"A study to assess the knowledge of applying restraint to a psychiatric patient among 4th year B.SC. Nursing students in Smt. Nagarathnamma College of Nursing."

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3rd year GNM Nursing (2022-2025)

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Smt. Nagarathnamma School of Nursing

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CERTIFICATE

THIS IS TO CERTIFY THAT THE PROJECT WORK ENTITLED HAS BEEN SUCCESSFULLY CARRIED OUT BY,

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DECLARATION BY THE CANDIDATES

We hereby declare that this project entitled *"A STUDY TO ASSESS THE KNOWLEDGE OF APPLYIING RESTRAINT TO A PSYCHIATRIC PATIENT AMONG 4TH YEAR BSC NURSING IN SMT. NAGARATHNAMMA SCHOOL OF NURSING."* Is a genuine research work carried out by Ms. Soni Khatoon, Ms. Sarita Adhikari, Mr. Sanket Kumar, Ms. Samridha Sarkar, Ms. Sonam Choden, Mr. Sonam Dorji, Ms. Sneha Stephen, Ms. Saloni Kumari, Mr. Sajin, Mr. Sibin Joseph. In partial fulfillments of requirement for the Diploma of general nursing and Midwifery under the guidance of Mr. Sandip Saha, Smt. Nagarathnamma School of Nursing.

Place: Bengaluru

Date:

Signature of the candidates

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CERTIFICATE BY THE GUIDE

This is to certify that this project entitled *"A STUDY TO ASSESS THE KNOWLEDGE OF APPLYIING RESTRAINT TO A PSYCHIATRIC PATIENT AMONG 4TH YEAR BSC NURSING IN SMT. NAGARATHNAMMA SCHOOL OF NURSING."* Is a genuine research work carried out by Ms. Soni khatoon, Ms. Sarita Adhikari, Mr. Sanket Kumar Pandey, Ms. Samridha Sarkar, Ms. Sneha Stephan, Ms. Sonam Choden, Mr. Sonam Dorji, Ms. Saloni Kumari, Mr. Sajin MD, Mr. Sibin Joseph. In partial fulfillment of requirement for the Diploma of General Nursing and Midwifery under the guidance of Mr. Sandip Saha, Smt. Nagarathnamma School of Nursing, Bengaluru.

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"Alone we can do so little; together we can do so much." This work is not mine alone—it is the product of many hands, minds, and hearts working together in seen and unseen ways.

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With regards from

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ABSTRACT

Introduction: The use of restraints in psychiatric care is a critical but ethically sensitive practice aimed at preventing harm during episodes of aggression, agitation, or risk of self-injury. Although restraints may be necessary in emergencies, their improper or uninformed use can cause physical harm, psychological trauma, and violation of patient rights. Nurses, as frontline caregivers, must possess adequate knowledge and ethical understanding to ensure safe and compassionate application of restraints.

Objectives: The study was conducted to assess the level of knowledge among 4th year B.Sc. Nursing students regarding the application of restraints to psychiatric patients and to identify factors associated with knowledge levels. The research also aimed to highlight gaps in training and provide evidence for improving psychiatric nursing education.

Methods: A descriptive cross-sectional design was adopted, and data were collected from 70 fourth-year B.Sc. Nursing students at Smt. Nagarathnamma College of Nursing, Bengaluru. A structured self-administered questionnaire containing 30 knowledge-based items was used. Responses were analysed using descriptive and inferential statistics to evaluate knowledge levels and associations with demographic factors.

Results: Findings revealed that 47.1% of students had adequate knowledge, 35.7% had moderate knowledge, and 17.1% demonstrated inadequate knowledge of restraint application. The mean knowledge score was 17.36 (SD = 6.78), with scores ranging between 4 and 27. Socioeconomic status was significantly associated with knowledge levels ($p = 0.025$), whereas no significant association was found with gender, age, marital status, family income, or residential status.

Conclusion: The study concludes that while most students demonstrated moderate to adequate knowledge of restraint application, gaps remain that could impact clinical practice. Strengthening the nursing curriculum with simulation-based training, ethical and legal frameworks, and de-escalation strategies is essential to prepare students for safe, patient-centered psychiatric care.

Keywords: Psychiatric nursing, Restraint, Nursing students, Knowledge assessment

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LIST OF ABBREVIATIONS USED

B.Sc.	**Bachelor of Sciences**
GNM	**General Nursing and Midwifery**
NIMHANS	**National Institute of Mental Health and Neurosciences**
PR	**Physical Restraint**
PRQ	**Physical Restraint Questionnaire**
ICU	**Intensive Care Unit**
SD	**Standard Deviation**
Df	**Degree of Freedom**
χ^2	**Chi-Square**
p- value	**Probability value**
H0	**Null Hypothesis**
H1	**Alternative Hypothesis**

LIST OF ANNEXURES

CHAPTER – 1
INTRODUCTION

INTRODUCTION

"Seclusion and restraint should be implemented only as a last resort, when less restrictive interventions have been determined to be ineffective."
— APNA Seclusion & Restraint Position Paper

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Among these, mental health plays a vital role in determining the overall quality of life of an individual. Mental health disorders affect thoughts, feelings, and behaviour, often impairing an individual's capacity to function in daily life. The increasing prevalence of psychiatric illnesses worldwide has posed a major challenge to healthcare systems, with mental health conditions contributing significantly to the global burden of disease. Patients suffering from psychiatric disorders may sometimes exhibit agitation, aggression, violence, or self-harming tendencies, which place both the individual and others at risk. In such situations, immediate interventions are required to ensure safety. One of the most widely used but highly debated interventions in psychiatric practice is the use of restraints.

Restraint refers to any method, physical or chemical, used to restrict a patient's movement, activity, or behaviour to prevent harm to self or others. It is considered a last-resort measure, applied only when less restrictive interventions fail. Restraints are broadly classified into physical restraints (such as belts, straps, mittens), chemical restraints (use of sedative or psychotropic medications), and seclusion (placing the patient in a safe, isolated room under observation). While restraints can help manage immediate crises, their use raises ethical, legal, and professional concerns. Restraining a patient may lead to psychological trauma, loss of dignity, and even physical injury if not applied properly. Thus, their application demands not only technical skills but also sensitivity, compassion, and adherence to ethical principles.

From a humanitarian perspective, every person has the right to dignity and autonomy. Psychiatric patients, despite their illness, are no exception. Being restrained can be frightening, humiliating, and disempowering. Therefore, mental health professionals are urged to employ de-escalation techniques, therapeutic communication, and environmental modifications before considering restraint. Guidelines issued by mental health organizations worldwide emphasize that restraints should only be used in emergencies, for the shortest possible duration, and under close monitoring. The Mental Healthcare Act (2017) in India also stresses safeguarding patient rights and mandates proper documentation and accountability when restraints are used.

Within the healthcare team, nurses play a pivotal role in restraint application. Nurses are often the first responders in psychiatric emergencies and are directly responsible for assessing risk, initiating preventive measures, applying restraints when necessary, and monitoring patients during and after the procedure. Their decision-making, competence, and ethical understanding directly affect patient safety and recovery. However, studies across different countries have shown that many nursing students and even practicing nurses have limited knowledge and inconsistent practices regarding restraint use. Lack of proper training and clinical exposure often leads to either misuse or overuse of restraints, resulting in adverse outcomes for patients and legal challenges for healthcare providers.

Nursing education, therefore, must prepare students to handle psychiatric crises responsibly. As future mental health professionals, B.Sc. Nursing students need to acquire not only theoretical knowledge but also practical competence in managing aggression and preventing harm through safe and ethical practices. This includes understanding the indications, contraindications, complications, and legal frameworks associated with restraints. Simulation-based training, workshops, and supervised clinical experiences are vital for bridging the gap between theory and practice.

Given this background, assessing the knowledge level of nursing students about restraint application becomes essential. It helps to identify existing gaps, improve nursing curricula, and ensure that graduates are adequately equipped to deliver patient-centered, ethical care. The present study, conducted among 4th year B.Sc. Nursing students of Smt. Nagarathnamma College of Nursing, Bengaluru, is designed to evaluate their knowledge regarding the application of restraints to psychiatric patients. By doing so, it aims to provide insights that can contribute to curriculum strengthening, skill development, and ultimately, safer psychiatric nursing practices.

In psychiatric nursing, the care of individuals experiencing mental health crises requires a careful balance of compassion, clinical skill, and ethical responsibility. One of the most sensitive aspects of psychiatric nursing practice is the use of restraints—interventions used to prevent patients from causing harm to themselves or others during acute episodes of agitation, aggression, or severe dis-orientation.

In psychiatric care, the use of restraints is a serious and sensitive intervention that must always be approached with compassion, respect, and a deep understanding of the patient's dignity and humanity. Restraints are used only when absolutely necessary—when a patient is at immediate

risk of harming themselves or others, and when all other efforts to calm or redirect the situation have failed. They are not a treatment, but a temporary measure to ensure safety. There are different types of restraints: physical restraints, which involve devices that limit movement; chemical restraints, which involve medications given to control extreme agitation or aggression; and seclusion, where a patient is placed in a safe, quiet room for their protection. While these methods may sometimes be required in emergencies, they carry emotional and physical risks and should never replace compassionate care or therapeutic communication.

