

Nursing perceptions on restrictive practice cohesion on medication and seclusion in PICU  
settings

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### **Abstract**

Nurses have reported working in the PICU unit where there is a seclusion, physical restraint and to some lesser extend as well as mechanical restraint that has been used widely in recent time. These were mainly viewed as an important method in order to maintain the nurse's safety and they tend to disagree that the containment methods can be eliminated from the nursing practice. The paper aims to analyse the Nursing perceptions on restrictive practice cohesion on medication and seclusion in PICU settings. The paper has adopted the systematic review as the methodology for this paper where 10 papers have been analysed in order to find out the main outcome. The findings of the paper stated that the nurses need to be educated regarding managing the patients in the PICU settings without implementing restrictive practices. Moreover, the resources need to be provided so that the education can be put into the practice and the work environment for the nurses and patients can be made safer. In this way, the restrictive practices can be eliminated from the care settings, and the effects of the negative behaviours caused by seclusion can be managed well.



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## Nursing perceptions on restrictive practice cohesion on medication and seclusion in PICU settings

### ***Introduction***

High secure hospitals within UK usually provide both the treatment and custody for the mental health disorder offenders who used to consider in order to pose an immediate and grave danger for the public (Rutter et al., 2015). All the patients are being detained by themselves under “*Mental Health Act (1983)*” and mainly showed with different behaviours that are challenging such as aggression and violence. The Seclusion will continue to be used widely within management of the disturbed behaviour in the patients who are hospitalized. However, there is an early research mainly on the nursing perception where they show the restrictive practice cohesion mainly on seclusion and medication within PICU setting (Oster et al., 2016).

Reduction within the seclusion and use of the medicine has been seen within Australia (Reavley & Jorm 2011). However, the mechanical, physical and seclusion restraint is said to be commonly used practices as per recent studies that highlight the concerns factors like the use of these types of practices several times with the same type of the consumers and for very long time period (Lee et al., 2021). This shows the urgent need for better knowing and understanding about the use of the experiences and practices of the nurses who have been working with the consumers of mental health in PICU setting (Muir-Cochrane et al., 2015).

It has been reported that seclusion with any restraint in the psychiatric settings usually ranges from 4% to 44% among the adults as well as use of the seclusion with the restraints which is reported to range from more than 4% to 12% (McSherry 2017). For several reasons, it has been analysed that approximately 24% of all the patients have been admitted to the psychiatric ward and therefore



require the restraint or several combination of restraint and seclusion (Mann, 2015). However, there are many nurses who strongly object on the use of the interventions which is related to the violation of the right of patient to dignity and freedom. The nurses have stated that experiencing the shame as well as they have reported about the fear of getting abusing the rights of the patients when they will be able to initiate the restraint or seclusion procedure.

### *Reasons for study*

The reason for conducting the study is that nurses used to believe about the seclusion to be very important and not very punitive. They are considered conducting the therapeutic practice that have been assisted among patients to feel better and to remain calm down. On the other hand, the patients are said to be believed that the seclusion was mainly used very frequently for the disturbances of the minor and they are meant for exerting the control and power. It has been believed by the patient that the seclusion is mainly resulted in the patients who are feeling punished and they have very less value of the therapeutic interventions (McKenna et al., 2017). There is a disagreement between the patients and nurses that shows the greater power between the different groups. While the nurses need to have the greater understanding about the feeling of the patients related to seclusion and the patients need the information about the way there is an implementation of the seclusion (Hochstrasser et al., 2018).

### *Aims of the literature review question*

The aim of the research is to analyse the nursing perception where they show the restrictive practice cohesion mainly on seclusion and medication within PICU setting.



Moreover, the primary research question is

- What are the nursing perceptions on restrictive practice cohesion on medication and seclusion in PICU settings?

The secondary research questions are

- What is the use of medication and seclusion in the PICU setting?
- What is the perception of nurses on medication and seclusion in the PICU setting?
- Does there is a restrictive practice cohesion on seclusion and medication within PICU setting?

