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Restraint use: Impact of an employee educational program in a skilled nursing facility

Elizabeth Ann Roybal

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RESTRAINT USE: IMPACT OF AN EMPLOYEE EDUCATIONAL PROGRAM IN A SKILLED NURSING FACILITY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Elizabeth Ann Roybal
June 1996
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Approved by:

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Bruce Bennett, Administrator, Community Care and Rehabilitation Center
ABSTRACT

In the United States the use of both chemical and physical restraints in the nursing home setting is a common practice. The Omnibus Reconciliation Act of 1987 (OBRA-87) mandated major changes in guidelines for the use of restraints in nursing homes and established the resident's right to be free of such restraints. This study evaluated the effectiveness of an employee educational program on reducing the use of restraints in a skilled nursing facility as well as the effect the program had on staff attitudes towards the use of restraints.

A two group pretest, posttest design was used to evaluate employee attitudes regarding the use of restraints at two time periods. A comparison was made between responses of each group to a series of statements regarding restraint use. Physical and chemical restraint use within the facility was also monitored over the course of the study.

Results indicate that staff attitudes towards the use of restraints changed in a positive manner over the course of the study. Chemical restraint use within the facility studied decreased overall, and a more “restraint proper” environment was created with regards to physical restraints.
ACKNOWLEDGEMENTS

I would like to acknowledge Linda M. Janelli, RN C, Ed.D., Clinical Assistant Professor at the University of Buffalo for forwarding me a copy of the instrument "Attitudes Towards the Use of Restraints" which was used in this study. Ms. Janelli was the principle investigator on the restraint study entitled "The Nursing Dilemma of Restraints", (Scherer, Janelli, Kanski, Neary and North, 1991) from which this instrument was taken.

I would also like to thank Chani Beaman, Computer Lab Director at Cal State San Bernardino for her assistance in compiling the data from the present study. Thanks also to Frank Roybal for his assistance in formatting the tables that appear within the text.

I would also like to thank Cynthia Goodwin, Director of Social Services in the facility where this study took place for her assistance in developing the in-service program for this study, as well as Dr. Paul Williams, Pharm. D, Consultant Pharmacist and Ann McElistrim, Social Services Assistant for their participation. Also, thanks to the staff at the facility that participated in this study, and to the Administrator, Bruce Bennett for allowing me to conduct this research at this facility.

And finally, I would like to thank Dr. Rosemary McCaslin, Chair of the Department of Social Work, Cal State San Bernardinio for overseeing this project. The assistance of all these individuals was greatly appreciated!
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THE NURSING HOME POPULATION AND THE USE OF RESTRAINTS

A study by Ray, Meador, Taylor and Thapa (1992) published in the Annual Review of Gerontology reports that the number of persons residing in nursing homes has tripled since 1964. The 1992 estimated number of persons in the United States age 65 or older residing in nursing homes was reported as 1.5 million. Of those 1.5 million approximately 35% were physically restrained (Granstrom, 1992). According to statistics compiled in 1993 by The California Advocates For Nursing Home Reform, in California one of every four nursing home residents in the state received some kind of psychotropic medication (The Sun Newspaper, May 2, 1995). Sundel, Garett and Horn (1994) indicated the presence of physical restraint use in nursing homes from 1977-1989 as being between 25% and 85%, based on a review of studies during that time period by Evans and Strumpf (1989). Over the past decade there has been a growing interest in and concern regarding the increasing use of both chemical and physical restraints with nursing home residents to manage behaviors in this population.

Types of behavior problems presented by the nursing home population include such behaviors as wandering, being verbally abusive, agitated or frustrated, or physically abusive. It has been documented that one of the most common approaches to managing a resident's distressful behavior in the nursing home has been an order for psychoactive medication (Avon and Monane, 1992). The inability to manage
agitation in residents has led to overuse of physical restraints as well as inappropriate use of psychotropic medications (Roper, Shapira and Chang, 1991).

Those who are on psychotropic medications are at an increased risk for falls and fall related injuries, as well as an increased risk of developing tardive dyskinesia and other movement disorders, anticholinergic toxicity, postural hypotension and other cardiovascular effects and increased sedation. The most commonly prescribed therapeutic class of medication for residents in the nursing home are psychotropic drugs (Ray, Meador, Taylor and Thapa, 1992).

Potential risks for using physical restraints include negative effects on movement and functional capacity as well as adverse physiological effects on circulation, appetite, skin breakdown and elimination. Restraining the elderly has been found to precipitate agitation, regressive behavior and demoralization (Sundel, Garrett and Horn, 1994). The use of both chemical and physical restraints has been associated with adverse effects on the elderly resident.

The effectiveness of the use of physical restraints to prevent falls, which is a common reason restraints are applied, has been questioned. It has been suggested that those who are physically restrained may actually be at an increased risk for serious fall related injuries. Research findings have shown that restraint use with residents who tend to fall has been ineffective in preventing falls (Sundel, Garrett and Horn, 1994).
The issue of restraint use has been addressed by the Omnibus Reconciliation Act of 1987 (OBRA, 1987), which mandated that nursing homes reduce the use of restraints beginning October 1, 1990 and established the resident's right to be free from "any physical or chemical restraints imposed for the purpose of discipline or convenience, and not required to treat the resident's medical symptoms" (OBRA, 1987). Concern that the use of restraints has been for the convenience of the facility rather than for the resident's benefit led to the governmental regulations that restrict the use of both chemical and physical restraints in nursing homes.

