

**Exploring the Impact of Physical Restraint on Patient Satisfaction Among Psychiatric
Inpatients**

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Exploring the Impact of Physical Restraint on Patient Satisfaction Among Psychiatric Inpatients

Managing psychological problems can be complex and difficult. The safety of patients is extremely important, especially during emergencies or when there is a risk. However, the process of rehabilitation and achieving wellness relies on supporting a patient's independence and creating a therapeutic environment (Vaccaro *et al.*, 2015). The use of physical restraint, which can impact both patient satisfaction and safety, presents additional challenges in these situations (Wong *et al.*, 2020). Restraining someone's movement or activity, which is sometimes necessary when dealing with mental illness, is a controversial measure (Perkins *et al.*, 2012). It is implemented to control disruptive behavior, prevent dangerous situations, and protect individuals from harm. However, this approach raises ethical concerns despite its potential benefits. Patients may feel dehumanized, humiliated, or anxious as a result, which can affect their trust and ability to communicate with their doctors. While there is much discussion about whether physical restraint is useful for managing life-threatening conditions, less is known about how it affects patient experience and other diseases such as pulmonary embolism (Hirose *et al.*, 2021).

It is interesting to research how physical restraint affects patient satisfaction over time. The topic has been framed into three research questions utilizing a PICOT framework. Under this scheme, P represents the study subjects, I- intervention, C- is the treatment-free comparison group (control), O stands for outcomes measuring the effectiveness of the intervention, and T is time (Eldawlatly *et al.*, 2018). The research issues are addressed through quantitative and qualitative methods which are then examined to select the most viable method to solve the problems.

Research methods

The study addresses three research questions, employing a wide range of methodological approaches. There will be three approaches used: quantitative with a questionnaire, qualitative face-to-face interviews, and methodical review of the literature. Each technique comes with a comprehensive study design that includes methods for recruiting, collecting, and analyzing data. Ethical issues that affect the welfare and rights of participants must be considered for all stages of a research project. The critical analysis that underlies every study plan should be based on relevant theory and data. In addition, project management perspectives like a time map and budgetary aspects as well as a distribution procedure will be added to simplify the implementation of this study. Through ethical rigor and project management efficiency, this comprehensive approach aims to comprehensively understand the impact of physical restraint on patient satisfaction for mental inpatients (Ye *et al.*, 2018).

Questionnaire-Based Quantitative Method

The first research question is, “Among psychiatric inpatients, how does the use of physical restraint during their treatment, compared to patients who do not undergo physical restraint, influence overall patient satisfaction levels?” This method relies upon questionnaires and makes a comprehensive exploration of the study subject, which was how well being physically restrained would influence overall patient satisfaction among mentally ill inpatients. This approach is the methodical distribution of structured questionnaires to two subsets of the inpatient psychiatric population: For example, treatments that involve physical restraints differ greatly depending on whether they were subjected to such measures (Færden *et al.*, 2020). The questionnaire aimed to gather quantitative evidence by investigating patients' quality of therapeutic experience (Khoie *et al.*, 2017).

Particular attention has been paid to how physical restraints during treatment affect patient satisfaction; the study's questionnaires are designed for a systematic account and assessment of mental inpatients' opinions about their hospital (Ercis *et al.*, 2021). Collecting standardized questionnaire data on the two subgroups of inpatients at mental institutions – those who have undergone physical restraint, and those who have not – the structured questionnaires are all-important.

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Questionnaire forms have been used to study the impact of physical restraints on patient satisfaction among mental inpatients. The most popular format of question is the Likert scale, in which respondents are asked to rate statements based on how much or little they agree with them (Voutilainen *et al.*, 2015). This makes it possible to measure respondents' satisfaction quantitatively. Open-ended questions allow users to express their experiences and perspectives while also furnishing qualitative information. [REDACTED]

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How does the use of physical restraint impact overall patient satisfaction? This was what Arif Önder *et al.* (2018) set out to investigate via a 17-paper topic review looking at differences between mental inpatients who undergo such treatment and those who do not. This research focuses on the multifaceted peculiarities of patient experience, communication, and emotional well-being. The research hopes to appropriately put these items on a statistical scale (Rodríguez-Eguizabal *et al.*, 2021) so that systematic comparisons can be made between the unrestrained and restrained groups. Synthesizing patient opinions, the study seeks to obtain informative data that

could enhance psychiatric treatment for patients and offer a more comprehensive understanding of how physical restraints impact satisfaction (Kontio *et al.*, 2011).