### ***Critical review of the literature***

#### ***Inclusion and exclusion criteria***

Developing the inclusion and exclusion criteria for the participants in the study is said to be standard and need practice when designing the high level of quality research protocols (Hochstrasser et al., 2018). The inclusion criteria is mainly defined as the main key feature for the target population that most of the investigators will be able to use for answering the questions of the research study. Typically, the inclusion criteria consists of clinical, demographic as well as geographic level of characteristics. In contrast, the exclusion criteria are mainly defined as the main key features for the potential participants of the study who used to meet the inclusion criteria but they are present with having some additional characteristics that will interfere with having the successful study or capable to increase the main risk for some unfavourable outcome (McSherry 2017).



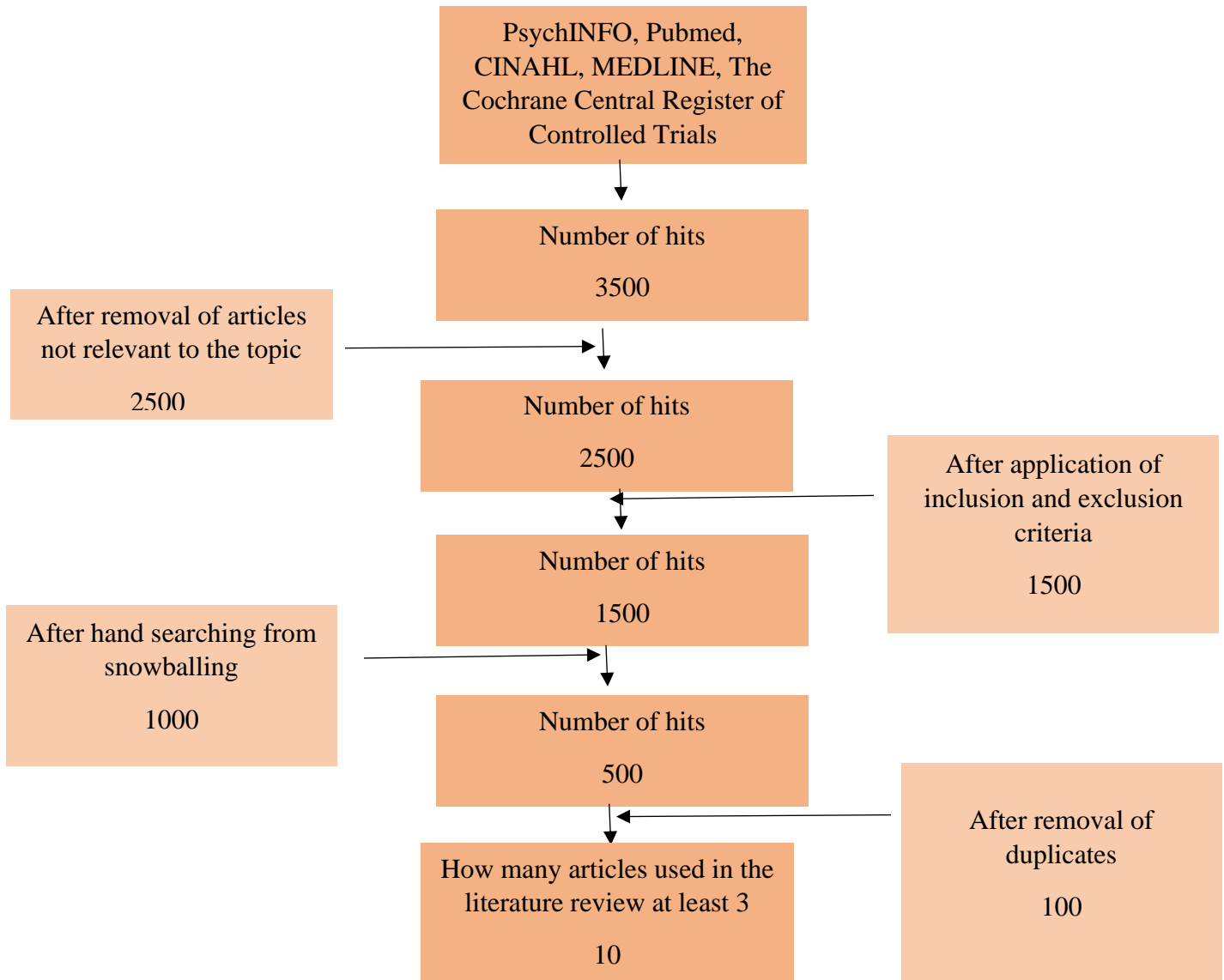
The common criteria of exclusion consists of the characteristics for the eligible individuals that usually make them to lost the follow ups, miss the scheduled appointments in order to collect the data, provide the inaccurate data and to have the comorbidities that will bias the main outcomes of the overall study or capable to increase the main risk for having the adverse effects or event in the most appropriate studies related to the testing interventions (Muir-Cochrane et al., 2015).

