

# RESTRAINT IN DEMENTIA CARE

By Emily Clarke

Dementia care systems are an aspect of the healthcare that need to be reviewed, specifically the ethical dilemmas associated with restraint practices. This is relevant as in New Zealand dementia is the sixth highest-ranking disease that contributes to the total burden of disease (Cornwall & Davey, 2004). Most importantly our basic human right is to freedom, therefore this issue demanded to be recognized. To aid my research I formulated the question:

**Is it ethically appropriate to apply restrictive and restraint practices to older adults with a diagnosis of dementia living in a nursing home or dementia unit?**

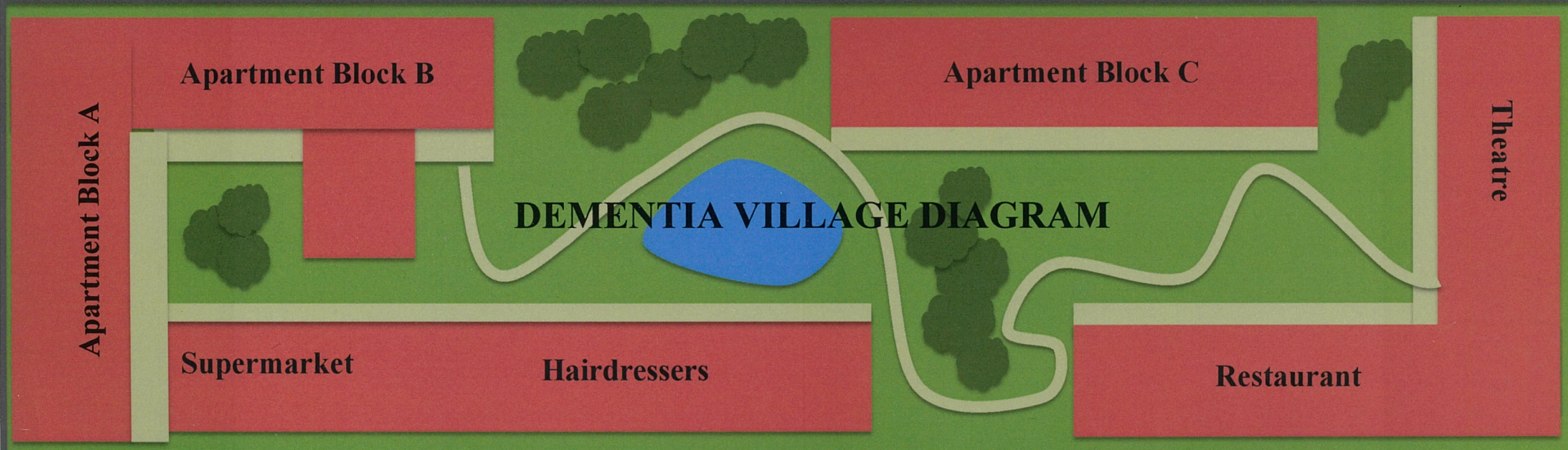
## EVIDENCE / LITERATURE REVIEW

- Engedal and Kirkevold (2004) state that the main reason given for the use of restraint is to protect the patient and others.
- Hughes (2008) found one in four older adults have been subject to some form of restraint in rest homes.
- From continuous use of restraint, patients can suffer physical consequences such as incontinence, pressure ulcers, infections, and falls (Gerace et al., 2013).
- For many patients confinement is considered as a form of punishment or a violation of rights (Gerace et al., 2013).
- Unmet emotional needs are a reason behind aggressive behaviour leading to restraint (Duxbury et al., 2011).
- Restraint encroaches on the patient's right to autonomy and justice (Engedal & Kirkevold, 2004).