It has been posited that a primary determinant of inappropriate prescribing of psychotropic drugs with the elderly is an inadequate knowledge base (Ray, Meador, Taylor and Thapa, 1992). Several studies on the impact of restraint reduction programs in the nursing home setting suggest that education of the nursing home staff is a key component in the reduction of restraint use (Sundel et al., 1994, Werner et al., 1994, Ray, et al., 1992).

Avon and Monane (1992) suggest that the best method to rectify overuse of restraints in the nursing home setting is to educate the nursing home staff to provide nonpharmacologic alternatives for the management of behavior problems. Rantz (1994) also suggests nonpharmacological interventions in a study of the management of behaviors of chronically confused residents.
Categories of interventions suggested by others include 1) modifying the environment 2) interpersonal strategies and 3) the use of chemical and physical restraints, with the third category being the least desirable (Roper, Shapira and Chang, 1991).

Modifying the environment refers to the adaptation of the physical, psychological and personal surroundings of the patient. The goal is to meet the needs of the patient rather than those of the nursing home (Roper, Shapira and Chang, 1991). This category includes such things as altering the color of uniforms, lighting, noise level, as well as including patients in daily decisions for the enhancement of self care. The goal is to maximize the patient's self-care potential. Interpersonal style includes such things as style of interacting with the patient as well as directing and reassuring them.

Strategies suggested for patients resistant to care include changing activities of daily living (ADL's) such as bathing, dressing, and performing hygiene tasks to a time of day when agitation is less, keeping the patient warm while performing ADL's, or simply waiting to perform grooming or hygiene or giving medications (Roper, Shapira and Chang, 1991).

Other alternatives to restraints that have been suggested include such things as reducing environmental stimuli, developing a consistent routine of care, and determining and working within each resident's reality. The
goals are to decrease agitation as well as to minimize confusion and psychological pain for the resident.

PROBLEM FOCUS

The objective of this study was to 1) evaluate the effectiveness of an employee educational program on reducing the use of both chemical and physical restraints in a skilled nursing facility and 2) evaluate the effect the program has on employee attitudes about the use of such restraints as an option for management of behavior problems in the nursing home setting. The positivist paradigm was used for this study, which is explanatory in nature.

This study replicated, in part, a study done by Sundel, Garrett and Horn (1994). The study by Sundel, Garrett and Horn was conducted in a 265 bed private, non-profit nursing home located in Dallas, Texas and consisted of two parts. The first part was the implementation of a restraint-reduction program within the facility and the second part involved surveying employee attitudes regarding the use of physical restraints.

A one-group pretest, posttest design with repeated measures was used by Sundel, Garrett and Horn (1994) to determine the use of restraints within the facility over a 14 month period. The entire nursing home staff was surveyed at two time points to determine their opinions on restraint use.

The present study differed from the study by Sundel et al. in that it was done over a shorter time frame and
addressed the use of both chemical and physical restraints. Sundel, Garrett and Horn addressed only physical restraint use in their study. They also looked at a restrained cohort as well as overall restraint use. The present study looks only at overall restraint use within the facility being studied.

The previous study involved the entire nursing home staff in the facility being studied. The present study focused on nursing staff and members of the facility's care plan team, with participation being voluntary for staff in these departments. The current study used a two-group pretest, posttest design instead of the one-group design used by Sundel, Garrett and Horn (1994).

The previous study involved setting up a restraint review committee, which designed and implemented a program focusing on attempting to remove restraints from a restrained cohort. The current study was in a nursing home that already had a restraint review committee in place, the facility's care plan team, which reviews restraint use at each resident's quarterly care plan conference. The present study did not incorporate the component of attempting to remove restraints from a restrained cohort.

**IMPLICATION FOR SOCIAL WORK PRACTICE**

This study addressed both the direct practice and the policy/administrative component of social work practice. Social workers are a growing population in the skilled
nursing facility as facilities with 100 beds or more are required to have a bachelors level social worker on staff and many facilities have an LCSW consultant.

The social worker's role within the interdisciplinary team approach used in the nursing home setting has been defined as the "resident's advocate" (Bruno, 1994). Social workers are directly involved in ensuring that residents' rights in the nursing home are not being violated. Ensuring that physical and chemical restraints are used only when all other approaches have been exhausted and only in the resident's best interest is one component of this advocacy role.

The administrative/policy planning component was addressed as suggested by Ray, Meador, Taylor and Thapa (1992) in their study of the effectiveness of one such educational program in the reduction of psychotropic drug use in a skilled nursing facility. It was suggested that a program such as this might be implemented on a uniform basis by the state agency involved in regulating nursing homes to increase the likelihood that the required reduction in restraint use will occur within facilities.

PURPOSE AND DESIGN OF THE STUDY

The purpose of this study was to evaluate the effect an employee educational program had on the use of chemical and physical restraints in a skilled nursing facility. The effect the program has on employee attitudes regarding the
use of restraints was also evaluated.

The questions asked were 1) What is the effect of an employee educational program on the use of chemical and physical restraints in a skilled nursing facility? and 2) What effect does the program have on the attitude of staff regarding the use of restraints on the residents?.