The inclusion criteria consists of the aspects on which searching has been done. The papers that are published in English language will be used only. The papers that are published in any other language will not be used. The papers that have abstract only rather than full text will not be used. They will be excluded from the research. The papers which don't have keywords such as "seclusion, picu setting, and psychiatric ward, patients, and staff perception" will not be used. They are the main keywords that must be present in the paper which will be used for the critical evaluation. The papers that are published before 2010 will be excluded from the research.

PRISMA Flow chart has been used for the inclusion and exclusion criteria when searching the data from the databases. PRISMA flowchart is said to be an evidence based strategy that has minimum set of the items used for reporting within systematic reviews as well as meta-analyses (Muir-Cochrane et al., 2015). It mainly focuses on reporting of different reviews that are used for evaluating the main effects of the interventions, however, it can be further used as the main basis for reporting the systematic review along with the objectives rather than evaluating the interventions. Below is the PRISMA flowchart that shows the number of hits and the articles that are searched. However, other remain to be excluded from the research as it doesn't fulfill the search criteria (Lee et al., 2021).



Figure 1: Flow chart to illustrate the search strategy implemented



#### Research strategy - The PICO framework

A Research Strategy is said to be step by step plan for fulfilling the actions that provides direction to the thoughts as well as efforts and therefore enable the person to conduct the research in a systematic way and on schedule for producing the quality results as well as having the detailed reporting (Muir-Cochrane et al., 2015). This will help to make sure that researcher stay focused



and enhance the quality, reduce the frustration and most importantly save resources and their time. The research strategy is said to be nuts and bolts for the application which state about the rationale of the research and the experiments that are conducted in order to achieve the desired aims and objectives.

The PICO model has been used frequently as the main tool that has been used for the structuring of the research questions which are being used with the evidence syntheses. The “*Cochrane Handbook for Systematic Reviews of Interventions*” usually specifies in using the PICO as the main model in order to develop the review questions and therefore make sure that there are relevant aspects of the questions that are well stated (McKenna et al., 2017). The PICO framework has been stated as the main part on the questions of different therapy and it can be used for the adoption in order to formulate the research questions that is related to diagnosis or prognosis. It is best suitable for different types for the needs of the clinical information.

<b>Framework item:</b>	<b>Think about:</b>
<b>Patient Problem (or Population)</b>	Nurses perception for psychiatric patient.
<b>Intervention</b>	Use of Seclusion and medication
<b>Comparison or Control</b>	Not applicable
<b>Outcome</b>	There is reducing the restrictive use of the medication and seclusion within PICU setting.

*Table I: PICO Framework*

The search terms consists of the keywords that are used for the research study. Below is the tale for the search terms and the intended databases.



