is an intervention used in healthcare settings when a patient's behaviour creates an immediate risk of harm to themselves or others and less restrictive alternatives are insufficient. In psychiatric settings, restraint may be physical or chemical. Physical restraint involves the use of physical methods or devices to restrict a patient's movement. Chemical restraint involves the use of medication to manage severe agitation or behaviour that presents a risk to the patient or others. Although restraint may sometimes be necessary for safety, it can affect the patient's physical and psychological well-being. Therefore, restraint should be used carefully, for the shortest possible duration, with appropriate authorization, monitoring and documentation. Nurses have an important responsibility in maintaining patient safety during restraint. Regular assessment of circulation, skin integrity, vital signs, level of consciousness, comfort, hydration, nutrition and elimination is essential. Proper documentation and timely reassessment are also important components of restraint care. The present study was undertaken to assess restraint care and monitoring among psychiatric inpatients at M.O.S.C. Medical Mission Hospital, Kolenchery.

### Statement of the problem

A descriptive study to assess the restraint care among psychiatric inpatients at M.O.S.C. Medical Mission Hospital, Kolenchery, Ernakulam District.

### Objectives

1. To assess restraint care among psychiatric inpatients at M.O.S.C. Medical Mission Hospital, Kolenchery.
2. To determine the association between type of restraint and level of consciousness among psychiatric inpatients.

### Operational definitions

Restraint care: In this study, restraint care refers to the documented nursing care and monitoring practices provided to psychiatric inpatients who received physical or chemical restraint.

Physical restraint: Use of physical methods or devices to restrict the movement of a patient.

Chemical restraint: Use of medication to manage severe agitation or behaviour presenting a risk to the patient or others.

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Psychiatric inpatients: Patients admitted to the psychiatric wards of M.O.S.C. Medical Mission Hospital, Kolenchery, who received physical or chemical restraint during the study period.

Level of consciousness: The patient's documented state of consciousness, classified as alert or confused in this study.

### Assumptions

- Psychiatric inpatients may require physical or chemical restraint under specific clinical circumstances.
- Appropriate restraint care and monitoring help maintain patient safety.
- Proper documentation is essential for evaluating restraint care.
- The type of restraint may be associated with the patient's level of consciousness.

### Hypothesis

$H_0$: There is no significant association between type of restraint and level of consciousness among psychiatric inpatients.

$H_1$: There is a significant association between type of restraint and level of consciousness among psychiatric inpatients.

## MATERIAL AND METHODS

### Study design

A quantitative research approach with a descriptive observational research design was adopted.

### Study Settings

The study was conducted in the K3 and F&G psychiatric wards of M.O.S.C. Medical Mission Hospital, Kolenchery, Ernakulam District, Kerala.

### Participants

Target population: Psychiatric inpatients who receive physical or chemical restraint.

Accessible population: Psychiatric inpatients who received physical or chemical restraint in the K3 and F&G wards of M.O.S.C. Medical Mission Hospital during the study period.

### Sample and sampling technique

Sample: Psychiatric inpatient restraint cases that fulfilled the selection criteria.

Sampling technique: Non-probability consecutive sampling technique.

Sample size: 20 restraint cases.

### Sample selection criteria

Inclusion criteria

- Psychiatric inpatients aged above 15 years.
- Patients of both sexes.
- Patients who received physical or chemical restraint during the study period.
- Patients admitted to the selected psychiatric wards.

Exclusion criteria

Cases not meeting the inclusion criteria were not considered for the study.

### Variables

Research variables

- Restraint care and monitoring practices.
- Type of restraint.
- Level of consciousness.

Socio-demographic variables

The following six socio-demographic and clinical characteristics were considered:

- Age
- Sex
- Marital status
- Educational status
- Occupational status
- Psychiatric diagnosis

Other clinical characteristics included ward of admission, type of restraint and level of consciousness.

### Tools and techniques

Data were collected using a structured Restraint Care and Monitoring Proforma.

The tool consisted of the following sections:

#### Section A: Socio-demographic and clinical details

Age, sex, marital status, educational status, occupational status, psychiatric diagnosis and other relevant patient details.

#### Section B: Restraint details

Type of restraint, physical restraint site, application time and duration, medication, dose, route and time of administration.

#### Section C: Indications for restraint

Aggression, violence, risk of self-harm, risk of harm to others, severe agitation, confusion or disorientation, altered consciousness and prevention of treatment or device removal.

#### Section D: Restraint care and monitoring

The section included 12 care and monitoring items:

- Appropriate application of restraint.
- Circulation assessment.
- Skin integrity assessment.
- Maintenance of comfort and position.
- Monitoring of vital signs.
- Assessment of level of consciousness.
- Assessment of pain and discomfort.