The study hypothesis was that the educational program would produce positive results in that there would be decreased restraint use overall within the facility as well as a change in employee attitudes regarding the use of restraints. It was thought that employees would be less likely to consider restraining a resident as an approach to managing behaviors and would feel less comfortable doing so.

The positivist approach was taken for this study as this approach allows for the results of this study to be compared with those of other studies similar in nature. Using this paradigm produced data that was quantitative, thus allowing comparisons to be more readily made.

A two group pretest, posttest design was used for the evaluation of employee attitudes regarding the use of chemical and physical restraints. Attitudes of the nursing home employees were surveyed by distributing a self-administered questionnaire at two intervals. Employees initially completed the questionnaire prior to attending a series of educational in-services and then again once the series had been completed.

Overall restraint use within the facility was monitored over the course of the study. A computerized printout was
reviewed over a period of several months to track orders for physical restraint use within the facility. The facility's pharmacy consultant's quarterly report was used to monitor psychotropic medication use.

SAMPLING

This study was conducted in a 160 bed skilled nursing facility located in southern California. Staff at the facility was divided into two groups, with one group participating in the educational program and the other not. Both groups participated in the pretest, posttest given before and after the educational program.

Assignment of employees to each group was based on their shift worked as well as the department in which they worked. Group one consisted primarily of daytime Registered Nurses (RN's), Licensed Vocational Nurses (LVN's) and Certified Nursing Assistants (CNA's), as well as those employees who participate in the nursing home's interdisciplinary care plan team on a regular basis. Group one participated in the educational program. The employees in group two consisted primarily of evening and night shift RN's, LVN's and CNA's.

The rationale used to divide employees in this manner was based on two factors. First, daytime employees were present regularly at staff meetings, which was the setting for the educational in-services being conducted at the facility. Daytime RN's and LVN's were more involved in the
decision to use both chemical and physical restraints as many of the behaviors they are used for are exhibited more often in the daytime by residents. Also, physicians are more readily reached during the day to obtain orders for restraint use. Although the physician is the person who actually writes the order for a resident to be restrained, it is often at the request of the nursing staff in the facility.

Members of the interdisciplinary care plan team (IDT) are an integral part of the decision-making process of whether or not a physical or chemical restraint will be used as all decisions to use either must be reviewed and approved by the team. The idea was that those employees in the facility that were the most involved in the process of making decisions regarding the use of restraints would be participating in the educational program.

DATA COLLECTION AND INSTRUMENTS

Questionnaires regarding employee attitudes towards the use of restraints were distributed with employee paychecks both prior to and after the educational in-services were given. Participants in both groups received the questionnaire at the same time. Employees were asked to return the questionnaire to the Social Services Department located within the facility by a specified date.

The instrument used in this study to evaluate employee attitudes regarding the use of restraints is the "Attitudes Towards the Use of Restraints" (ATUR), an eleven item
instrument developed by a panel of five gerontological nurses for a study conducted by Scherer, Janelli, Kanski, Neary and North (1991) regarding nursing staff's attitudes towards the use of physical restraints. The reliability coefficient for the attitude scale was reported by Scherer et al. to be 0.67. Added to this questionnaire was a series of statements regarding employee attitudes towards the use of chemical restraints as a measure to control behaviors in the nursing home population. These questions were developed by the researcher.

**THREATS TO INTERNAL VALIDITY**

Rubin and Babbie (1994) discuss internal validity and the possibility that the conclusions drawn from the experimental results may not accurately reflect what went on in the experiment itself. It refers to the confidence the researcher has that the results of the study are an accurate depiction of whether one variable causes another. There are several threats to internal validity that need to be controlled in a study. Threats to internal validity include history, maturation, testing, statistical regression, selection and mortality. A study that does not control for threats to internal validity has low internal validity.

The two group pretest, posttest design chosen for this study controlled for many of the threats to internal validity. Having both a pretest and posttest as well as a control and a study group allowed the researcher to compare
changes in attitudes between the two groups to ascertain whether or not the educational program was the variable leading to the change in attitudes the researcher expected to find in the study group. If the results of the two groups were indeed different then there would be no reason to suspect that changes in attitudes were the result of history, maturation, testing or statistical regression. Employees were tracked numerically for participation in both the pre and post test as well as participation in the in-services. The issue of mortality was then be addressed as employees were tracked for participation in completion of the questionnaire at both points in time.

Participants were not randomly assigned to the two groups for the reasons mentioned earlier. To increase the validity in the area of selection, demographic information collected with the questionnaire was reviewed.

PROCEDURE

The employee educational program consisted of a series of five in-service training sessions covering a) the resident's right to be free from restraints b) the negative effects chemical and physical restraint use has on residents and c) alternatives to the use of chemical and physical restraints. In-services were conducted over a five week period with each in-service held twice weekly to allow greater opportunity for staff participating in the study to attend.
The first in-service included an overview of the resident's right to be free of restraints and OBRA guidelines mandating the reduction of restraint use in long term care. This was followed by a video entitled "What About Me?" (Minnesota Alliance for Health Care Consumers, 1992) which portrayed an elderly woman transitioning from her home to the convalescent setting and presented a discussion of nursing home Resident's Rights.