## IMPLICATIONS / RECOMMENDATIONS

Awareness is the beginning. It is imperative that dementia care nurses are constantly thinking about their actions and the ethical dilemmas associated. This will ensure safe, appropriate and person-centred care. To breach the barrier of autonomy and independence dementia patients should be totally independent however, this poses too great a safety risk. In the Netherlands a 'Dementia Village' has been created, its aim being to provide a safe, familiar and caring environment for their residents (Dementia Village Advisors, 2016). Within the gated community are apartment blocks suited to provide different levels of care and services such as a supermarket and a theatre that are staffed by healthcare professionals. Currently, financial constraints prevent this plan however I believe this is the future. Despite this, we as nurses can make a difference now through our own practice.

- Report inappropriate restraint used as a nursing intervention
- Take time to work with patients to identify and treat the underlying issue of their behaviour
  - Advocate for autonomy
  - Use distraction techniques to curb dangerous behaviour
  - Always ensure person centred care



## CONCLUSION

Dementia patients are confined to ensure safety, as they can perform dangerous behaviours. However, dementia does not improve and therefore dangerous behaviours are repeated. If we keep them confined, this could be the highest quality of life they will get. Nurses are responsible for their quality of life and need to think about the ethical considerations of care. In their last years of life, they should not be subject to inappropriate restraint. While the days of 'Dementia Villages' may be far away, for now there are small things that nurses can be doing to ensure we are doing the best for our most vulnerable people.

## References

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### Summary/Rationale

Nursing is a practical, physical and interactive job. We are constantly working with and within people's lives to help improve their health outcomes. As Smith (2010) found, 30% of registered nurses have an 'accommodator' learning style and 40% having a 'converger' or 'diverger' learning style. A learning style is the most effective way a person receives and processes information (Brown, Hewitt, Jaberzadeh, McKenna, Palermo, Roller Vryens & Sim, 2009). Accommodator, converger and diverger learning styles all involve interaction with information and a 'hands-on approach' (Brown et al., 2009, p.23). A poster provides a medium in which people can interact with it, as opposed to written work. Visually it is more appealing due to the brightness of colours, simplicity, general structure and readability. By using a poster I am providing the most appropriate medium for my target population, this being nurses. This is because as Smith (2010) found, and due to the nature of our career, we are visual and hands-on people. This means a poster appeals to the more prominent interactive aspect of our learning style, and is therefore more appropriate.

Also, restraint in dementia care is an essential issue that every nurse needs to be thinking about. This meant I wanted to portray my work in a medium that would reach the greatest number of people, and would have the most effect. I also think it is more important to send a message and make this issue aware to many people, rather than make it known solely to one individual.

### References

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PECOT category	Information relating to question	Explanation
Population	My population for this research question targets older adults/ over the age of seventy years with a diagnosis of Dementia living in locked dementia units	Deeming whether it is ethically sound to lock people who are diagnosed with dementia in units, those diagnosed with dementia living in these places have the front and foremost perspective on this issue. This research directly affects them, as their quality of life could be changed.
Exposure (intervention)	Individuals with a diagnosis of dementia with no extra complicating illnesses, specifically those living in locked dementia units and who are subject to restraint practices	We will be looking for articles that have explored the ethical considerations around dementia care/treatment specifically restraint practices. This will also include qualitative perspectives from dementia patients living in dementia units, nursing perspectives on dementia care and restraint practices and ethical dilemmas around restraint in a clinical setting.
Comparison / Control	Individuals with a diagnosis of dementia not living in dementia units or in rest homes	This group of people are most likely those unaffected by restraint practices. Whether they encounter different restraint practices in their own living situations or if they do not encounter any, their perspective of their own quality of life and ideas on restraint practices could show evidence of a difference in quality of life to those living in locked dementia units.
Outcome	The outcome of my research is to create awareness around the ethical considerations of restraint practices in dementia care as well as finding a more ethical and humane system for caring for patients with dementia	Since I want to know if restraint practices like being locked in dementia units can be deemed unethical, I want to find a solution to this problem. I want to explore the reasons behind restrictive practices and determine the ethical legitimacy of them. Then propose a different way of treating people with dementia in a more ethical and humane way.
Time	There is no specific time frame regarding my review question, as the research will be on going.	The ethical considerations of dementia units is not a temporary event or measurable in time as it is an on going issue.