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• Attention to hydration, nutrition and toileting.
• Monitoring of behaviour.
• Assessment of complications or injuries.
• Reassessment of the need for continuation or removal.
• Documentation of care.

### Section E: Patient observations

Pulse, respiration, level of consciousness, circulation, skin condition, pain and complications.

### Section F: Restraint-related documentation

Consent or assent documentation, information provided to the patient or family, medical order, restraint care documentation and remarks.

### Ethical clearance and administrative permission

Administrative permission was obtained from the hospital authorities before data collection. Confidentiality and anonymity of patient information were maintained by using a subject coding system. Patient information was used only for the purpose of the study.

### Data collection process

Data were collected from 03 August 2026 to 23 August 2026. After obtaining administrative permission, eligible restraint cases from the selected psychiatric wards were identified. Relevant patient information and restraint care details were collected using the structured Restraint Care and Monitoring Proforma. The collected information was coded and organized for analysis.

### Plan for data analysis

The collected data were analysed using descriptive and inferential statistics.

• Frequency and percentage: Used to describe the distribution of restraint types, level of consciousness, indications and restraint care documentation.

• Fisher's exact test: Used to determine the association between type of restraint and level of consciousness.

• Level of significance: 0.05.

## RESULTS

A total of 20 restraint cases were included in the study.

**Table 1. Distribution of restraint cases according to type and level of consciousness (N = 20)**

| Type of restraint | Alert f (%) | Confused f (%) | Total f (%) |
|---|---|---|---|
| Physical restraint | 4 (40%) | 6 (60%) | 10 (100%) |
| Chemical restraint | 10 (100%) | 0 (0%) | 10 (100%) |
| Total | 14 (70%) | 6 (30%) | 20 (100%) |

Interpretation: Among the 20 cases, 10 (50%) received physical restraint and 10 (50%) received chemical restraint. Overall, 14 (70%) patients were documented as alert and 6 (30%) as confused. Among those who received physical restraint, 6 (60%) were confused and 4 (40%) were alert. All 10 patients (100%) who received chemical restraint were documented as alert.

**Table 2. Indications for physical and chemical restraint (N = 20)**

| Indications | Physical restraint (n = 10) f (%) | Chemical restraint (n = 10) f (%) |
|---|---|---|
| Confusion/disorientation | 6 (60%) | — |
| Altered consciousness | 6 (60%) | — |
| Aggression | — | 10 (100%) |
| Violence | — | 10 (100%) |
| Risk of self-harm | — | 10 (100%) |
| Risk of harm to others | — | 10 (100%) |
| Severe agitation | — | 10 (100%) |
| Prevention of treatment/device removal | 6 (60%) | 10 (100%) |

Interpretation: The commonly documented indications in physical restraint cases were confusion or disorientation, altered consciousness and prevention of treatment or device removal, each reported in 6 cases (60%). In chemical restraint cases, aggression, violence, risk of self-harm, risk of harm to others, severe agitation and prevention of treatment or device removal were each documented in 10 cases (100%).

**Table 3. Documentation of restraint care and monitoring practices (N = 20)**

| Restraint care and monitoring practices | Documented f (%) | Not documented f (%) |
|---|---|---|
| Appropriate application of restraint | 20 (100%) | 0 (0%) |
| Circulation assessment | 20 (100%) | 0 (0%) |
| Skin integrity assessment | 20 (100%) | 0 (0%) |
| Comfort and position maintenance | 20 (100%) | 0 (0%) |
| Vital signs monitoring | 20 (100%) | 0 (0%) |
| Level of consciousness assessment | 20 (100%) | 0 (0%) |
| Pain and discomfort assessment | 20 (100%) | 0 (0%) |

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| | | |
|---|---|---|
| Hydration, nutrition and toileting | 20 (100%) | 0 (0%) |
| Behaviour monitoring | 20 (100%) | 0 (0%) |
| Assessment of complications or injuries | 20 (100%) | 0 (0%) |
| Reassessment of need for continuation/removal | 20 (100%) | 0 (0%) |
| Documentation of care | 20 (100%) | 0 (0%) |

Interpretation: All 20 cases (100%) had documentation for each of the 12 restraint care and monitoring practices assessed. No missing documentation was identified in the reviewed records.