In week number two participants viewed a video "Psychotropics in Long Term Care Facilities" (Granstrom Communications, 1993) which gave an overview of current guidelines in prescribing psychotropic medications in long term care facilities. Employees were given information regarding acceptable and unacceptable indications for antipsychotic drug use as well as non-pharmacologic approaches to behavioral symptoms commonly managed using chemical restraints.

The third in-service was entitled "The Effects of Chemical Restraint Use" and was a discussion by the facility's pharmacy consultant regarding psychotropic medications and their effects on the elderly.

In week four a video entitled "Restraint Alternatives: Finding the Right Solution" (Granstrom Communications, 1992) was shown. This video discussed guidelines for nursing homes for physical restraint use and was followed by discussion regarding using the least restrictive measure when physical restraints are required for the resident's safety. A handout covering key components to restraint free care was
discussed along with suggestions of alternative approaches to the use of physical restraints for managing symptoms.

The fifth in-service was entitled "Applying the Alternatives" and involved role-playing of vignettes depicting behavioral symptoms in residents, followed by a request to staff to identify factors leading to the behavioral symptoms. Some staff members were also physically restrained in wheelchairs with their hearing and vision impaired and asked to describe how they felt while restrained. A resident who had recently been physically restrained by staff also came and spoke regarding her feelings about having been physically restrained.

All data collected for this study was collected at the convalescent center being studied. The questionnaires were distributed with employee paychecks prior to the time the inservices began in the facility and during the pay period following the completion of the in-services. Employees were asked to return the questionnaires to the facility's Social Services Department within a specified time frame.

Data collected regarding the use of physical restraints within the facility were collected using a computerized report printed regularly by the facility that contains data regarding orders for physical restraints. Data on chemical restraints were obtained from quarterly reports prepared by the facility's pharmacy consultant on the use of psychoactive medications within the facility. Physical restraint use was monitored prior to the start of the study and continued to be monitored for several months after the in-services were
completed by the nursing home staff. Psychoactive medication use was monitored quarterly before and after the in-services as well.

PROTECTION OF HUMAN SUBJECTS

The issue of protection of human subjects in this study was addressed in the following manner. First, a cover letter explaining that participation in the study was voluntary was attached to the questionnaire employees were asked to complete. The cover letter also described the purpose of the study.

Second, the employee replies were confidential. That is to say, the researcher was the only one aware of the responses being given by a particular employee. This was accomplished by using employee numbers on the actual questionnaires instead of names and then comparing the numbered questionnaires to a master list of employee names and numbers.

Actual employee responses between the first and second survey time were compared on an overall basis regarding any changes in attitude towards the use of restraints. Identifying employees numerically was only being used to monitor participation of employees in both surveys.
DATA ANALYSIS

As discussed earlier, the purpose of this study was to evaluate the effect an employee educational program had on the use of chemical and physical restraints in a skilled nursing facility, as well as the effect the program had on employee attitudes regarding the use of restraints. The data collected for this study was quantitative.

Data collected from the questionnaire (Appendix A) was ordinal as a 5 point Likert Scale was used for respondent's replies to statements regarding their attitudes towards restraint use. The data was then entered into the computer and coded numerically to allow it to be analyzed quantitatively. Respondents indicated whether they "strongly agree," "agree," are "undecided," "disagree," or "strongly disagree" with statements regarding the use of chemical and physical restraints.

The results from the two separate distributions of the questionnaire before and after the educational in-services was keyed into the computer using SPSS and the data compared for changes in staff attitudes regarding restraint use. Responses at the two time periods employees completed the questionnaire were compared using ANNOVA.

Data on actual physical restraint use was categorized by types of restraints used and included such variables as grey seatbelt, posey vest, wrist restraints, hand mittens, Thoracic Lumbar Support (TLSO) and self-releasing belts. Use of these devices was compared over the course of the study.
and categorized by types of restraints as well as number of orders for each type of restraint. The researcher looked for changes in the types of restraints used as well as any decreases occurring in the number of restraints used in the facility.

Data on chemical restraint use was entered into the computer according to type of psychotropic medication with the variables being "antianxiety," "antidepressant," "antipsychotic," and "hypnotics".

The study hypotheses that overall restraint use within the facility would decrease over the course of the study was tested by comparing restraint use from beginning to end of the study period.

Other variables included the variables for demographic information collected on each respondent. Variables included age, sex, marital status, religious preference, race, hours worked and shift worked as well as employee's position.

The researcher expected that over the course of the study the use of both chemical and physical restraints would decrease within the nursing home being studied. It was also expected that staff attitudes would change, with staff being less likely to feel comfortable with restraint use after completing the series of in-services. The independent variable, the employee educational program was expected to have an effect on the dependent variables of restraint use within the facility and staff attitudes regarding the use of restraints.

The study hypotheses that the employee educational program would result in decreased restraint use within the facility...
facility as well as a change in staff attitudes regarding the use of restraints was tested by comparing both of these areas before and after the in services were completed, as well as by comparing the two groups participating in this study.

RESULTS

A total of 40 employees participated in the study. Demographic information was collected from both groups. Group 1 consisted of 26 employees who participated in the study and who were asked to participate in the series of educational in-services presented. Group 2 consisted of 14 employees who did not participate in the educational in-services but did complete the questionnaire at both response times. The following tables show employee responses by group to the demographic information collected on the questionnaire. Each table is followed by discussion of the demographic variables within it.