From a humanistic perspective, every person—regardless of their mental health status—deserves to be treated with kindness, respect, and a sense of control over their own life. Being restrained can be frightening, disempowering, and even traumatic for psychiatric patients. This is why healthcare providers, especially nurses, must be trained not only in the technical aspects of restraint use, but also in the ethical principles of respect, empathy, and patient advocacy. The focus must always be on using the least restrictive interventions, prioritizing de-escalation techniques, and creating a therapeutic environment where patients feel heard, safe, and supported. The ultimate goal is not just to prevent harm in the moment, but to build trust and contribute to the patient's recovery and well-being.
Physical restraint (PR) is any procedure that obstructs patients' freedom of movement, physical activity or daily access to their bodies. It could be waist belts, hand mitts, vest restraints, side rails, Geri chairs or lap trays.

In mental healthcare, nurses use PR when a patient poses a risk or is exhibiting uncontrollable, disruptive behaviour. PR is a procedure nurses implement to restrict violent patient movement in several healthcare setups. It is often done by an adjacent manual method or a mechanical device that is attached to the patient's body. It is often associated with human rights violations and an ethical dilemma.

The primary indication of restraints is maintaining and preserving the patient's safety when aggressive. However, applying and using PR for psychiatric patients is a complex decision, and it depends on the situation at hand.

To better understand the current situation in Hong Kong and to allow comparability to other countries and previous situations in Hong Kong, we conducted a survey using the Physical Restraint Questionnaire (PRQ). The PRQ is an instrument to measure nurses' knowledge, practice, and attitudes regarding physical restraint. This instrument and its various language

versions have been used in inpatient psychiatric settings in Hong Kong, Finland, India, Malaysia, Saudi Arabia, Sudan, and Turkey.

Psychiatric nursing involves the care of individuals experiencing mental illness, emotional distress, or behavioural disorders, often in complex and unpredictable situations. Among the many challenges that psychiatric nurses face, managing aggressive, violent, or self-harming behaviour is one of the most critical. In such circumstances, the use of **restraints**—physical, chemical, or environmental—may be necessary to prevent harm. However, the application of restraints is a **highly sensitive intervention**, requiring not only technical knowledge but also ethical awareness, sound judgment, and a patient-cantered approach.
The use of restraints in psychiatric settings has long been a topic of ethical debate and clinical concern. While they may be essential in emergency situations, **inappropriate or poorly managed use can lead to physical injury, psychological trauma, and violations of patient rights**. As such, mental health care guidelines and national policies emphasize that restraints should be used only as a last resort, for the shortest duration possible, and under strict monitoring protocols. Nurses play a central role in both the decision-making and implementation of restraint procedures. They are responsible for assessing risk, initiating preventive interventions, applying restraints safely, monitoring the patient during restraint, and ensuring timely release. Their actions significantly impact patient outcomes, and improper use can have serious ethical, legal, and professional consequences.

In this context, nursing students—future mental health practitioners—must develop a strong foundation in the safe and ethical application of restraints. However, research suggests that many students lack adequate knowledge or confidence in this area due to limited clinical exposure, inconsistent training, or theoretical gaps in their education. Assessing their knowledge is essential to identify areas of improvement, enhance nursing curricula, and ensure safe, competent care for psychiatric patients.
This study aims to explore the level of knowledge nursing students possess regarding the use of restraints in psychiatric care, providing insight into their preparedness to manage real-life clinical situations with sensitivity, responsibility, and professionalism.

Need for the study

"It is essential that mental health services continually evaluate the necessity, frequency, and impact of restraint, to ensure practices are therapeutic, not punitive."
— Professor Joy Duxbury, Expert in Mental Health and Restraint Reduction

The application of restraints in psychiatric care is a sensitive and critical procedure, intended to protect patients and others from harm during periods of severe agitation or violence. However, the use of restraints carries significant ethical, legal, and clinical implications. Improper or uninformed use can result in physical injuries, emotional trauma, violation of patient rights, and even legal consequences for healthcare providers.

Nursing students, as future mental health professionals, must develop a strong foundation of knowledge, skills, and ethical awareness regarding when and how to apply restraints safely and appropriately. Yet, studies and clinical observations suggest that many nursing students may lack adequate training or confidence in this area, leading to unsafe practices or unnecessary reliance on restraints.

There is a growing emphasis on minimizing restraint use globally, with a focus on alternative de-escalation techniques, patient-cantered care, and safeguarding human rights. To align nursing education with these best practices, it is necessary to assess the current knowledge level of nursing students regarding restraint application.

The use of restraints in psychiatric settings is a critical intervention, often employed to ensure the safety of both patients and healthcare providers. However, improper application of restraints can lead to physical harm, psychological trauma, and violation of patients' rights. Nursing students, as future mental health caregivers, must be equipped with adequate knowledge, ethical understanding, and clinical skills to apply restraints appropriately and only when absolutely necessary.

Studies have shown that many adverse events in psychiatric care are linked to the incorrect use of restraints, highlighting a pressing need for comprehensive education and practical training. Furthermore, global mental health policies emphasize minimizing the use of restraints, promoting alternative de-escalation techniques, and respecting patient autonomy and dignity.

Assessing the knowledge of nursing students regarding the application of restraints is crucial to identify gaps in their education, strengthen training programs, and ultimately improve the quality of psychiatric care. A well-informed nursing workforce can ensure safer clinical

environments, enhance therapeutic relationships, and uphold ethical standards in mental health care settings.

Thus, this study is essential to evaluate the current level of knowledge among nursing students about restraint use, provide evidence for curriculum enhancement, and contribute to safer, more humane psychiatric practices.

By understanding the knowledge level of nursing students, educational institutions and healthcare organizations can better prepare them to practice safely, ethically, and compassionately in psychiatric settings.

Statistics of restraints use:

🌍 Global Prevalence of Restraint Use

Approximately 14.4% of psychiatric inpatients experience physical restraint during their stay in mental health facilities. In addition to physical methods, seclusion is used in around 15.8% of cases, where patients are isolated to manage aggressive or harmful behavior. Chemical restraints, involving the administration of medications to control behavior, are more common, used in about 25.7% of situations.

When looking at the broader category of coercive measures, which includes all forms of restraint and seclusion, the median prevalence is about 17.5%. Specifically, the median rate for any type of restraint stands at 27.7%, while seclusion alone accounts for 6.0% of cases. These figures highlight the significant and varied use of coercive practices in psychiatric care worldwide.

📊 Country-Specific Insights

India: In a six-month prospective study conducted at a tertiary care centre, chemical restraints were found to be the most commonly used method, accounting for 74.3% of all restraint events. Additionally, 22.9% of cases involved a combination of chemical and physical restraints, while only 2.8% were managed using purely physical restraints. This data, published in Lippincott Journals, highlights a clear preference for chemical methods in managing psychiatric patients.

In contrast, another cross-sectional study reported a significantly lower prevalence of physical restraint use. According to this study, only 0.5% of patients experienced physical restraints, whereas 19% were subjected to chemical restraints. These findings reflect variability in

restraint practices and underscore the predominance of chemical interventions in psychiatric care settings.

Karnataka: In the state of Karnataka, several studies have shed light on the use of restraints in psychiatric settings, particularly through research conducted at major institutions like the National Institute of Mental Health and Neurosciences (NIMHANS) in Bengaluru. One significant study reported that 66.5% of psychiatric inpatients were subjected to at least one form of restraint. Among these, 20% experienced physical restraints, 58% were administered chemical restraints, 18% underwent seclusion, and 32% received involuntary medication. These figures indicate a high reliance on coercive measures, especially chemical restraints, in clinical practice.

Further insights come from a study involving psychiatric nurses in Karnataka, where 68% of respondents noted that restraint procedures typically lasted less than 2 hours. However, formal documentation practices were lacking, with only 4% of nurses receiving written orders for restraint use, pointing to gaps in procedural adherence. Additionally, a training-based study in Dharwad, Karnataka, demonstrated that short-term educational interventions could significantly improve nurses' knowledge, attitudes, and practices regarding physical restraint. Overall, these state-specific findings highlight both the prevalent use of restraints and the critical need for improved regulation, documentation, and staff training in Karnataka's mental health institutions.

CHAPTER -2
OBJECTIVES

STATEMENT OF THE PROBLEM:

"A study to assess the knowledge of applying restraint to a psychiatric patient among 4th year B.Sc. Nursing students in SMT. Nagarathnamma College of Nursing."

OBJECTIVES OF THE STUDY:

1. To assess the level of knowledge of 4th year B.Sc. students regarding the application of restraint to a psychiatric patient.
2. To identify the factors that contributes to the use of restraint to a psychiatric patient.

RESEARCH HYPOTHESIS:

H1: There is a significant association between the knowledge regarding the use of restraints in psychiatric patients and selected demographic variables among B.Sc. Nursing 4th-year students.

H2: There is a significant association between the practice regarding the use of restraints in psychiatric patients and selected demographic variables among B.Sc. Nursing 4th-year students.

OPERATIONAL DEFINITIONS:

Restraint: Restraint refers to the act of holding back, controlling, or limiting someone's actions, behavior, or movements. In a general sense, it can be physical, emotional, or legal. Here are a few contexts in which the term is commonly used:

Assess: Assess means to evaluate, estimate, or judge the nature, ability, or quality of something or someone.

