

RGC Ref. No.: UGC/FDS11/M01/20 <p>(please insert ref. above)</p>
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**RESEARCH GRANTS COUNCIL
COMPETITIVE RESEARCH FUNDING SCHEMES FOR
THE LOCAL SELF-FINANCING DEGREE SECTOR**

FACULTY DEVELOPMENT SCHEME (FDS)

Completion Report
(for completed projects only)

<p><u>Submission Deadlines:</u></p> <ol style="list-style-type: none"> 1. Auditor's report with unspent balance, if any: within <u>six</u> months of the approved project completion date. 2. Completion report: within <u>12</u> months of the approved project completion date.
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Part A: The Project and Investigator(s)

1. Project Title

Examining current practices and attitudes of staff towards physical restraint and restraint-free care in institutionalized older persons with and without dementia

2. Investigator(s) and Academic Department(s) / Unit(s) Involved

Research Team	Name / Post	Unit / Department / Institution
Principal Investigator	Prof. LOW Lisa Pau-le/ Professor	School of Health Sciences, Saint Francis University
Co-Investigator(s)	Dr. NG Mi-fun/ Former Assistant Professor	School of Health Sciences, Saint Francis University
	Prof. RYAN Tony/ Professor	Older people, Care & the Family, Health Sciences School, Division of Nursing & Midwifery, University of Sheffield
Others	NA	

3. Project Duration

	Original	Revised	Date of RGC / Institution Approval (must be quoted)
Project Start Date	01/01/2021	N/A	N/A
Project Completion Date	31/12/2022	31/05/2023	06/10/2022

Duration (<i>in month</i>)	24	29	06/10/2022
Deadline for Submission of Completion Report	31/01/2024	30/06/2024	06/10/2022

4.4 Please attach photo(s) of acknowledgement of RGC-funded facilities / equipment.

N/A

Part B: The Final Report

5. Project Objectives

5.1 Objectives as per original application

1. To observe the general care that staff provide to residents who need to use restraints.
2. To determine staff's understanding of 'restraint' and 'restraint-free' care.
3. To examine the reasons and types of restraints used on which type of residents.
4. To examine staff perspectives of applying different types of restraints on older persons.
5. To explore staff attitudes and experiences towards (a) situations when restraint is perceived to be appropriately used, and (b) situations when restraint-free care could be considered.
6. To examine the data for similarities and differences in how staff manage the physical restraints for residents with and without dementia.
7. To formulate and make recommendations for 'using-and-reducing' physical restraints in institutionalized older people.

5.2 Revised objectives

Date of approval from the RGC: N/A

Reasons for the change:

- 1.
- 2.
3. ..

5.3 Realisation of the objectives

(Maximum 1 page; please state how and to what extent the project objectives have been achieved; give reasons for under-achievements and outline attempts to overcome problems, if any)

To achieve the study objectives, this qualitative study conducted 1:1 Zoom interviews with 70 staff members in seven residential care homes for the elderly. With the exception of Objective 1 which was under-achieved (*see explanation below*), objectives 2 to 7 have been achieved. The interview data collected were analyzed to generate 5 themes (*reported in Section 6.1*). The table below depicts how the data for each objective could be reflected to match the corresponding theme.

Project Objectives Achieved and Corresponding Theme

Objectives	Themes generated	Conference presented
2-3	1. Physical restraints in residential care homes	Attachment 1
4-6	2. Predicament of staff on restraint use and lesser restraint uses	Attachment 2
5-7	3. Scrutinizing situations warranting restraint use and lesser restraint use	Attachment 3
6	4. Restraint care for older persons who are cognitively-intact and those with dementia	Attachment 4
7	5. Multidisciplinary team inputs and successful cases of restraint-free care	Attachment 5

Underachievement of Objective 1

The proposal states that Objective 1 requires observations to be conducted at the homes before commencing the interviews. As already reported to RGC in the Mid-term/Annual Progress Report, the project was conducted during the COVID-19 pandemic and, at that time, objective 1 was not achieved owing to the social distancing policy and no physical access was allowed to visit the residential care homes to observe the general care that staff provide to residents who need to use restraints. At that time, we were only allowed to conduct all communication with the coordinators of homes through email, phone and Zoom. Indeed, the Zoom interviews conducted with the participants could provide data that described the care staff had provided to the residents, and this helped the investigators to understand the context of homes in relation to the use of physical restraints. Therefore, the observations were not followed up after the pandemic.