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>19.2%</td>
</tr>
<tr>
<td>30-39</td>
<td>38.5%</td>
</tr>
<tr>
<td>40-49</td>
<td>15.4%</td>
</tr>
<tr>
<td>50-59</td>
<td>15.4%</td>
</tr>
<tr>
<td>60-69</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

FIGURE 1. Age of respondents by group.
Figure 1 shows employee responses by group and age. The two groups were similar in that the majority of respondents in both groups fell into the category of being between the ages of 30-39 and 40-49.

Figure 2 shows sex of respondents by group. The two groups are similar in that the majority of employees in both groups are female (88.5% of group 1 and 100% of group 2). Group on did have a small percentage (7.7%) of male respondents.
Figure 3 shows marital status of respondents by group. The majority of respondents in both groups were either married (38.5% of group 1 and 35.7% of group 2) or divorced (26.9% of group 1 and 28.6% of group 2).

Figure 4 shows religion of respondents by group. Respondents in both groups were primarily Catholic or "Other" religious denominations.
Figure 5 shows race of respondents by group. The two groups differed in that the majority of group 1 respondents were white (57.7%) while the majority of group 2 respondents were either black (35.7%), Hispanic (21.4%) or Asian (21.4%).

Figure 6 shows hours worked of respondents by group. The two groups are similar in that the majority of employees in both groups are full time employees (92.3% of group 1 and
92.9% of group 2). A small percentage of employees in both groups were part time employees (3.8% of group 1 and 7.1% of group 2).

<table>
<thead>
<tr>
<th>Shift</th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>80.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Evening</td>
<td>3.8%</td>
<td>42.9%</td>
</tr>
<tr>
<td>Night</td>
<td>3.8%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Rotating</td>
<td>7.7%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

**Figure 7.** Shift worked of respondents by group.

Figure 7 shows shift worked of respondents by group. As discussed earlier, the majority of respondents in group 1 were daytime employees (80.8%) while the majority of respondents in group 2 worked the evening (42.9%) and night (50%) shifts. Approximately the same percentage of employees in each group worked rotating shifts (7.7% of group 1 and 7.1% of group 2).
Figure 8 shows position worked of employees by group. It appears that a larger percentage of group 1 employees were LVN's (30.8%) or RN's (15.4%). The majority of group 2 participants were CNA's (78.6%).

The following figures show a comparison of responses at time 1 and time 2 to those statements where there was a significant or near significant change between the two response times within each group.

Staff's attitudes towards restraint use changed significantly between the two time periods for group one for six of the sixteen questions on the questionnaire. Responses reached a near significant level for three additional statements for group 1. This significance was determined by significance of the p value after an ANNOVA was run comparing responses between time 1 and time 2.
When asked to respond to the statement "I feel that family members have the right to refuse the use of restraints" (figure 9) group one responses changed significantly ($F=4.417$, d.f.=4, $p=.006$). A larger percentage of respondents agreed with this statement at time 2 (53.8% at time 2 as compared with 38.5% at time 1), with a smaller percentage of respondents disagreeing with this statement at time 2 (19.2% at time 2 as compared with 23.1% at time 1). It appears employees who attended the inservices felt more strongly that family members have a right to refuse the use of restraints on their family member.
Response to the statement "I feel the staff members have the right to refuse to place patients in restraints" (figure 10) also changed significantly ($F=3.335$, d.f. = 4, $p=.029$) from group 1 participant's first response to the second. Again, employees were more likely to agree (38.5% at time 2 as compared to 26.8% at time 1) with this statement after completing the educational in-services. This was in part a result of a shift from those who were undecided at the first response time. It appears a larger percentage of employees who attended the in-services felt staff also had a right to refuse to place patients in restraints.
Staff responses in group 1 to the statement "I feel that the main reason restraints are used is that the nursing home is short-staffed" (figure 11) changed significantly ($F=2.873$, d.f. = 4, p = .048) between the two response times. Although the majority of staff disagreed with this statement at both times they responded to the statement, they were less likely to strongly disagree at the second response, with a larger percentage responding by choosing "disagree" rather than "strongly disagree" at time 2 than did at time 1. Thus responses to this statement were less polarized at the "strongly disagree" end of the Likert Scale. Also, a larger percentage of respondents (7.7% at time 2 as compared with 3.8% at time 1) strongly agreed with this statement at the second response time.

This seems to indicate recognition at least in part of group 1 that decreased ability to monitor patients due to staffing constraints may play a part in the need for patients
to be restrained.

FIGURE 12. Response of group 1 to the statement "I feel looking at and adjusting a resident's environment is an alternative to prescribing psychotropic medication" at time 1 and time 2.