Knowledge: In this study, "knowledge" refers to the level of understanding and awareness possessed by 4th-year BSc Nursing students regarding the correct application, types, indications, procedures, legal and ethical considerations, and complications of restraints in psychiatric settings. It will be assessed using a structured knowledge questionnaire developed by the researcher.

Applying Restraint: "Applying restraint" refers to the act of using physical, mechanical, or chemical methods by healthcare professionals to restrict a psychiatric patient's movement, activity, or behavior temporarily in order to prevent harm to the patient or others. In this study,

it encompasses knowledge about types (physical, chemical, environmental), techniques, guidelines, and protocols followed in clinical psychiatric settings.

Psychiatric Patient: A "psychiatric patient" in this study refers to an individual diagnosed with mental health disorders such as schizophrenia, bipolar disorder, severe depression, or other psychiatric conditions who is receiving treatment in a mental health care setting and may require restraints under specific clinical circumstances.

4th BSc Nursing Students: "4th BSc Nursing students" refers to students currently enrolled in the fourth year of the Bachelor of Science in Nursing program at Smt. Nagarathnamma College of Nursing. These students are expected to have completed theoretical and practical exposure to psychiatric nursing, including the use of restraints.

Smt. Nagarathnamma College of Nursing: This refers specifically to the institution located in Bangalore (or as applicable), where the study participants are enrolled and the research is being

ASSUMPTION:

- Participants have had prior exposure to psychiatric nursing concepts.
- All participants respond honestly and to the best of their knowledge.
- The data collection tool accurately measures knowledge of restraint application.

LIMITATIONS:

1. Limited to 4th-year BSc Nursing students of a single institution.
2. Possibility of bias in self-reported responses.
3. Does not assess practical application skills.

CHAPTER – 3
REVIEW OF LITERATURE

REVIEW OF LITERATURE

1. **Büşra Ertuğrul and Dilek Özden (2022)** conducted a study in Turkey among 140 nursing students to assess the impact of training on physical restraint use. Before training, most students (80%) were unaware of alternatives, and 65.7% reported inadequate coverage in college. After attending a nursing care management course, students showed significant improvement in knowledge, attitudes, and practices. They recognized the need for family approval, patient rights, and timely release of restraints, and emphasized acting only on a doctor's order while considering alternatives first. The study concluded that structured education effectively enhances ethical awareness and safer restraint practices.
2. **Jun Wang, Weichu Liu, Houwei Wang, and Qinghua Zhao (2022)** reported that physical restraint (PR), especially for older persons, is widely used in Chinese long-term care (LTC) facilities, often with negative effects on residents' health and quality of care. Despite its prevalence, research on PR in these settings is limited. Their cross-sectional study, conducted in six LTC facilities with 316 nursing staff (247 assistants and 69 nurses), examined knowledge, attitudes, and practices (KAP) using a standardized questionnaire. Analysis revealed variations between the two groups and underscored the importance of understanding staff perceptions before introducing restraint-reduction programs. The study concluded that targeted training and focused interventions are essential to promote safer, restraint-free practices in LTC facilities.
3. A study conducted in a psychiatric hospital in Hong Kong with 133 nurses (98 responses, 74%) examined knowledge, attitudes, and practices regarding physical restraint **(Mr. J. Public Health Environ. Res., 2022).** Statistical analysis showed that overall, nurses had good knowledge and positive attitudes, though these varied with personal traits. Older, more experienced, and highly educated nurses demonstrated better knowledge, with educated nurses more likely to avoid restraints, while male nurses provided more attentive care during restraint. A positive correlation was found between knowledge and practice. Despite these results, the study emphasized the need for continuous training, especially for younger or less-educated nurses, and highlighted concerns that some may use restraints without fully considering alternatives or psychological impacts. The authors recommended further research on the role of nurses' emotions in restraint use to encourage more compassionate care.

4. **Alonso Pérez-Toribio et al. (2019)** highlighted verbal de-escalation as an effective nursing technique to calm agitated patients and reduce the need for mechanical restraint. Their retrospective study reviewed 493 cases of restraint in an acute mental health unit (2012–2019) to explore the use of de-escalation. Results showed that in nearly 40% of cases, no de-escalation attempt was documented before restraint. Factors such as prior medication use, history of restraint, and longer hospital stays increased the likelihood of de-escalation being applied. The study emphasized the importance of early, proactive interventions and building therapeutic relationships, which help nurses manage agitation verbally and prevent unnecessary restraints.
5. **Pooja Patnaik Kuppili, Ashvini Vengadavaradan, and Balaji Bhardawaj** conducted a study in India to examine the frequency of restraint use and caregiver attitudes in a general hospital psychiatry unit. Findings showed that 19% of cases involved restraints, with chemical methods being most common (nearly all cases), while physical restraints were rare (0.5%). Caregivers generally had neutral or accepting views—only a small proportion considered restraints stigmatizing, cruel, or punitive. Notably, outpatient caregivers were more likely to compare hospital restraint practices with those of spiritual centers or faith healers. The study emphasized the need for better caregiver education and communication to distinguish clinical restraints from non-medical practices and to promote awareness of safe, ethical use.
6. **Zahra Alsomali, Hala Ahmed Elsayes, and Loujain Saud Sharif (2024)** reviewed studies on physical restraint (PR) use in psychiatric settings. From 220 publications, 12 were analyzed, showing that nurses' knowledge and attitudes toward PR were mostly moderate, with uncertainty about when to apply restraints and what alternatives exist. Educational programs were found effective in improving knowledge and practice, while higher education, experience, and ongoing training were linked to safer use. The review emphasized the urgent need for regular, structured training and further research on long-term educational impacts and alternatives to PR to ensure safer, ethical patient care.
7. **Wai Kit Wong and Daniel Thomas Bressington (2022)** explored the moral and emotional challenges faced by nurses when applying physical restraints in psychiatric care. The study revealed that many nurses found the process emotionally taxing and morally distressing, often feeling it was their only option in crisis situations. Such experiences led to stress and emotional exhaustion. The authors emphasized the importance of supportive leadership and continuous professional development, noting that regular training and supervisor support encouraged nurses to adopt less restrictive

practices. This not only improved patient care but also strengthened nurses' confidence and moral security in decision-making.

8. **Entisar Mohamed Mahmoud, Ghada Mohamed Mourad, and Shaymaa Mahmoud Ahmed conducted a descriptive study at Cairo's El-Abbassia** Mental Health Hospital with 100 psychiatric emergency nurses. Results showed that while over two-fifths had adequate knowledge, nearly three-quarters held negative attitudes toward restraints and two-thirds demonstrated unsafe practices. Most participants were young women with under five years of experience. The study highlighted the urgent need for improved training, recommending regular workshops and strong supervisory support to ensure restraint use is safe, ethical, and aligned with best patient care standards.
9. **Mark Sutherland, Daniel B. Gingold, Laurence S. Magder, Sanyukta Deshmukh, Benoit Stryckman, and J. David Gatz (2019–2022)** studied racial disparities in the use of physical restraints in emergency departments across eight hospitals in a mid-Atlantic system. Excluding special cases (e.g., patients arriving handcuffed), the study applied multivariable logistic regression to control for factors like age, gender, acuity, comorbidities, and hospital location. Findings showed that race still influenced restraint decisions, suggesting systemic bias beyond clinical need. The study adds to evidence calling for fairer ED practices to prevent inequities in restraint use.
10. The application of seclusion and constraint in mental health treatment is still a very complicated and frequently contentious topic. The frequency, duration, and forms of these measures vary significantly between cultures and systems, according to international studies. Crucially, there is a clear difference in how nurses and patients see these procedures; although some mental health professionals believe they are essential for safety, others express uneasiness and ethical issues. Patients frequently express unpleasant emotional effects, underscoring the necessity of improved communication and empathy. An ethical position that is constant throughout the research is that isolation and restraint should only be used as a last resort, when all other interventions have failed. In addition to **Obay A. Al-Maraira, PhD, RN, On October 22, Ferial A. Hayajneh, PhD, PhD**
11. **Ambage Dejen Tilahum (2020)** studied the use of physical restraints in ICUs in northwest Ethiopia, involving 260 nurses from referral hospitals. While nurses generally had positive attitudes (mean 33.75/48), their knowledge was only moderate (mean 7.81/14). Lower knowledge was linked to fewer years of experience and lower qualifications, whereas training and reading about restraints improved scores.

Experienced nurses viewed restraint use more positively, though diploma and bachelor's degree holders often had unfavourable opinions. The study concluded that gaps remain in knowledge and practice, recommending continuous education and in-service training to ensure safer, evidence-based ICU restraint practices.