Difficulty recruiting RA

This project encountered difficulties in finding a full-time research assistant with the relevant background. Luckily, part-time research assistants were employed and trained by the PI to finish off the project. The project extension period allowed the PI to analyze the data and prepare them for upcoming conference presentations.

5.4 Summary of objectives addressed to date

Objectives <i>(as per 5.1/5.2 above)</i>	Addressed <i>(please tick)</i>	Percentage Achieved <i>(please estimate)</i>
1. To observe the general care that staff provide to residents who need to use restraints.	0%	0%
2. To determine staff's understanding of 'restraint' and 'restraint-free' care.	100%	100%
3. To examine the reasons and types of restraints used on which type of residents.	100%	100%
4. To examine staff perspectives of applying different types of restraints on older persons.	100%	100%
5. To explore staff attitudes and experiences towards (a) situations when restraint is perceived to be appropriately used, and (b) situations when restraint-free care could be considered.	100%	100%
6. To examine the data for similarities and differences in how staff manage the physical restraints for residents with and without dementia.	100%	100%
7. To formulate and make recommendations for 'using-and-reducing' physical restraints in institutionalized older people.	100%	100%

6. Research Outcome

6.1 Major findings and research outcome

(Maximum 1 page; please make reference to Part C where necessary)

This qualitative study analyzed the interview data of 70 staff in seven residential care homes for the elderly. The findings present the current practices and attitudes of staff towards physical restraint and restraint-free care for older people with and without dementia.

1. Physical restraints in residential care homes

Restraint management and restraint reduction is a topic that is closed to the hearts of gerontological healthcare practitioners. Despite extensive efforts to reduce restraint use in recent decades, physical restraint continues to be common practice in the care of older persons across residential care homes. Residents who choose to live in long-term settings tend to be older, frailer and require more care and attention. This study revealed staffs' definitions of physical restraint, reasons and rationale for using physical restraint in older residents. These findings could be supported by the literature in which a scoping review was conducted at the early stage of this study, and alongside the collection of preliminary data (*Attachment 1*). The three key themes that emerged across the literature included the practice of restraint use, patterns of decision-making based on ethical reasoning, and views and feelings of using restraints. While it is acknowledged among staff that restraint use should be prevented but there seems to be no better alternatives available to them, especially when using restraints can be regarded as protecting older people from harm and thereby implying that favourable care has been delivered.

2. Predicament of staff on restraint use and lesser restraint use

In exploring the study objective concerning the attitudes and experiences of staff, working situations and predicament that require them to apply physical restraint on older residents, and how they actually instil restraint-reduction resident care in the homes were obtained (*Attachment 2*). Findings revealed different views and attitudes of staff towards the concerns and practical challenges encountered on a daily basis. There was a clear rationale and documentation for using different types of restraints, and to follow the principle to avoid the use of 'double restraint' if it was a must to use restraint at all. The analysis of specific circumstances for using restraints revealed strategies staff had used to try using less or try-off restraint, even if it only allowed the residents to be free for a short period of time. Emphasis on adopting open communication and a coherent multidisciplinary teamwork approach should be promoted in the management of physical restraints.

3. Scrutinizing situations warranting restraint use and lesser restraint use

During the 35-60 minutes with each staff member, they felt comfortable in delving into situations in which they described rich examples of when restraints must be used on the older persons and circumstances when restraint-free care could be practiced, within acceptable reasons and limits for untying them (*Attachment 3*). Attention was drawn to the different restraint care that was given to residents who suffered from dementia, and were likely to be restrained as opposed to restraint without dementia.