Databases	Keywords
PsychINFO	“seclusion, intervention, PICU setting, Psychiatric, ward, AND “consumer, safety, patient, staff”
Pubmed	“Mental health, safety, PICU setting” OR “nurses, aggressions, violence, keep calm”
MEDLINE	“seclusion, nurses, aggressions, intervention” AND “Mental health safety, patient”
The Cochrane Central Register of Controlled Trials	“physical restraint, psychiatric consumers, aggressions” OR “Mental health safety, patient”
CINAHL	“psychiatric emergency department, aggressions, seclusion, medication” AND “psychiatric consumers, PICU setting, nurses, perception”

*Table II: Search Terms*

#### *Search strategy and databases used*

The search strategy is a technique that is being used for the searching the data within the research. This will be used in order to gather the papers that helps in collecting the data. The databases which will be used in searching the data are CINAHL, MEDLINE, Cochrane central register, Psych INFO and Pubmed. Different keywords as shown above in table II have been used in order to collect the best fit data which will be beneficial for the research study.

Database	Number of hits	After removal of articles not related to the topic	After application of inclusion and exclusion criteria	After hand searching from snowballing	After removal of duplicates
CINAHL	800	650	250	100	3



Pubmed	1000	500	200	50	2
PsycINFO	500	200	100	25	2
MEDLINE	800	400	350	150	2
The Cochrane Central Register of Controlled Trials (2006)	400	100	50	50	1
Total	3500				10

*Table III: Number of articles identified from the online database search*

The above table shows the number of hits and the removal of the articles based on the criteria.

This helps to gather the data that is appropriate for conducting overall research.

#### *Critical evaluation*

<b>Author (s), Year and Country of Publication</b>	<b>Aims &amp; Objectives</b>	<b>Study Design &amp; Sample</b>	<b>Main Findings</b>	<b>Strengths</b>	<b>Limitations</b>
<b>“Gerace, A. and Muir- Cochrane, E., 2019. Perceptions of nurses working</b>	<b>This article aims to determine the Perceptions of nurses working with</b>	<b>The study involved the delivery of an online anonymous survey through the</b>	<b>The findings of this article reveal that the restrictive practices</b>	<b>The strength of this article is that it directly provides the answers</b>	<b>The limitation of this article is that the aim and objectives are limited to</b>



<p>with psychiatric consumers regarding the elimination of seclusion and restraint in psychiatric inpatient settings and emergency departments : An Australian survey. <i>International Journal of Mental Health Nursing</i>, 28(1), pp.209-225.”</p>	<p>psychiatric consumers regarding the elimination of seclusion and restraint in psychiatric inpatient settings and emergency departments. The objectives of the study include to analyse the current use of seclusion and restraint. Another objective is to analyse the elimination of such practices in inpatient.</p>	<p>"SurveyMonkey (SurveyMonkey Inc., San Mateo, CA, USA)" platform to nurses working with psychiatric consumers to investigate their perceptions regarding the use of physical restraint, seclusion and mechanism restraint. Additionally, 512 nurses participated in the survey.</p>	<p>are utilised by many nurses and mixed beliefs regarding the restrictive practices in PICU settings are held by the nurses. Most nurses do not adopt these practices considering them as favourable yet they adopt these for maintaining the safe work environment.</p>	<p>from the nurses' perspective as the survey involved nurses.</p>	<p>the elimination of the practices.</p>
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<p><b>“Hochstrasser, L., Voulgaris, A., Möller, J., Zimmerman, T., Steinauer, R., Borgwardt, S., Lang, U.E. and Huber, C.G., 2018. Reduced frequency of cases with seclusion is associated with "Opening the Doors" of a psychiatric intensive care unit. <i>Frontiers in psychiatry</i>, 9, p.57.”</b></p>	<p><b>This article aims to examine the transition from closed to predominantly open doors on a psychiatric intensive care unit (PICU). The objective involves further determining its association with the seclusion's frequency and forced medication.</b></p>	<p><b>The evidence-based strategist is implemented in this article for operating an open-door policy within the context of acute psychiatry and participated in a hospital-wide implementation of an open door policy before changing door status. The examination involved 131 inpatient cases that were hospitalised.</b></p>	<p><b>Although this article is less related to the aim of this research yet, it provides the insights that have contributed to attaining the best possible results. The study found that the reduction of seclusion and forced medication is possible by implementing an open door policy. It provides the insight that minor intervention</b></p>	<p><b>The strength of this article is that it is aimed at analysing the topic that has remained unnoticed for a long time yet has a major impact.</b></p>	<p><b>The weakness is that the article is only focused on a single impact. It could have analysed several impacts of the open door policy intervention.</b></p>
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			s and modifications can bring major changes either in reduction, elimination or increment of the practices.		
<p><b>“He, J. and Zhu, Y., 2021. Experience of Workplace Violence among Psychiatric Nurses: A descriptive literature review, pp. 1-18.”</b></p>	<p><b>The aim of this article is to determine the violent experiences that nurse face at their workplace, which also includes PICU settings. The aim is to determine the violence impact on the nursing practice and the</b></p>	<p><b>The study is based on a qualitative approach for which CINAHL and PubMed databases methods were applied to filter articles. The total number of articles that were found and used in this article is 13.</b></p>	<p><b>The article's findings indicate that the nurses play the most critical role in a healthcare setting, yet they face the most violent behaviours. However, one of the main reasons for violent behaviours</b></p>	<p><b>It is the strength of this article that it highlighted the main concern of the restrictive interventions.</b></p>	<p><b>The weakness of the article is that it only relied upon the qualitative method.</b></p>