12. **Aasim Ur Rehman Ganie, Danishwar Rasool Dar, Priyanka Saikia, Introject Banerjee, and Fayaz Ahmad Paul (2024)** discussed restraint in mental health care, noting the challenge of balancing patient safety with risks such as injury, memory loss, oversedation, or even death. Restraints may include physical holding, medication, environmental changes, or psychological pressure. The review emphasized global perspectives but focused on India, highlighting the Mental Healthcare Act of 2017, which sets guidelines for restraint use and stresses protecting patient rights alongside ensuring safety.
13. **Lielt Mersha Woldekirkos, Tilahun Jiru, Heyria Hussien, and Belayneh Shetie (2019)** conducted a descriptive cross-sectional study in Addis Ababa, Ethiopia, involving 126 ICU nurses to assess knowledge, attitudes, and practices (KAP) on physical restraints. Most participants were young (21–30 years), with 2–5 years of experience and bachelor's degrees. Findings showed low knowledge (average 6.1/11), while attitude (64%) and practice (63%) were moderate. Demographic factors such as gender, experience, or education showed no significant impact, though age influenced practice. Lack of training and absence of written guidelines were linked to poorer knowledge, while better knowledge and attitudes correlated positively with safer practices.
14. **Danda, Michelle C.** explored nurses' experiences with chemical restraints in adult acute mental health units using a hermeneutic phenomenological approach with eight nurse interviews. Three themes emerged: medication selection, working under pressure, and progressing from novice to expert. The study revealed the moral dilemmas and training needs nurses face when applying pharmacological restraints. Findings highlighted the need for stronger education, supportive policies, and best-practice guidelines to ensure ethical and effective use. The research provides valuable insights for nurses, administrators, and policymakers to improve training and promote safer, more responsible care.

CHAPTER – 4
METHODOLOGY

METHODOLOGY

This study uses a quantitative, descriptive survey approach. The goal is to understand what 4th year B.Sc. Nursing students know about the use of the restraints on psychiatric patients-why and how they're used, and what guidelines and ethics are involved.

Research methodology provides a brief description of method adopted by the researcher in the study. It includes the research design, setting of the study, population sample technique, and sample size, criteria for selection of the samples, development and description of the tools, content validity, reliability, data collection procedure and plan for data analysis.

The present study aimed at assessing the knowledge of applying restraint to a psychiatric patient among 4th year B.Sc. nursing at Smt. Nagarathnamma college of nursing.

RESEARCH APPROACH

A quantitative research approach will be used to assess the knowledge levels of 4th year B.Sc. Nursing students regarding the application of restraints in psychiatric settings. This means that the study is focused on colleting measurable data about how much 4th year B.Sc. Nursing students know about applying restraints to a psychiatric patient. This study aims to gather clear, objective facts that can be counted, summarized, and compared.

This approach helps paint a picture of the existing level of knowledge among the students regarding when and how restraints should be applied, what risks are involved, and what ethical and legal guidelines should be followed.

The quantitative nature of the study allows us to identify patterns such as how many students have good knowledge, how many have moderate understanding, and how many may need further education or training in this area.

This approach is ideal for studies involving large groups of participants and helps ensure that the findings are reliable, generalizable, and useful for educators and curriculum developers. It also helps highlight areas where future nurses may need more support to handle psychiatric care more confidently and compassionately.

RESEARCH DESIGN

A descriptive cross sectional study design will be used to assess the knowledge of 4th year B.Sc. Nursing students regarding the application of restraints to psychiatric patients. This design

allows for the collection of data from a specific population to describe and analyse their knowledge without manipulating any variables.

VARIABLES

Variables are the characteristics that very among the subject being studied. It is the focus of the study and reflects the empirical aspects of the concepts being studied, the investigator measures the variable identified in the study are;

Study variable: Knowledge of applying restraint to a psychiatric patient

Attribute variables (optional): Association of knowledge and practice with selected demographic variables (e.g., age, gender, education, clinical experience, exposure to psychiatric patients).

SETTING OF THE STUDY

Setting refers to the area where the study is conducted. It is the physical location and condition in which data collection takes place in the study.

The setting for the present study was among 4th year B.SC. nursing students at Smt. Nagarathnamma college of nursing.

POPULATION

The study's target group consists All B.Sc. Nursing 4th-year students studying in the selected nursing colleges.

SAMPLE AND SAMPLING TECHNIQUE

Sample refers to the subset of the population that is selected to participate in a particular study. It is a portion of the population, which represents the entire population.

The sample selected for the study is the 4th year B.Sc. nursing students at Smt. Nagarathnamma college of nursing.

Sample size of the present study consists of 70 in 4th year B.Sc. nursing at Smt. Nagarathnamma college of nursing.

Sampling technique refers to the process of selecting a portion of population to represent the entire population. Convenient sampling technique is used for this research study. Every student will have an equal chance to participate.

SAMPLING CRITERIA

Inclusion Criteria:

- Students studying in 4th year B.Sc. Nursing.
- Students who are available at the time of data collection.
- Students willing to participate in the study.

Exclusion criteria:

- Students not present during data collection.
- Students who refuse to give consent.

DATA COLLECTION TOOL

A data collection is an instrument used to gather data from respondents in a systematic and standardized way. These tools can vary depending on the nature of the study.

The data collection technique was questionnaire methods. It is considered to be the appropriate instrument to collect data from participants.

DEVELOPMENT OF THE TOOL

- A **structured questionnaire** was prepared after review of literature, consultation with experts, and guidance from the research supervisor.
- It consisted of two sections:
    1. **Demographic profile** (age, gender, education, exposure to psychiatric setting, etc.)
    2. **Knowledge items** on the use of restraints in psychiatric patients.
- The tool was validated by subject experts for content validity.
- Reliability was established using test-retest / Cronbach's Alpha method (mention whichever you used).

THE STEPS FOLLOWED IN PREPARING THE TOOLS WERE

- Review of literature
- Discussion with guide
- Previous researches from library
- Internet

DESCRIPTION OF TOOLS

A self-administered questionnaire was designed in two sections.

Section 'A' consists of 7 items of demographic data of 4th year B.Sc. Nursing students such as Name, age, gender, marital status, family income, residential status, and socio-demographic data.

Section 'B' consists of 30 items related to knowledge on applying restraint. All items carry equal marks. For correct answer '1' and for incorrect answer '0' was given. Tool was in English language and edited with experts.

SOURCE OF DATA

Data was collected from the 4th year B.Sc. nursing students at Smt. Nagarathnamma college of nursing.

DATA COLLECTION PROCEDURE

After obtaining the formal permission from the Principal of Smt. Nagarathnamma college of nursing, Bangalore, the 4th year B.Sc. nursing students who selected based on inclusion criteria. The sample was selected by convenient sample technique.

After the self introduction explained the purpose of the questionnaire. The data was collected on 20-06-2025. The instructions for answering questions were given to participants by the investigator.

PLAN FOR DATA ANALYSIS

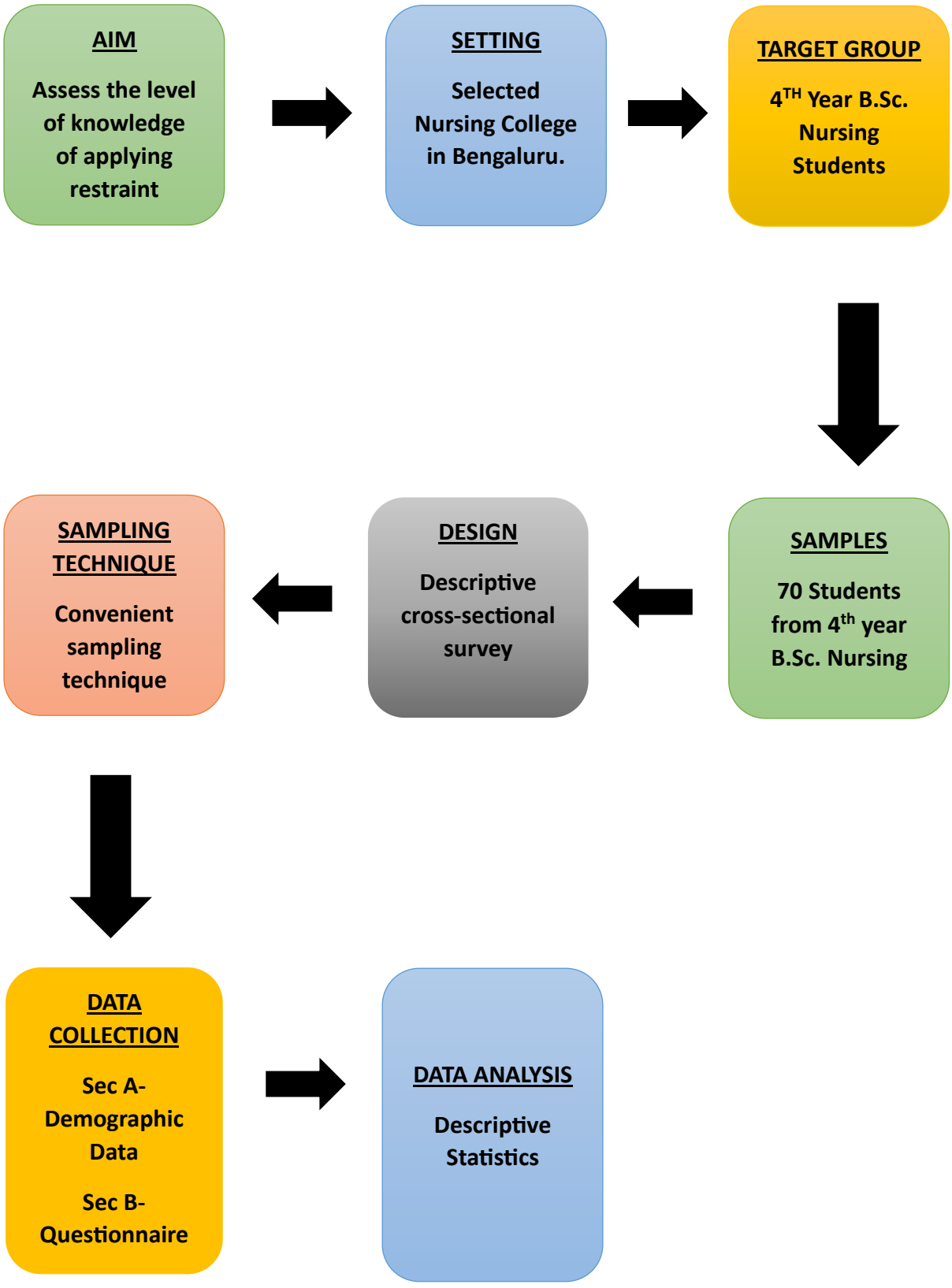
Descriptive statistics were useful for summarizing empirical evidence. Data was analysed by applying the descriptive statistics frequency, mean, mean percentage will be used to analyse the variables.