As for responses to the statement "I feel looking at and adjusting a resident's environment is an alternative to prescribing psychoactive medication" (figure 12), again a significant change in responses ($F=4.946$, d.f. = 3, $p=.009$) was found between time 1 and time 2 for group 1. A larger percentage of employees either agreed (46.2% at time 2 as compared to 44% at time 1) or strongly agreed (42.3% at time 2 as compared with 24% at time 1) with this statement. Group 1 participants appear to have incorporated the idea that environmental factors need to be explored prior to considering psychotropic medications.
Responses to the statement "I feel it is important to attempt to reduce a resident's psychotropic medication" (figure 13) also changed significantly ($F=9.870$, d.f.$=2$, $p=0.001$) between the two time periods for group 1. Respondents were more likely to strongly agree with this statement at the second response (34.6% at time 2 compared with 28% at time 1), with a similar number agreeing with this statement at both time periods (57.7% at time 2 compared to 60% at time 1). This was a result of a decrease in respondents being undecided at time 2 (7.7%) as compared to those responding this way at time 1 (12%). Group 1 staff attitudes regarding guidelines in skilled nursing facilities to attempt to reduce patient’s psychotropic medications have shifted positively as can be seen by their increased agreement with this statement.
The statement "I feel there are few practical alternatives to the use of restraints" (figure 14) also changed significantly ($F=3.205, d.f.=4, p=.033$) between the two response times for this group. Respondents were more likely to disagree with this statement at the second response time (34.6% at time 2 as compared to 26.9% at time 1), with respondents less likely to agree with this statement at the second response time (38.5% at time 2 as compared to 50% at time 1). This represents a positive change in attitudes of group 1 employees as it appears employee’s attitudes towards the practicality of alternatives to restraints was more positive at time 2.

Those who had polarized responses at time 1 appeared to maintain their attitude at time 2 as the same percentage strongly agreed (7.7%) with this statement at both response times as well as strongly disagreed (11.5%) at both response times.
Although not significantly (F=2.487, d.f.=4, p=.076), response of employees in group 1 to the statement "If a resident becomes very agitated, I would feel comfortable administering haldol IM to calm them" (figure 15) also changed between the two response times. A larger percentage of employees chose "disagree" or "strongly disagree" at the second response than did when completing the questionnaire initially, showing a decrease in comfort level occurring for group 1 respondents regarding chemically restraining a resident for this type of behavior.
FIGURE 16. Response of group 1 to the statement "The nursing home is legally responsible to use restraints to keep the patient safe even if it means that the patient loses dignity" at time 1 and time 2.

Responses to the statement "The nursing home is legally responsible to use restraints to keep the patient safe even if it means that the patient loses dignity" (figure 16), also showed a difference in the responses of group 1 participants at the two points in time. Although not statistically significant (F=2.474, d.f.=4, p=.076), respondents were more likely to strongly disagree (7.7% at time 2 as compared to 3.8% at time 1) with this statement as well as disagree (30.8% at time 2 as compared with 15.4% at time 1) with the statement. Thus, employees appear to be more thoughtful regarding the effect of restraint use on the patient's dignity and the nursing homes legal responsibility.
The statement "It seems that the patients become more disoriented after the restraint has been applied" (figure 17) also resulted in a change in attitude for group 1 respondents although not reaching statistical significance (F=2.496, d.f.=4, p=.075). A larger percentage of employees responded that they agreed with this statement at time 2 than did at time 1 (30.8% at time 2 as compared with 20% at time 1), representing increased recognition of group 1 respondents of one of the possible negative effects of restraining a patient.

Staff attitudes towards the use of restraints changed significantly between the two time periods for group 2 for five of the sixteen statements on the questionnaire. The following figures show a comparison of group 2 responses to these five statements.
Figure 18 shows a comparison of responses of group 2 to the statement "I feel that family members have the right to refuse the use of restraints" at time 1 and time 2. A larger percentage of group 2 respondents disagreed with this statement at time 2 (14.3%) than at time 1 (7.1%). The same percentage of respondents remained either undecided (21.4%) or strongly disagreed (7.1%) with this statement at both response times (F=6.179, d.f.=4, p=.011). Thus group 2 respondents did not have the same positive change in attitude regarding this statement as group 1 respondents did and in fact appear less likely at time 2 to feel family members have a right to disagree with restraint use.
Figure 19 shows a comparison of responses of group 2 at time 1 and time 2 to the statement "In general, I feel comfortable taking care of a restrained patient." Group 2 responses to this statement changed significantly ($F=23.106$, d.f.=4, $p=.000$) from time 1 to time 2. Group 2 respondents were more likely to disagree with this statement at time 2 (28.6% disagreed at time 2 as compared to 21.4% at time 1). At the same time, a larger percentage agreed with this statement at time 2 (50% at time 2 as compared to 42.9% at time 1). Thus although a significant change in attitude took place, it was not a trend towards one end of the Likert Scale or the other.
Figure 20 shows a comparison of responses of group 2 at time 1 and time 2 to the statement “I feel looking at and adjusting a resident’s environment is an alternative to prescribing psychotropic medication.” Attitudes of group 2 respondents changed significantly ($F=6.370$, d.f. = 3, $p=.013$) between the two responses, with a larger percentage (38.5% at time 2 as compared with 28.6% at time 1) being undecided about this statement at time 2. Respondents were also more likely to disagree with this statement at time 2 (7.7% at time 2 as compared with 0% at time 1). Group 2 employees do not appear to have incorporated the idea that environmental factors need to be explored prior to considering psychotropic medication use.
Figure 21 shows responses of group 2 to the statement "There are many possible negative side effects associated with psychotropic drug use with the elderly" at time 1 and time 2. Attitudes of group 2 changed significantly between the two responses (F=5.538, d.f.=3, p=.020), with no employees in group 2 disagreeing with this statement at time 1 and 7.7% disagreeing with it at time 2. A smaller percentage were undecided at time 2 (7.7% at time 2 as compared with 21.4% at time 1), and a larger percentage of respondents agreed with the statement at time 2 (61.5% at time 2 as compared with 50% at time 1). There was a positive trend of an increasing percentage of group 2 employees recognizing the likelihood of negative side effects associated with the use of psychotropic medications.
Figure 22 shows the response of group 2 to the statement "I feel there are few practical alternatives to the use of restraints" at time 1 and time 2. Attitudes of group 2 respondents changed significantly (F=4.510, d.f.=2, p=.040) regarding this statement between the two response times. There was a larger percentage of respondents who agreed with this statement (this represents in part a shift of those who previously agreed with this statement) at time 2 (61.5%) as compared to time 1 (20%). Thus attitudes of group 2 respondents did not change as positively as did those of group 1 respondents to the same statement and in fact group 2 employees were much less likely to recognize alternatives to restraint use as being practical.