	involvement of restrictive practices.		from the patients is the restrictive interventions from the nurses, which are also important to implement to keep the space safe for everyone. The violent behaviours further make the nurses implement restrictive interventions.		
“Goodman, H., Papastavrou Brooks, C., Price, O. and Barley,	The main aim of this study is to investigate the carer, staff and	The study is conducted through semi-structured interviews. The	The study's findings revealed that high-risk intervention	The strength of this study is that it identifies the issue	The weakness of this article is that it is restricted to only one



<p>E.A., 2020. Barriers and facilitators to the effective de-escalation of conflict behaviours in forensic high-secure settings: a qualitative study. <i>International journal of mental health systems</i>, 14(1), pp.1-16.”</p>	<p>patient perspectives on the facilitators and barriers to using de-escalation for conflict behaviours. The objectives include determining whether the aggressive incidents are the main reason for which seclusion and restraint high-risk interventions are implemented .</p>	<p>interviews were conducted on 12 individuals and three focused groups. It included 25 staff members, eight patients and four carers.</p>	<p>s such as restrictive practices and seclusion are implemented to manage the aggressive behaviours from the patients that develop fear among the staff member. It further revealed that de-escalation is one of the approaches that can be implemented to remove the fear from the staff members and</p>	<p>and is focused on an approach that assists in eliminating the main cause.</p>	<p>approach to address the root cause of the implementation of high-risk interventions .</p>
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			eventually reduce the need to implement restrictive and other high-risk practices.		
<p><b>“Vedana, K.G.G., da Silva, D.M., Ventura, C.A.A., Giacon, B.C.C., Zanetti, A.C.G., Miasso, A.I. and Borges, T.L., 2018. Physical and mechanical restraint in psychiatric units: Perceptions and experiences of nursing staff. <i>Archives of</i></b></p>	<p><b>The main aim of this study is to understand the perceptions and experiences of the nursing staff regarding restrictive interventions , physical restraints in the psychiatrist units. The objective of the study involves understandin g the</b></p>	<p><b>The study is based on a qualitative approach or method. Twenty-nine nurses participated in the nurses who belonged to two Brazilian units, and the data were collected from individual interviews from 2014 to 2016.</b></p>	<p><b>The main findings of the study revealed that the nurses' experience provides the insights that there is a need for more humanised, safer and appropriate methods for aggressive patients' care. It can enable to reduce the need for restrictive</b></p>	<p><b>The strength of this study is that it is based on the experience and perception of the nurses and has direct involvemen t from the nurses in the study method.</b></p>	<p><b>The major weakness of this research article is that it highlights the need for a safer, humanised and appropriate approach but does not highlight anyone in actuality.</b></p>