The obtained data will be entered after editing, then coded, grouped, tabulated and transferred data to a computer file. The data obtained will be analysed according to the objectives of the study by using descriptive statistics.

SUMMARY

The chapter deals with the description of research approach, research design, variables, settings of the study, population, sample and sampling technique, sampling criteria, data collection tools, development of the tool, description of the tool, source of data, data collection procedure and the data for analysis.

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN



CHAPTER – 5
RESULTS

Table 1: Frequency and percentage of Sociodemographic Variables

N=70

SL. NO.	Sociodemographic Variables	Frequency	percentage
1	Gender		
	a) Male	32	45.7
	b) Female	38	54.3
2	Age		
	a) 20-22	53	75.7
	b) 23-25	16	22.9
	c) 29-31	1	1.4
3	Marital Status		
	a) married	1	1.4
	b) single	69	98.6
4	Family monthly income		
	a) <10000	7	10.0
	b) 10001-20000	14	20.0
	c) 20001-30000	30	42.9
	d) 30000-100000	19	27.1
5	Residential status		
	a) PG	11	15.7
	b) rented	59	84.3
6	socioeconomic status		
	a) poor class	4	5.7
	b) middle class	61	87.1
	c) upper class	5	7.1

This table presents the sociodemographic profile of the 70 respondents. The gender distribution shows that **54.3% were female** and **45.7% were male**. The majority of participants were aged **20–22 years (75.7%)**, followed by **23–25 years (22.9%)**, and only **1.4%** were aged 29–31 years. Most participants were **single (98.6%)**, with only **1.4% married**. In terms of family monthly income, the largest group reported **₹20,001–30,000 (42.9%)**, followed by **₹30,000–1,00,000 (27.1%)**, **₹10,001–20,000 (20.0%)**, and less than ₹10,000 (10.0%). Regarding residential status, the majority (84.3%) lived in rented accommodation, while 15.7% stayed in PG (Paying Guest) facilities. Socioeconomic status classification revealed **87.1% middle class**, **7.1% upper class**, and **5.7% poor class**.