The purpose of using a structured questionnaire with the Likert scale is that it may much more validly be able to evaluate patient satisfaction by measuring various aspects of physical constraints in patients going through mental health treatment (Dimitrova, 2018). The Likert scale provides a formalized framework for respondents, making clear how much they agree or disagree with treatment satisfaction (Kriksciuniene *et al.*, 2019).

The most crucial ethical issues to protect participant ethics, privacy and autonomy of informed consent are critical (Nelson, 2016). The questionnaire design will also emphasize respondents' psychological and emotional safety. Stigmatizing or too-personal questions would be avoided. There we will strictly adhere to guidelines for informed consent (Tadros *et al.*, 2019) by disclosing the objectives, procedures, and voluntary nature of the research.

The process of collecting data by questionnaire has many crucial stages. Phase I involves working with healthcare professionals to locate mental inpatients who are either confined or unrestrained as defined above (Khatiban *et al.*, 2019). We will provide clear and concise information about the study's objectives, procedures, and voluntary nature of participation so that participants have an opportunity to give informed consent. They will deliver the uniform questionnaire while respecting those who are comfortable in their daily lives and stimulating people's emotions. This pilot study, plus revisions based on feedback from participants test the validity and dependability of results.

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Project management perspectives are vital to the study's implementation. A time management chart enhances the determination of goals and ensures that the study progresses without losses (Russell, 2010). This diagram will help with resource allocation, efficient data collection, and on-schedule completion for the phase. The budget may be crafted to include data

analysis tools, survey distribution, and participation incentives. The results may be disseminated via presentations in seminars and conferences orally and in writing (Schroter *et al.*, 2019). These components may enhance the credibility and overall success of the study.

The study aims to analyze the impacts of physical constraints on satisfaction among inpatients through inferential and descriptive statistics. Descriptive analyses such as frequency distributions, means, and standard deviations, and frequency distributions depict key factors distinguishing unrestrained and restrained individuals. Inferential statistical tools such as the t-test or analysis of variance can reveal some major differences in levels of satisfaction between these groupings.

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Comprehensive Interviews - A Qualitative Method

In-depth interviews provide researchers with a very deep approach to collecting rich thoughts on participants' attitudes, and lived experiences; this is a truly qualitative method that requires maintaining long conversations. Open-ended dialogue between interviewers and interviewees allows a chance to elaborate on thoughts about one problem in particular. Compared to standardized questionnaires, in-depth interviews are flexible because investigators can probe into complex details and digress based on unexpected replies without having rigid structures

impose themselves (Way *et al.*, 2015). These interviews typically use an interchangeable style, creating a friendly relationship between the questioners and the basis for obtaining good memories about their experiences. With questionnaires one can collect a variety of responses; with interviews, opened out by narrative detail and dynamic give-and-take.

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The partially structured approach increases the accuracy of the qualitative data gathered and allows for personalized adjustments based on each participant's unique personality (Kallio *et al.*, 2016).

The second research question investigates how mental health patients perceive the impact of physical restraints on their trust and emotions through in-depth interviews. The study focuses on psychiatric patients with diverse backgrounds, genders, ages, and diagnoses. Researchers engage in conversations with patients to understand how being physically constrained during treatment has affected them. They explore alternative methods that may not require such strict oversight. Conducting semi-structured interviews allows researchers to delve into participants' feelings and uncover how physical restrictions influence their trust and emotions. These interviews are flexible, allowing for unexpected insights to emerge based on participants'

responses (Bhattacharyya *et al.*, 2018). The goal of the study is to gather a wide range of perspectives from mental health inpatients, to better understand the complex connections between physical restraint, mental health, and trust in medical professionals.