<i>Psychiatric Nursing</i> , 32(3), pp.367-372.”	experiences of different units, including PICU settings.		practices utilisation for managing aggressive behaviours and making the environment safe.		
“Lawrence, D., Bagshaw, R., Stubbings, D. and Watt, A., 2021. Restrictive Practices in Adult Secure Mental Health Services: A Scoping Review. <i>International Journal of Forensic Mental</i>	The main aim of this research article is to identify and examine the use of restrictive practices along with understanding the consequence of using them. Furthermore, the study's objectives are also focused on identifying	The study searched different databases, including PsycINFO, CINAHL, Medline, ASSIA, Scopus and Embase, for the studies published between the years 2015 to 2020. About 36 studies were found to meet the standard and requirements	The finding reveals that most of the service users are detrimentally impacted by implementing the restrictive practice in the PICU settings. Additionally, the staff members are also impacted. The study found out	The most prominent strength of this article is that it does not only identify the concerns yet also focuses on providing the ways to overcome them.	The weakness of this article is that the study is based on a qualitative approach only, which means a lack of first-hand data.



<i>Health, pp.1-21.”</i>	the methods for eliminating the use of restrictive practices.	of the research that was utilised in it.	the need of eliminating the restrictive practices for which collective efforts and collaboration is required.		
<p>“Sustere, E. and Tarpey, E., 2019. Least restrictive practice: its role in patient independence and recovery. <i>The Journal of Forensic Psychiatry &amp; Psychology</i>, 30(4), pp.614-629.”</p>	<p>The main aim of this study is to investigate the least restrictive practices' experienced by the patients. The objective is to understand the restrictive practices from patients' perspectives. Another</p>	<p>The method used to carry out this research is semi-structured interviews. Twelve male inpatients within a medium secure unit were interviewed to attain the results.</p>	<p>The study found out a lack of mutual understanding between the staff and patients regarding what is considered least restrictive. Additionally, due to the high-security interventions and practices,</p>	<p>It is the strength of this study that it focuses on the least restrictive practices from the patients' perspectives.</p>	<p>The weakness of the study is most prominent that the focus of the study is distributed among the five different themes that may have caused a disturbance in fully and profoundly analyse the topic.</p>



	<p>objective is to determine the extent to which patients' recovery and independence are maximised by the least restrictive practices.</p>		<p>there was a lack of interaction among the patients of different wards and less socialising opportunities that are also the cause of aggressive and unusual behaviour among them.</p>		
<p><b>“Foster, C., 2019.</b>  <b>Investigating professional quality of life in nursing staff working in adolescent psychiatric intensive care units</b></p>	<p>The aim of this research is to investigate the professional quality of life of mental health nursing staff working within an adolescent</p>	<p>The study is based on a longitudinal non-experimental design. The data attained was quantitative and was attained from 17 registered healthcare</p>	<p>The findings of the study revealed higher levels of compassion satisfaction than expected. The findings also</p>	<p>The strength of this study is that it profoundly provides potential explanations and practice implications.</p>	<p>The weakness of this research is that it has only attained the results based on the quantitative method.</p>



<p>(PICUs). <i>The Journal of Mental Health Training, Education and Practice.</i> Vol. 14 No. 1, pp. 59-71”</p>	<p>"psychiatric intensive care unit (PICU) setting". The objective of the study is focused on studying the consequences on mental health by the implementation of several nursing practices in which also includes restrictive practices.</p>	<p>assistants and mental health nurses.</p>	<p>revealed the lower levels of secondary traumatic stress and levels of burnout for adolescent PICU nursing staff within the study. The findings could not find any significant difference between the HCAs and the qualified nurses.</p>		
<p>“Foster, C., 2020. Investigating the impact of a psychoanalytic nursing development</p>	<p>The main purpose of this research is to analyse the impact of an adapted psychoanalytic work</p>	<p>The study is based on the semi-structured interviews that were profoundly analysed. The</p>	<p>The study's main findings include a high impact on the nurses' mental and</p>	<p>The strength of this study is that it has focused on the relevant area and</p>	<p>The weakness of this study is that it has conducted semi-structured interviews</p>