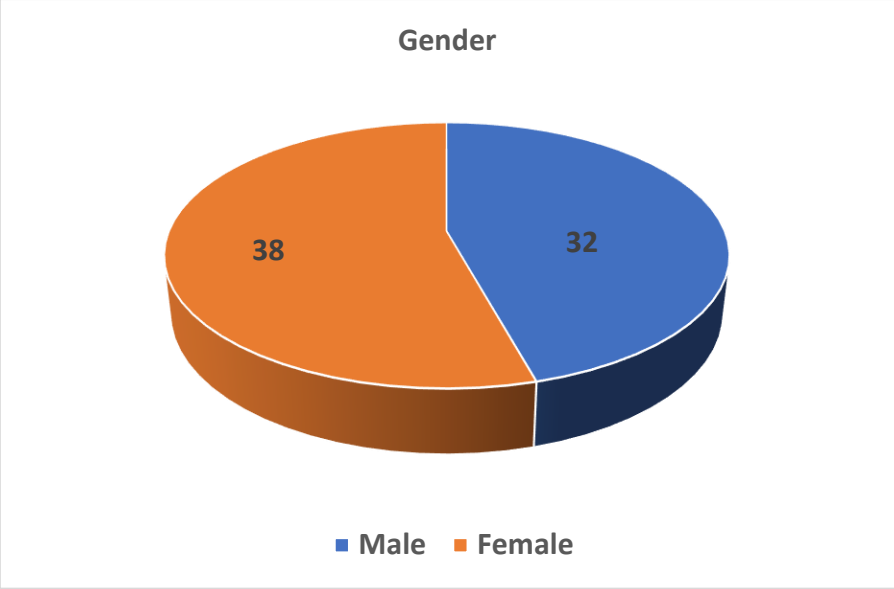


Figure 1: Percentage distribution of Gender

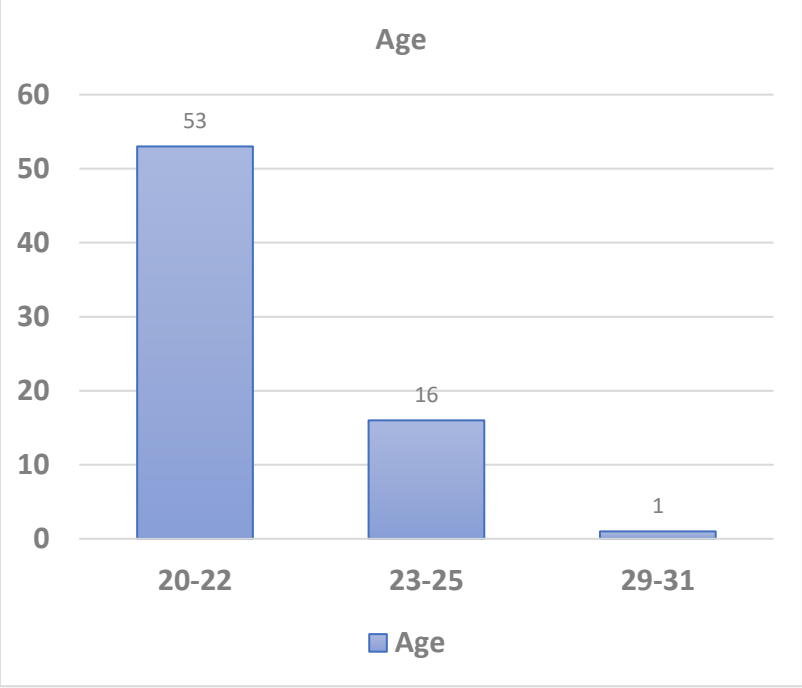


Figure 2: Percentage distribution of Age

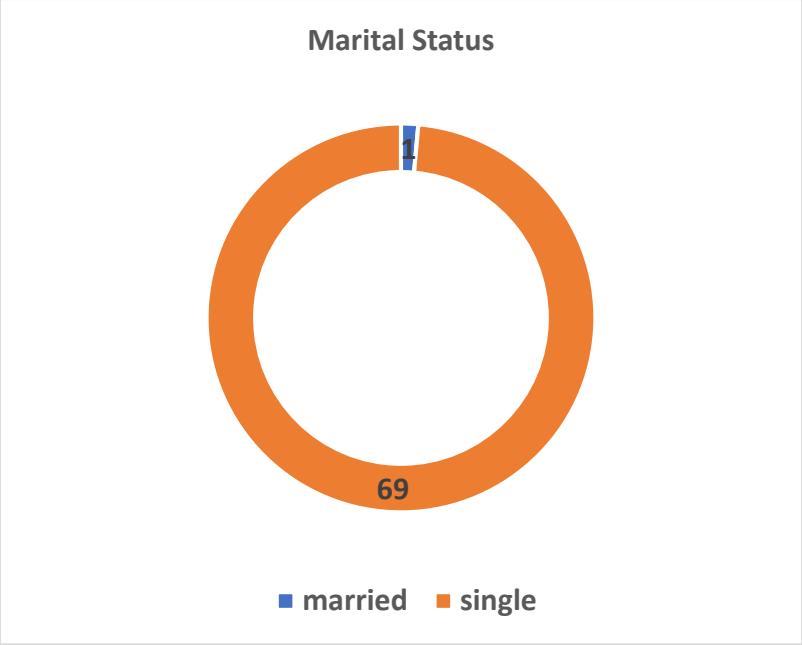


Figure 3: Percentage distribution of Marital status

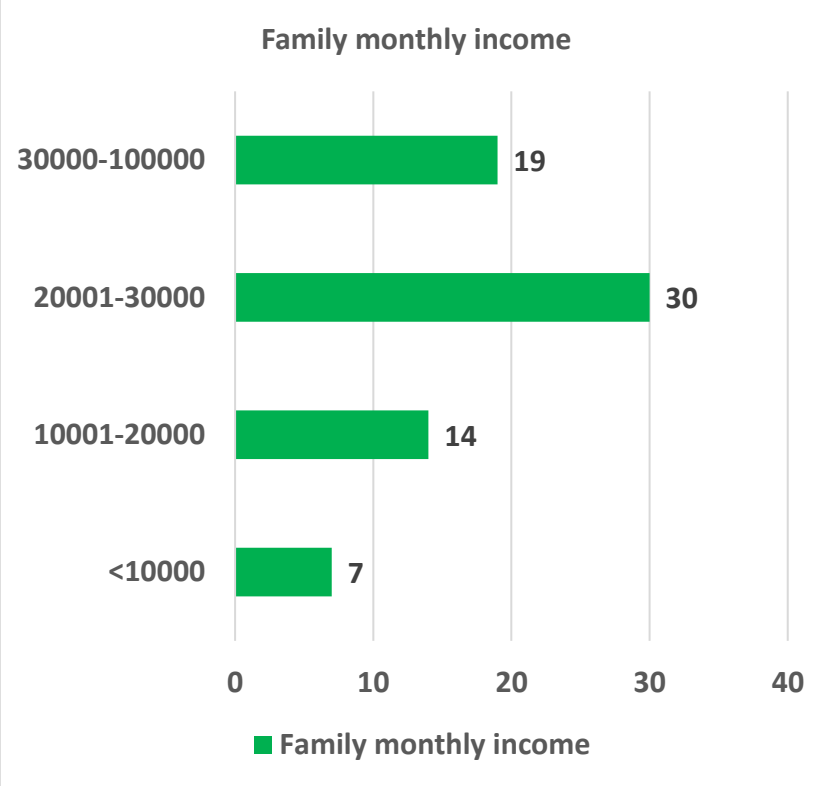


Figure 4: Percentage distribution of Family monthly income

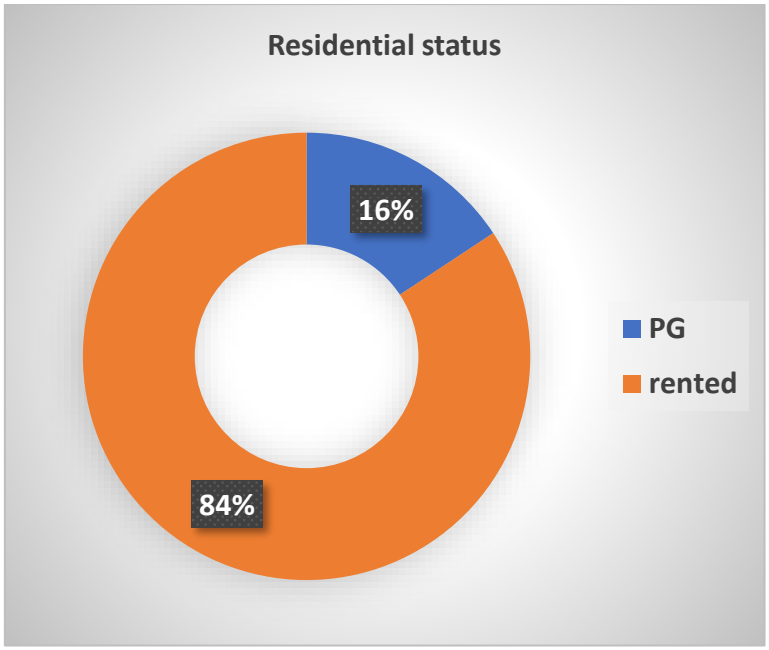


Figure 5: Percentage distribution of Residential status

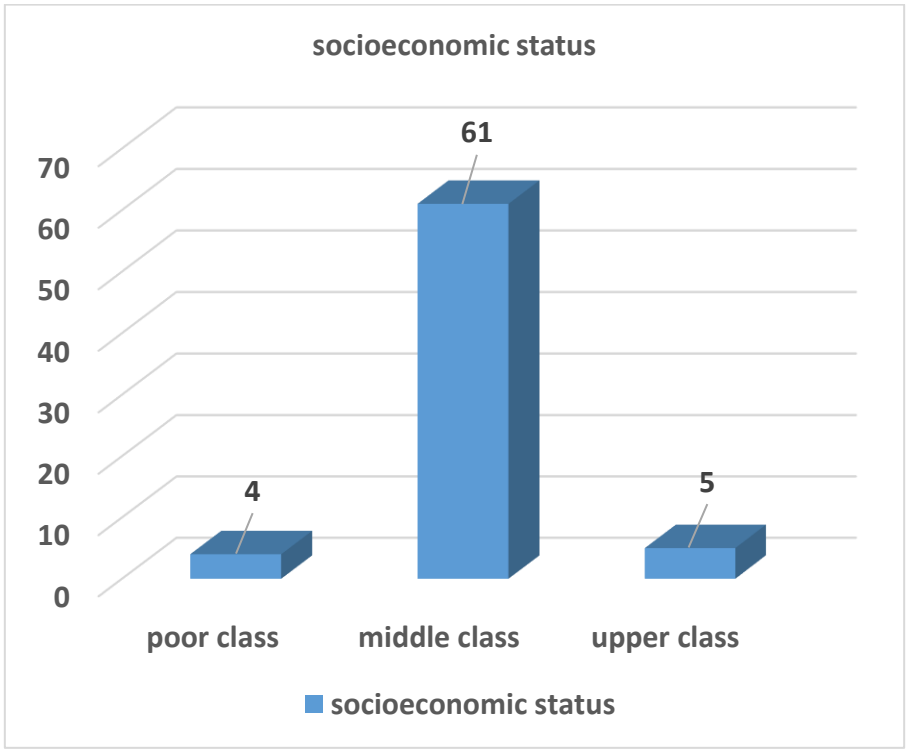


Figure 6: Percentage distribution of Socioeconomic status

Table 2: knowledge level of fourth year B.Sc. Nursing students

N=70

Sl no	Level of Knowledge	Frequency	Percentage
1.	Inadequate Knowledge	12	17.1
2.	Moderate Knowledge	25	35.7
3.	Adequate Knowledge	33	47.1

This table summarizes the distribution of knowledge levels among fourth-year B.Sc. Nursing students. Nearly half of the respondents (**47.1%**) demonstrated **adequate knowledge**, **35.7%** had **moderate knowledge**, and **17.1%** were in the **inadequate knowledge** category. This indicates a varied knowledge base, with a considerable proportion achieving higher competency levels.

Table 3: Mean and SD knowledge of applying restraint to a psychiatric patient among 4th year B.Sc. Nursing

N=70

	Minimum	Maximum	Mean	Std. Deviation
knowledge of applying restraint 4th BSc N	4.00	27.00	17.3571	6.78241

This table provides the descriptive analysis of knowledge scores. The scores ranged from a **minimum of 4.00 to a maximum of 27.00**, with a **mean score of 17.36** and a **standard deviation of 6.78**. These findings indicate a moderate average knowledge level, with a wide variability in scores among participants.

Table 4: Association between level of knowledge score and socio demographic variables

N=70

SL NO	Socio demographic variables	Inadequate Knowledge	Moderate Knowledge	Adequate Knowledge	Chi-Square ($\chi 2$)	p Value (≤ 0.05)
1	**Gender**					
	a) Male	8	12	12	3.338	0.188
	b) Female	4	13	21		df(2) NS
2	**Age**					
	a) 20-22	12	16	25	7.180	0.127
	b) 23-25	0	9	7		df(4)
	c) 29-31	0	0	1		NS
3	**Marital Status**					
	a) married	0	1	0	1.826	0.401
	b) single	12	24	33		df(2) NS
4	**Family monthly income**					
	a) <10000	2	3	2	4.145	0.657
	b) 10001-20000	4	5	5		
	c) 20001-30000	3	10	17		df(6)
	d) 30000-100000	3	7	9		NS
5	**Residential status**					
	a) PG	4	4	3	3.907	0.142
	b) rented	8	21	30		df(2) NS
6	**socioeconomic status**					
	c) poor class	3	1	0	11.142	0.025
	d) middle class	9	22	30		df(4)
	e) upper class	0	2	3		**S***
	f) Gender					

This table displays the Chi-square test results assessing the association between knowledge categories and selected sociodemographic variables. No statistically significant associations were found for gender ($p = 0.188$), age ($p = 0.127$), marital status ($p = 0.401$), family monthly income ($p = 0.657$), and residential status ($p = 0.142$). However, a statistically significant association was observed between **socioeconomic status and knowledge level ($\chi^2 = 11.142$, $p = 0.025$)**, suggesting that students from different socio-economic classes varied in their knowledge levels.

CHAPTER – 6
DISCUSSION

DISCUSSION

The present study entitled *"A study to assess the knowledge of applying restraint to a psychiatric patient among 4th year B.Sc. Nursing students at Smt. Nagarathnamma College of Nursing"* was conducted to evaluate the knowledge level of final-year nursing students regarding the safe and ethical application of restraints. A total of 70 students participated in the study, and the findings were analysed in relation to the objectives of the research.

The results revealed that **47.1% of students had adequate knowledge**, **35.7% had moderate knowledge**, and **17.1% demonstrated inadequate knowledge**. The mean knowledge score was **17.36 (SD = 6.78)**, with scores ranging from 4 to 27. This indicates that while nearly half of the students possess satisfactory understanding, a significant proportion continue to lack the essential knowledge required for safe practice.