Based on this overview of the responses of the two groups to those statements where a significant or near significant change in attitude took place, it appears that the researcher's hypothesis that the educational program would result in a change in employee attitudes regarding the
use of restraints was validated. Although there was some significant change in the attitudes of group 2 respondents, this change was not observed in as many statements as group 1 and not in the same positive fashion.

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COMPARISON OF 3/31/95 AND 10/30/95

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FIGURE 23. Number of orders for physical restraints from 3/31/95 through 10/30/95. Includes comparison of each date with the previous date as well as comparison of 3/31/95 and 10/30/95.
As discussed earlier, physical and chemical restraint use were also monitored. Although physical restraint use fluctuated during the course of the study (figure 23), overall there was a decrease in the number of orders written for several types of physical restraints monitored, with the exception of the lap cushion, which began being used as an alternative to more restrictive measures used to restrain residents within the facility. Use of grey seatbelts decreased by 63% when the first and last dates of monitoring were compared. The use of posey vests decreased by 30% when the same dates were compared. Orders for self releasing seatbelts decreased by 25%, with no change in number of orders for hand mittens and wrist restraints.

The decreases in orders written for these types of restraints was due largely to the use of lap cushions as the least restrictive measure for those residents requiring physical restraints while up in their wheelchair as can be seen by the introduction of orders for lap cushions in the next to the last column in the table above.

Also, there appears to be more of a trend for number of orders for physical restraints increasing prior to the in-services (which were given in July and August), with a trend towards a decrease after that date.
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<tr>
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<tr>
<td>% OF CENSUS</td>
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FIGURE 24. Number of orders for psychotropic medications at three quarterly reviews, with comparison of percent of increase or decrease at each quarterly review point.

Figure 24 gives an overview of psychotropic medication use at the quarter prior to (2nd), during (3rd) and after (4th) the educational in-services took place, and also denotes percent of increase or decrease of each category of psychotropic medication from the previous quarter. Number of orders, number of residents receiving psychotropic medication and percent of census at the time of evaluation is also denoted.

Although number of orders and number of residents with orders for psychotropic medications as well as percent of census receiving psychotropic medications fluctuates only
minimally, overall results appear to be positive. There was a decrease that occurred in the number of orders for antipsychotic medication. Figure 24 shows that the number of orders for antipsychotics decreased by 34% from the second to the third quarter and another 40% from third to fourth quarter. Orders for PRN (as needed) antipsychotic medication also decreased.

Number of routine orders for antianxiety medications decreased by 23% from second to third quarter, and another 29% from third to fourth quarter. There was also a 25% decrease in PRN orders for antianxiety medication from third to fourth quarter.

Routine orders for hypnotics fluctuated during the time frame monitored, with an increase in both routine and PRN orders between the second and third quarters. There was then a decrease in routine orders between the third and fourth quarter, and an increase in PRN orders for this type of medication from the third to the fourth quarter. Thus, this medication class is being used more on an as needed basis rather than routinely.

Number of orders for antidepressant medications increased by 14% between the second and third quarter and again by 3% from third to fourth quarter. These increases are seen as positive by the researcher as it appears that an increased recognition and treatment of depression occurred while a decrease took place in use of antipsychotic and antianxiety medications. This is felt to represent an increase in the recognition of depression, which is often
underdiagnosed in the elderly, coupled with a decrease in treating behavioral symptoms associated with depression by prescribing antipsychotic or antianxiety medications.

CONCLUSIONS

For each of the two groups participating in the study a significant change in staff attitudes regarding restraint use took place in several areas, with the changes in attitudes for group 1 being more positive and in more areas than those for group 2.

Results of this study suggest that educating nursing home staff regarding restraints is a positive step towards the reduction of restraint use within the nursing home. Although total number of orders for physical restraint use did not decrease significantly during the course of this study, types of restraints used made a positive shift towards using the least restrictive measure. Results suggest that there was also a positive effect, as the researcher had hypothesized, on the use of chemical restraints in that psychotropic medication use decreased in key areas.