<p>group within an adolescent psychiatric intensive care unit (PICU). <i>Archives of Psychiatric Nursing</i>, 34(6), pp.481-491.”</p>	<p>discussion group for mental health nurses working in adolescent PICU. The study's objective is to focus on the importance of the practices that maintain the physical and mental well-being of the nursing teams in the PICU settings.</p>	<p>data was analysed using thematic analysis.</p>	<p>physical well-being of the practice stat they implement to provide care to the patients. The nurses face a high level of adversity and aggression in the PICU setting that eventually impacts their well-being. Nurses well-being, knowledge and clients' approach is improved by PWDG.</p>	<p>provides insights regarding addressing the impact on well-being.</p>	<p>with the participants and only attained their views rather than supporting them with secondary data.</p>
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<p><b>“Power, T., Baker, A. and Jackson, D., 2020. 'Only ever as a last resort': Mental health nurses' experiences of restrictive practices. <i>International journal of mental health nursing</i>, 29(4), pp.674-684.”</b></p>	<p><b>The main aim of this study is to identify the extent to which the restrictive practices are harmful or useful. The objective includes understanding the purpose behind the implementation of the efforts to reduce the use of restrictive practices. The personal experience and opinions of the nurses are also investigated regarding the use of</b></p>	<p><b>The study is based on an online survey in which about 65 candidates participated.</b></p>	<p><b>The findings of the research study revealed that there is a need for support for the nurses that work with restrictive practices. In addition to this, they need the support to maintain the well-being that can be impacted by the post-effects of implementing the restrictive practices and working with them.</b></p>	<p><b>The strength of this research is that it has profoundly selected the aim of the study, and the objectives are quite strong. In addition, the data is gathered from a wide range of participants from an online source, which indicates diversity.</b></p>	<p><b>The most prominent weakness of the study is that it has totally ignored that post-effects of the restrictive practices are also on the patients. The study could have covered the patients' perspectives and methods or ways to support them when facing the post-effects of restrictive practices.</b></p>
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	<b>restrictive practices.</b>		<b>The findings also revealed that restrictive practices are quite contested, complex and challenging. The five main bases of the restrictive practices are identified through the study, including a legacy of time and place, maintaining safety for all, a powerful source of occupationa</b>		
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			<b>I distress, the last resort, and response to fear.</b>		
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### *Literature review finding*

The above ten mentioned studies are profoundly analysed and are carefully selected to ensure that they provide accurate knowledge and information for the attainment of accurate results. The studies are linked to the restrictive practices and their impact on cohesion and medication in the PICU setting. It is evaluated that the restrictive practices are mostly implemented by the nurses in the PICU and also some other settings to manage the aggressive and negative behaviours of the patients. The nurses still utilise the restrictive practices in several countries like United Kingdom, Australia and the United States (Gerace and Muir-Cochrane, 2019). The adoption of the restrictive practices is mainly because of the nurses' personal beliefs and the results they attain by their implementation. The findings provide the analysis that the restrictive practices are the most challenging and complex, yet most of the nurses implement them because that is the most convenient and effective method of managing aggressive behaviours in the healthcare settings (Power et al. 2020). It is especially effective when the patients are in isolation and hard on medication (He and Zhu, 2021). Thus far, the effectiveness of the restrictive practices makes the nurses implement the restrictive practices.