**Table 4. Patient observations and restraint-related documentation (N = 20)**

| Observations and documentation | Frequency | Percentage |
|---|---|---|
| Normal circulation documented | 20 | 100% |
| Intact skin documented | 20 | 100% |
| No pain or discomfort recorded | 20 | 100% |
| No complaints recorded | 20 | 100% |
| No complications recorded | 20 | 100% |
| Consent/assent documented | 20 | 100% |
| Patient/family informed | 20 | 100% |
| Medical order documented | 20 | 100% |
| Restraint care documented | 20 | 100% |

Interpretation: All 20 cases (100%) had documentation of normal circulation, intact skin and absence of recorded pain, discomfort, complaints and complications. Consent/assent, patient or family information, medical order and restraint care were also documented in all 20 cases.

**Table 5. Association between type of restraint and level of consciousness (N = 20)**

| Statistical test | Value |
|---|---|
| Fisher's exact test (two-sided) | p = 0.011 |
| Level of significance | 0.05 |
| Result | Statistically significant |

Interpretation: There was a statistically significant association between type of restraint and level of consciousness among psychiatric inpatients (p = 0.011). Since the p-value was less than 0.05, the null hypothesis was rejected and the alternative hypothesis was accepted.

## DISCUSSION

The present study assessed restraint care and monitoring among 20 psychiatric inpatient restraint cases. Equal proportions of physical and chemical restraint were identified, with 10 cases (50%) in each group.

Regarding the level of consciousness, 14 patients (70%) were alert and 6 (30%) were confused. Among the physical restraint group, 6 patients (60%) were confused and 4 (40%) were alert. All patients in the chemical restraint group were documented as alert.

The indications for physical restraint included confusion or disorientation, altered consciousness and prevention of treatment or device removal. The indications documented for chemical restraint included aggression, violence, risk of self-harm, risk of harm to others, severe agitation and prevention of treatment or device removal.

An important finding was that all 20 cases (100%) had documentation of the 12 restraint care and monitoring practices assessed. Documentation also indicated normal circulation and intact skin in all cases, with no recorded pain, discomfort, complaints or complications. Consent or assent, patient or family information, medical orders and restraint care were documented in all cases.

The statistical analysis showed a significant association between type of restraint and level of consciousness (p = 0.011). This finding indicates that the distribution of restraint type differed according to the documented level of consciousness in this sample.

The findings should be interpreted with caution because the study included only 20 cases from one hospital. Furthermore, the results represent documented care and observations in the records and do not independently establish that every intervention was performed exactly as documented.

### Nursing implications

#### 10.1 Nursing Practice

• Nurses should assess the patient's physical and psychological condition before restraint.

• Less restrictive alternatives should be considered whenever possible.

• Circulation, skin integrity, vital signs and level of consciousness should be monitored regularly.

• Comfort, positioning, hydration, nutrition and toileting needs should be addressed.

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• The need for continuing restraint should be reassessed regularly.

• All care and monitoring should be accurately documented.

### 10.2 Nursing Education

• Nursing students should receive adequate education on safe restraint practices.

• Training should include indications, precautions, monitoring and documentation.

• Simulation and clinical demonstrations can improve competency in restraint care.

• Nurses should be updated regarding legal and ethical aspects of restraint.

### 10.3 Nursing Administration

• Hospitals should develop and implement clear restraint policies and protocols.

• Adequate nursing staff and monitoring facilities should be ensured.

• Regular audits of restraint practices and documentation should be conducted.

• Continuing education programmes should be arranged for nursing personnel.

### 10.4 Nursing Research

• Further studies can be conducted with larger samples and multiple hospital settings.

• Studies may assess nurses' knowledge and practices regarding restraint care.

• Research can explore alternatives to physical and chemical restraint.

• Future studies may evaluate patient experiences and outcomes associated with restraint use.

## RECOMMENDATIONS

• A similar study may be conducted with a larger sample size.

• A comparative study may be conducted between different psychiatric hospitals.

• An observational study may be conducted to assess actual restraint care practices.

• Educational programmes may be organized to improve nurses' knowledge of restraint care.

• Further research may be conducted to identify effective alternatives to restraint.

## CONCLUSION

The present study assessed restraint care among 20 psychiatric inpatient restraint cases at M.O.S.C. Medical Mission Hospital, Kolenchery. Physical and chemical restraint were equally represented, with 10 cases (50%) each. Documentation of all 12 restraint care and monitoring practices was present in all 20 cases (100%). Patient observations and restraint-related documentation were also recorded in all cases. A statistically significant association was identified between type of restraint and level of consciousness ($p = 0.011$).

The study highlights the importance of systematic assessment, continuous monitoring, accurate documentation and safe nursing practices in the care of psychiatric patients receiving restraint.

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## Conflict of Interest

The authors declare that there is no conflict of interest related to this study.

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