The researchers decided to conduct in-depth interviews as they believed it was the best method to understand the unique perspectives of individuals with mental illness who are physically unable to move freely. In-depth interviews provide the participants with an opportunity to express their emotions and views in a detailed manner that cannot be achieved through quantitative evaluations. [REDACTED]

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However, in-depth interviews present ethical challenges that require careful consideration, despite their valuable insights into human experiences. The most important of these is participant vulnerability; these intense conversations run the risk of revealing extremely private information that, if not handled with extreme caution and discretion, could be emotionally damaging (Newman *et al.*, 2017). Researchers must make sure interview subjects have complete control over their data storage and are informed about the measures taken to maintain confidentiality to reduce the likelihood of such incidents [REDACTED]

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Systematic Literature Review

A systematic review of the literature enables a thorough but unbiased synthesis of results from a variety of viewpoints in several studies. This process helps reveal recurrent themes and emerging trends as well as present gaps in the body of current knowledge about the issue. It does this by rigorously evaluating and examining all pertinent literature. Although some research reports placing patients under prolonged restraint, other studies have discovered that brief restraint, when used sparingly and as a last resort to guarantee safety when less restrictive measures prove insufficient, only slightly affects the treatment relationship (Nielson *et al.* 2020).

Gathering data for systematic reviews requires careful planning and execution. The first step is to establish criteria to determine which studies should be included. A thorough search is conducted across various databases, journals, and other sources (Snyder, 2019). Each identified work is then carefully evaluated to determine its relevance to the review question, often through independent dual assessment to improve accuracy (Kolaski *et al.*, 2023). Once selected, the

studies are analyzed using either quantitative or qualitative methods. Quantitative analysis involves using statistical calculations to synthesize data and draw conclusions, while qualitative approaches focus on identifying themes and gaps in knowledge by gathering information from different sources (Ahmed *et al.*, 2012).

[REDACTED]

When formulating a search strategy, reviewers should endeavor to ascertain all the information accessible to address their research inquiry. Nevertheless, research findings that provide unfavorable outcomes are often underrepresented in publications (Fanelli, 2012), leading to a potentially skewed perception of the actual knowledge on a particular subject (Every-Palmer and Howick, 2014). To address this problem, several funding organizations mandate that the procedures for all research projects be accessible on the Internet via specialized registries. [REDACTED]

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The review of SRs in health sciences has shown how they have evolved into a prominent factor in the area. However, this alone would not be sufficient to justify their use in design studies. Three major justifications may be advanced for doing SRs in design study. For starters, SRs give an organized technique for assisting us in answering critical questions. The first and most apparent advantage of SRs is that they allow you to use the method's capabilities to address critical design research concerns. For example, there is often insufficient proof that design methodologies increase design performance. [REDACTED]

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Systemic Reviews (SRs) provide a tool to evaluate our research activities by examining the usage of research methodologies on specific subjects and using clear frameworks to assess the quality of included studies. When and how often do design researchers employ interviews, experiments, or simulations to address specific issues? How do they manage it? SRs may give crucial insights into research methodology and be used to track research trends. SRs might assist

us in crossing disciplinary boundaries and reaching outside our research community. Design as an empirical phenomenon is of interest to different study groups, which coexist without always recognizing each other (McMahon, 2012).

Despite their strengths, systematic reviews have limitations: relying on a small number of databases increases the risk of missing hidden studies, publication bias may inflate treatment effects, strict inclusion criteria may exclude valuable insights, language barriers may introduce bias, relying on lower-quality studies weakens findings, time and resource demands limit feasibility, and diverse study designs within a review complicate conclusions and meta-analysis. While systematic reviews are valuable tools, understanding their limits is vital for correct interpretation.

Conclusion

Understanding the influence of physical constraints on patient satisfaction in mental health facilities requires a thorough and all-encompassing approach. The process entails integrating a methodical examination of existing literature with both quantitative and qualitative approaches. Each of these strategies yields useful information, but conducting comprehensive interviews shows to be particularly effective. These conversations dig into the human experiences of patients, augmenting emotional significance and contextualizing the quantitative data. Interviews provide a versatile platform for patients to articulate their emotions and opinions

about trust and overall welfare. This facilitates a more profound comprehension of the impact of physical constraints on patients at an individual level, beyond a mere examination of statistics.

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