The analysis of the studies determines that there are nurses that do not want to adopt the restrictive practices, yet they have to because they do not have access or permission to the other methods of managing the patients. The patients in the PICU settings mostly get aggressive and



adopt harmful behaviours. Their behaviours are not only dangerous and adversely impacting on them yet on the other patients as well as on the nurses (Foster, 2019). It is identified that the only way of managing the patients' aggressive behaviours in the PICU settings is by implementing restrictive practices. It indicates that there is a lack of knowledge and practice of the other ways that the nurses can adopt to manage the aggressive and harmful behaviours of the patients (Vedana et al. 2018). The nurses need the resources required to be provided by the healthcare settings to implement alternative ways of managing the patients in the PICU settings. The environment can become safer and well-managed if the nurses have relevant resources as well as education to use those resources (Lawrence et al. 2021).

It is illustrated from the studies and their findings that there are also the post effects of the restrictive interventions. When the restrictive interventions are implemented, they do not only have an impact on the patients, yet they also have an impact on the nurses providing care to the patients in the PICU settings. There are obvious effects at the time when the restrictive interventions are being implemented, yet there are also the post-effects that are determined to be prominent after some time of the implementation of the restrictive practices (Hochstrasser et al. 2018). Due to being part of an environment full of aggressive behaviours, adverse attitudes and harm, the nurses are likely to be impacted eventually. The adverse changes in their behaviours are also determined, and their mental well-being is also impacted. Similarly, the post-effects are analysed in the patients as well. The major cause of it is that the restrictive practices are high-intensity practices with less socialisation. It causes behavioural changes among the nurses and the patients. Some of the studies also reveal that seclusion is the major cause of aggressiveness among the patients in the PICU setting. The fewer interaction and socialisation opportunities create an adverse sense among the patients, which further creates negativity in the patients (Goodman et al. 2020).



Overall, the selected studies show that there is a need to remove or eliminate the restrictive practices from the care settings, especially from the PICU settings, as they are likely to make the patients more harmful and aggressive. It is not only limited to the patients as they also manage them, but they also impact the nurses implementing the restrictive practices (Foster, 2020). The nurses and patients need the support to manage the post-effects of the restrictive practices, and due to the lack of support, their mental and physical well-being is being impacted. The restrictive practices can be eliminated from the PICU settings by the collaborated efforts and educating the nurses (Sustere and Tarpey, 2019). The nurses need to be educated regarding managing the patients in the PICU settings without implementing restrictive practices. In addition to this, the resources need to be provided so that the education can be put into the practice and the work environment for the nurses and patients can be made safer. In this way, the restrictive practices can be eliminated from the care settings, and the effects of the negative behaviours caused by seclusion can be managed well.

### ***Summary and general conclusion***

It has been concluded that that the perception of nurses on restrictive cohesion about the use of medication and seclusion within psychiatric inpatient settings are done either separately or within the combination. There is no study that have focused on the nurses perception about the patient aggression which is considered as main predictor for the use of the seclusion and medication which is said to be an important factor. However, despite of several calls for elimination and reduction of the seclusion, mechanical restraint and physical restraint reflects the research level or policy, the nurses still hold the mixed beliefs which is related to the elimination. The nurses will not



necessarily look for the practices as the favourable, however, it is said to be necessary for maintaining the safe environment for the work. There are some of the factors that have been identified as developing the elimination or at least possible reduction within the intervention. It has been concluded that the main focus of reduction the seclusion and elimination efforts must not be only removing the barriers that will perpetuate the use and thus it also on the main aspect of enablers towards the reduction of containment and where it is possible for the elimination. Most of the nurses should indicate that the seclusion and physical restraint were being used in the units with having the mechanical restraint that is said to be very less commonly adopted. It has been concluded that most of the nurses have indicated that the seclusion and medication were mainly used in PICU setting with the mechanical restraint which has very limited use. According to the perception of the nurses about the use of the seclusion and medication is to be more effective, acceptable rather than mechanical restraint, the dignified for the consumers. However, the seclusion were looked to be more favourable which is in the form of any of the containment. Seclusion was said to be more prevalent within smaller hospitals as compared to the large hospitals. Generally it has been summarized that smaller hospitals with having the shorter lengths of the stay consists of high rates of the seclusion and medication but there was a very large variation between the hospitals.



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