Although results were positive, this study did not result in the significant reduction in physical restraint use observed by Sundel, Garrett and Horn (1994) in the nursing home they studied. This may be in part due to the more aggressive approach taken by the restraint reduction committee formed in the previous study. Although education of the nursing home staff appears to be a key component in
reducing restraint use, the researcher concludes restraint reduction would be further enhanced when education is combined with a more aggressive approach to restraint reduction.

As discussed earlier, social workers in the skilled nursing setting play an important role as resident's advocate. The results of this study suggest that educational in-services regarding restraint use within this setting is an important part of this advocacy role. It is then important for social workers in the skilled nursing setting to promote educating staff regarding restraint use and ensure it is incorporated into facility's in-service programing.
APPENDIX A

QUESTIONNAIRE

The first section of this questionnaire asks questions about your personal characteristics. Please circle the number that corresponds with your answer.

1. Age
   - Under 20.........1
   - 20-29...........2
   - 30-39...........3
   - 40-49...........4
   - 50-59...........5
   - 60-69...........6

2. Sex
   - Female........1
   - Male...........2

3. Marital Status
   - Single........1
   - Married........2
   - Widowed........3
   - Divorced........4
   - Separated.......5

4. Religious Preference
   - Protestant........1
   - Catholic........2
   - Jewish...........3
   - Other............4
   - Specify

5. Race
   - White...........1
   - Black............2
   - Hispanic.........3
   - Oriental.........4
   - American Indian..5
   - Other............6
   - Specify

6. Hours Worked
   - Full Time.........1
   - Part Time.........2

7. Shift Worked
   - Days...............1
   - Evenings..........2
   - Nights............3
   - Rotating..........4
8. Position

CNA.................1
LVN..................2
RN....................3
CARE PLAN TEAM......4
The following are statements regarding feelings about the use of chemical and physical restraints. Please indicate your response to the following statements by circling the number in the column to the right that indicates how you feel about the statement.

1=Strongly Agree
2=Agree
3=Undecided
4=Disagree
5=Strongly Disagree

I feel that family members have the right to refuse the use of restraints. 1 2 3 4 5

I feel the staff members have the right to refuse to place patients in restraints. 1 2 3 4 5

If I were the patient, I feel I should have the right to refuse/resist when restraints are placed on me. 1 2 3 4 5

I believe restraints are a form of punishing the patient. 1 2 3 4 5

I feel that the main reason that restraints are used is that the nursing home is short-staffed. 1 2 3 4 5

I feel embarrassed when the family enters the room of a patient who is restrained. 1 2 3 4 5

The nursing home is legally responsible to use restraints to keep the patient safe even if it means that the patient loses dignity. 1 2 3 4 5

It makes me feel badly if the patient gets more upset after restraints are applied. 1 2 3 4 5

I feel that it is important to let patients in restraints know that I care about them. 1 2 3 4 5

It seems that patients become more disoriented after the restraint has been applied. 1 2 3 4 5

In general, I feel comfortable taking care of a restrained patient. 1 2 3 4 5
If a resident becomes very agitated, I would feel comfortable administering haldol IM to calm them.

I feel looking at and adjusting a residents environment is an alternative to prescribing psychotropic medication.

There are many possible negative side effects associated with psychotropic drug use with the elderly.

I feel it is important to attempt to reduce a resident's psychotropic medication.

I feel there are few practical alternatives to the use of restraints.
APPENDIX B

INFORMED CONSENT

A study is being conducted in this facility regarding the use of chemical and physical restraints in a skilled nursing setting. Your participation in this study is voluntary. This research is being conducted as a graduate research project by Liz Roybal, who works in the facility's Social Services department. Attached is a questionnaire regarding attitudes towards the use of restraints. Your completing the questionnaire and returning it to the Social Services department by June 30 would be appreciated.

Your replies are confidential. The questionnaire has been coded numerically to maintain your anonymity. You will be asked to complete the same questionnaire again in a few weeks, after a series of in-services have been completed by some of the facility's employees. Whether or not you participate in the in-services will depend on the shift you work. All employees who filled out the original questionnaire will be asked to complete it again, regardless of whether or not you attended the in-services.

If you agree to participate in this study your signature is required below. Please return this form with your completed questionnaire. If you have any questions or concerns regarding participation in this study you may contact Liz Roybal at (909) 682-2522 or Dr. Rosemary McCaslin, Chair of the Department of Social Work, Cal State San Bernardino at (909) 880-5501.

Thank You.

I agree to participate in the study entitled "Restraint Use: Effects of An Employee Educational Program In A Skilled Nursing Facility."

Print Your Name__________________________
Signed_______________________________
Date_______________________________
APPENDIX C

DEBRIEFING STATEMENT

Your participation in the study conducted in this facility recently was appreciated. The study was conducted to determine the effects of an employee educational program on the use of chemical and physical restraints in a skilled nursing facility, as well as the effect the educational program had on staff attitudes towards the use of restraints. If you are interested in obtaining information regarding the results of the study please contact Liz Roybal in the facility's Social Services Department. If you have any questions or concerns regarding participation in this study you may contact Liz Roybal at (909) 682-2522 or Dr. Rosemary McCaslin, Chair of the Department of Social Work, Cal State San Bernardino at (909) 880-5501. If you are interested in further information regarding chemical and physical restraint reduction in the skilled nursing setting you can contact the National Citizens Coalition for Nursing Home Reform at (202) 797-0657.
REFERENCES