Comparison with Previous Studies

These findings are consistent with earlier studies. Ertuğrul & Özden (2022) in Turkey observed that structured training significantly improved nursing students' knowledge and attitudes towards restraint use. Similarly, research in China (Wang et al., 2022) highlighted that both nurses and nursing assistants displayed moderate levels of knowledge but often lacked clarity on alternatives. Our findings reflect a similar knowledge gap, suggesting the need for comprehensive education in psychiatric nursing curricula.

In India, Kuppili et al. (2022) reported that while chemical restraints were most frequently used, both caregivers and nurses had limited awareness of ethical and legal guidelines. The inadequate knowledge among 17.1% of students in our study further strengthens the argument for reinforcing theoretical and practical education before graduation.

Analysis of Sociodemographic Variables

The association between knowledge and sociodemographic variables revealed no significant difference in knowledge based on gender, age, marital status, family income, or residence. However, **socioeconomic status showed a statistically significant association (p = 0.025)**. Students from middle and upper classes demonstrated better knowledge than those from poor socioeconomic backgrounds. This may be attributed to access to resources, exposure to technology, and academic support systems.

This aligns with studies conducted in Ethiopia (Wolde Kirkos et al., 2021), which found that demographic variables such as education level and access to guidelines strongly influenced knowledge and practice. Therefore, it is possible that differences in educational exposure and availability of training material contribute to the observed disparity.

Ethical and Legal Considerations

The findings highlight an urgent need to strengthen awareness regarding the **ethical dimensions of restraint use**. Restraints carry potential risks of physical injury, psychological trauma, and human rights violations. International guidelines emphasize that restraints must be applied only as a last resort, for the shortest duration, and with continuous monitoring. Our study reveals that while many students understand these principles in theory, consistent reinforcement is necessary to ensure ethical application in practice.

Clinical Relevance

From a clinical perspective, the results suggest that nursing students may not always be fully prepared to manage acute psychiatric crises involving aggression or violence. Without adequate knowledge and skill, inappropriate use of restraints can escalate patient trauma and expose healthcare providers to legal consequences. Therefore, educational programs must integrate **simulation-based training, de-escalation techniques, and case discussions** to equip students for real-life clinical practice.

CHAPTER – 7

SUMMARY

SUMMARY

This study was carried out among 70 final-year B.Sc. Nursing students to evaluate their knowledge regarding the application of restraints in psychiatric care. Using a structured questionnaire, responses were collected and analysed. The findings showed that nearly half of the students (47.1%) had adequate knowledge, 35.7% had moderate knowledge, and 17.1% demonstrated inadequate understanding. The mean knowledge score was 17.36, indicating a moderate overall competency. Importantly, no significant differences were found between knowledge and demographic variables such as age, gender, marital status, or income. However, socioeconomic status showed a significant relationship, with students from middle and upper classes scoring higher.

The study emphasizes that while most students have a fair understanding of restraint use, a considerable minority still lack essential knowledge, which can pose risks in psychiatric settings. Therefore, structured education, practical demonstrations, workshops, and simulation-based learning are recommended to strengthen students' competencies. Integrating ethical, legal, and patient-centered aspects into the curriculum will better prepare future nurses to apply restraints only as a last resort, ensuring both patient safety and human dignity.

CHAPTER – 8
CONCLUSION

CONCLUSION

The findings of the study lead to the following conclusions:

1. Most nursing students (82.8%) demonstrated moderate to adequate knowledge regarding restraint application, indicating satisfactory but incomplete preparation.
2. A considerable proportion (17.1%) lacked adequate knowledge, highlighting potential risks in clinical practice.
3. Knowledge was not significantly influenced by demographic variables such as gender, age, or income, but socioeconomic status showed a meaningful association.
4. The study emphasizes the importance of **integrating structured educational programs, ethical guidelines, and practical demonstrations** into nursing curricula.

Thus, the study concludes that while students are aware of the general principles of restraint application, there remain critical knowledge gaps that need to be addressed through education, training, and policy reinforcement.

CHAPTER – 9
IMPLICATIONS

IMPLICATIONS

Implications for Nursing Practice

- Nurses must prioritize patient safety, dignity, and rights when considering restraints.
- De-escalation techniques and therapeutic communication should be attempted before restraint use.
- Continuous monitoring and proper documentation must be ensured whenever restraints are applied.

Implications for Nursing Education

- Curriculum must integrate structured modules on restraint application.
- Simulation-based learning should be introduced to practice real-life scenarios.
- Students should be exposed to ethical case studies to strengthen decision-making.

Implications for Nursing Research

- Future studies should assess not only knowledge but also skills and attitudes.
- Comparative studies across institutions can provide insights into curriculum differences.
- Longitudinal research may track how knowledge translates into safe clinical practice.

Implications for Nursing Administration

- Administrators should establish institutional guidelines for restraint application.
- Regular workshops and refresher training should be made mandatory.
- Policy frameworks must align with national and international mental health guidelines.

CHAPTER – 10
RECOMMENDATIONS

RECOMMENDATIONS

Based on the study findings, the following recommendations are proposed:

1. **Curriculum Strengthening** – Incorporate detailed modules on psychiatric restraint use, including ethical and legal aspects, into B.Sc. Nursing courses.
2. **Simulation-Based Training** – Establish psychiatric nursing labs for students to practice restraint techniques and de-escalation methods in a controlled environment.
3. **Workshops & Seminars** – Conduct regular training sessions for nursing students and staff to enhance confidence and competence.
4. **Policy Enforcement** – Ensure strict documentation and adherence to hospital guidelines for restraint use.
5. **Research Expansion** – Replicate the study across multiple institutions and states for broader generalization.
6. **Integration of Alternative Techniques** – Teach and encourage verbal de-escalation, therapeutic communication, and environmental modification as primary approaches.
7. **Continuous Evaluation** – Periodic assessments should be carried out to evaluate students' retention of knowledge and readiness for practice.

CHAPTER – 11
BIBLIOGRAPHY

BIBLIOGRAPHY

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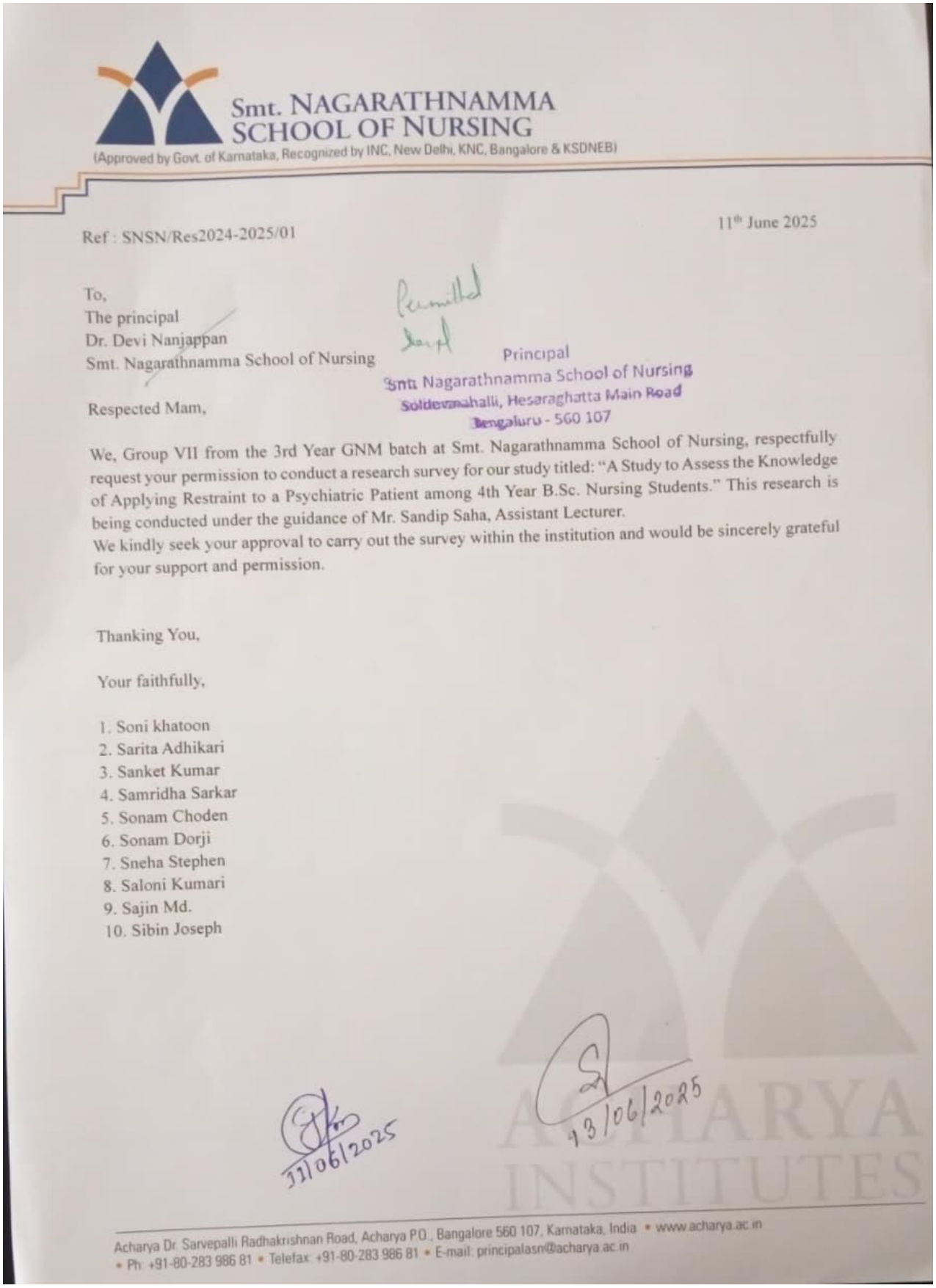
CHAPTER – 12
ANNEXURES

ANNEXURE - 1 Letter seeking permission for Main study



Smt. NAGARATHNAMMA
SCHOOL OF NURSING
(Approved by Govt. of Karnataka, Recognized by INC, New Delhi, KNC, Bangalore & KSDNEB)

Ref : SNSN/Res2024-2025/01

11th June 2025

To,
The principal
Dr. Devi Nanjappan
Smt. Nagarathnamma School of Nursing

Permitted
Principal
Smt. Nagarathnamma School of Nursing
Soldevanahalli, Hesaraghatta Main Road
Bengaluru - 560 107

Respected Mam,

We, Group VII from the 3rd Year GNM batch at Smt. Nagarathnamma School of Nursing, respectfully request your permission to conduct a research survey for our study titled: "A Study to Assess the Knowledge of Applying Restraint to a Psychiatric Patient among 4th Year B.Sc. Nursing Students." This research is being conducted under the guidance of Mr. Sandip Saha, Assistant Lecturer.
We kindly seek your approval to carry out the survey within the institution and would be sincerely grateful for your support and permission.

Thanking You,

Your faithfully,

1. Soni khatoon
2. Sarita Adhikari
3. Sanket Kumar
4. Samridha Sarkar
5. Sonam Choden
6. Sonam Dorji
7. Sneha Stephen
8. Saloni Kumari
9. Sajin Md.
10. Sibin Joseph

11/06/2025

13/06/2025

ACHARYA INSTITUTES

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ANNEXURE – 2

CONSENT FORM APPLICATION FOR PARTICIPATION IN THE STUDY

Dear participants,

I, Ms. Soni khatoon, along with my team Ms. Sarita Adhikari, Mr. Sanket Kumar Pandey, Ms. Samridha Sarkar, Ms. Sneha Stephan, Ms. Sonam Choden, Mr. Sonam Dorji, Ms. Saloni Kumari, Mr. Sajin MD and Mr. Sibin Joseph. III-year GNM Nursing students of Smt. Nagarathnamma School of Nursing, conducting a research project on "A study to assess the knowledge of applying restraint to a psychiatric patient among 4th year B.Sc. Nursing in Smt. Nagarathnamma College of Nursing, Bangalore." I request you to participate in the study by giving the appropriate answer to the questions asked. The information obtained will be kept confidential and anonymity will be maintained throughout and after the study.

If you have questions about the conducted study, any problems or queries, you can email me at contact soni.22.gnmn@acharya.ac.in

Ms. Soni khatoon

III-year GNM Nursing

CONSENT OF THE PARTICIPANTS

I have read the above information and being aware of the purpose of the study. I express my co-operation and willingness to participant in the study.

Thumb impression / Signature of the participant:

Date:

ANNEXURE – 3

TOOL FOR DATA COLLECTION INSTRUCTIONS:

The tool comprises of section 'A' socio-demographic data, and section 'B' questionnaires. Please read each of the items carefully and give an appropriate response. All the information given by you shall be kept confidential and used only for the purpose of research study.

Section 3A – Socio-Demographic Data

1. Name:
2. Gender:
    - Male
    - Female
3. Age in years:
    - 20-22
    - 23-25
    - 26-28
    - 29-31
4. Marital status:

    Married
    - Unmarried
5. Family income:
    - 10000
    - 10001-20000
    - 20001-30000
    - 30001-100000
6. Residential status:
    - PG
    - Hostel
    - Rented
7. Socio-economic status:
    - Poor
    - Middle class
    - Rich

Section 3B- Questionnaire

1. What is your profession?
    - Nurse
    - Doctor
    - Nursing student
    - Caregiver
2. What is the primary purpose of applying restraints on a psychiatric patient?
    - To punish the patient
    - To ensure safety of the patients and others
    - To control behavior permanently
    - To reduce staff workload
3. Which of the following is considered as a form of physical restraint?
    - Sedative medication
    - Isolation room
    - Wrist or ankle belts
    - Verbal redirection
4. According to the most guidelines, how often should restrained patient be monitored?
    - Every 4 hours
    - Every 2 hours
    - Every 15-30 minutes
    - Once a day
5. Restraints can lead to:
    - Better rapport with patients
    - Psychological trauma
    - Reduced documentation
    - Improved therapeutic alliance
6. What should be done before applying physical restraints to a psychiatric patient?
    - Immediately apply without explanation
    - Inform and obtain informed consent
    - Call for physical assistance without attempting de-escalation
    - Sedate the patient
7. Which is a potential complication of prolonged restraint use?
    - Pressure sores and muscle atrophy

- Improved patient co-operation
- Increased alertness
- Enhanced communication

8. What is the first step in removing restraints?
    - Cut them off immediately
    - Assess the patient behaviour and readiness
    - Ask the family to do it
    - Wait for a shift change
9. Which of the following is a patient right even when restrained?
    - The right to threaten other
    - The right to refuse food
    - The right to dignity, respect, and timely care
    - Freedom of movement
10. What is an important part of post-restraint care?
    - Reviewing the event with the patient and staff
    - Ignoring the patient's emotional state
    - Avoiding documentation
    - Re-applying restraints "just in case"

11. Chemical restraint refers to:

    - Use of herbal medicine
    - Use of electric shocks
    - Administration of medication to calm a patient
    - Application of tight clothing

12. Mechanical restraints include all EXCEPT:

    - Bed alarms
    - Mittens
    - Soft belts
    - Posy vests

13. According to the Mental Healthcare Act, 2017, restraints should be used only:

    - For minor disturbances
    - When relative insist

- After a doctor's order
- Without documentation

14.which of the following is considered an ethical principle related to restraint use?

- Silence
- Autonomy
- Authority
- control

15. In emergencies who can authorize the use of the use of restraints temporarily?

- Housekeeping staff
- Ward boy
- Registered nurse
- Patients neighbour

16. Which of the following must be documented when restraints are applied?

- Time of shift change
- Reason for restraint
- Patient's income
- Nurses favourite colour

17. Which of the following body areas is commonly used for applying wrist restraints?

- Forearm
- Neck
- Nurse's favourite colour
- Chest

18. A key nursing responsibility during restraint is:

- Monitoring physical and psychological status
- Leaving the patient alone
- Restraining all patients equally
- Posting photos on social media

19. What type of knot should be used in restraints for safety?

- Granny knot
- Slip knot (quick-release)
- Square knot
- Surgeon's knot

20. Prolonged use of restraints may lead to:

- Improved sleep
- Skin breakdown
- Increased appetite
- Better memory

21. Which of the following is a psychological effect of restraint?

- Relaxation
- Anxiety and depression
- Joy
- Euphoria

22. What is the most serious complication of improperly applied restraints?

- Increased vocabulary
- Better posture
- Death due to asphyxiation
- Musical hallucination

23. Which organ system is at highest risk due to improper restraints?

- Nervous system
- Reproductive system
- Circulatory system
- Digestive system

24. According to best practices, restraints should be used as:

- A last resort
- Routine part of care
- First-line treatment
- A reward system

25. How should restraints be tied to a bed?

- To movable part
- To the mattress
- To fixed, non- movable part
- To wheels

26. In psychiatric care, what is the ideal environment for applying restraints?

- Crowded ward
- Emergency staircase

- Controlled and calm setting
- Hallway

27. Who should ideally be present when applying restraints?

- At least two trained staff
- One nurse
- No one
- Patient's family

28. Best way to avoid need for restraints is:

- Use therapeutic communication
- Ignore patient behaviour
- Apply early restraints
- Call security early

29. A student nurse is unsure how to apply a restraint. The preceptor should:

- Demonstrate the correct method and supervise
- Ask them to read about it later
- Let them try it alone
- Avoid involving them

30. A patient becomes violent and poses risk to others. What is the nurse's first step?

- Apply restraint immediately
- Shout at the patient
- Try verbal de-escalation
- Leave the area

ANSWER KEYS-

1. Nursing student
2. To ensure safety of the patients and others
3. Wrist or ankle belts
4. Every 15–30 minutes
5. Psychological trauma
6. Inform and obtain informed consent
7. Pressure sores and muscle atrophy
8. Assess the patient behaviour and readiness
9. The right to dignity, respect, and timely care
10. Reviewing the event with the patient and staff

11. Administration of medication to calm a patient
12. Bed alarms
13. After a doctor's order
14. Autonomy
15. Registered nurse
16. Reason for restraint
17. Forearm
18. Monitoring physical and psychological status
19. Slip knot (quick-release)
20. Skin breakdown
21. Anxiety and depression
22. Death due to asphyxiation
23. Circulatory system
24. A last resort
25. To fixed, non-movable part
26. Controlled and calm setting
27. At least two trained staff
28. Use therapeutic communication
29. Demonstrate the correct method and supervise
30. Try verbal de-escalation