4. Multidisciplinary team inputs and successful cases of restraint-free care

The interview data of staff revealed successful cases of residents who became restraint-free after being restrained for some time. The importance of the inputs of staff from different disciplines assisted the transition from being restrained to restraint-free (*Attachment 4*). During the regular review of residents who used restraints, staff could vividly describe the restraint care that was provided and criteria for identifying residents that could be given a chance to 'try off-restraint'. Although strategies to try-off restraints were used, not all cases were successful. Indeed, considerable efforts would be needed to keep them free, and at times there was still a need to resort to restraint when the health conditions of the residents became unstable and deteriorated. Findings supported that training and education, institutional culture, additional resources, innovative ideas and collective efforts of all multi-disciplinary staff were identified to promote restraint-free care.

5. Restraint care for older persons who are cognitively-intact and those with dementia

In analyzing the data to note the similarities and differences in practice among staff when managing physical restraints of residents with cognitive changes; that is those who were cognitively intact and frail, and those with dementia with varying severity (*Attachment 5*). There were rich findings on issues pertaining to: (1) safety and spacious physical environment to provide restraint care, (2) more staffing, supervision and companionship, (3) individualized restraint care for residents with any form of cognitive changes; and (4) special restraint care needs resulting from dementia.

6.2 Potential for further development of the research and the proposed course of action (Maximum half a page)

The topic of physical restraint is complex and there appears to be inconsistent practice regarding restraint use for older people who are institutionalized and have varying cognitive status. This study has highlighted the views, roles and inputs of staff from different disciplines about the use of physical restraint. Indeed, clearer and appropriate interventions, staff training and teamwork within homes would be a way forward. Indeed, an institutional-funded study (08/2023-09/2025) is currently underway to work with a NGO who has provided three homes to initiate a participatory study to work with staff and family member representatives to review protocol and procedures with a view to instil and change practices in relation to whether to restrain or not to restrain older people, and based on what rationale and evidence. Indeed, it has not been an easy, but the research team will hopefully generate and consolidate some clearer findings for dissemination soon.

7. Layman's Summary

(Describe in layman's language the nature, significance and value of the research project, in no more than 200 words)

Physical restraint is complex and there appears to be inconsistent practice regarding restraint use for older people who live in residential care homes. Indeed, residents who live in long-term settings tend to be older, frailer, have different cognitive status, and need greater care and attention. This study has interviewed the staff in residential care homes to understand their definition of physical restraint, reasons and rationale for using it on older residents who are either mentally sound or those diagnosed with dementia. While staff members know that restraints should be a last resort but there seems to be no better alternatives available to guide them to use lesser restraints. The study shares many rich descriptions of situations of older people using restraints and the sentiments held by staff members. There are also successful cases of older people who have been gone from being restrained to restraint-free, and the strategies that have been adopted and have worked. The study highlights the need for careful assessment and periodic re-assessment, training and education, input additional resources, innovative ideas and collective efforts of staff members in the careful handling and management of older people who are put on restraints.

Part C: Research Output**8. Peer-Reviewed Journal Publication(s) Arising Directly From This Research Project**

(Please attach a copy of the publication and/or the letter of acceptance if not yet submitted in the previous progress report(s). All listed publications must acknowledge RGC's funding support by quoting the specific grant reference.)

The Latest Status of Publications				Author(s) (denote the corresponding author with an asterisk*)	Title and Journal / Book (with the volume, pages and other necessary publishing details specified)	Submitted to RGC (indicate the year ending of the relevant progress report)	Attached to this Report (Yes or No)	Acknowledged the Support of RGC (Yes or No)	Accessible from the Institutional Repository (Yes or No)
Year of Publication	Year of Acceptance (For paper accepted but not yet published)	Under Review	Under Preparation (optional)						
		✓		*Low. L.P.L., & Kwong, A.N.L.	Care providers' use of physical restraint of institutionalized persons: A qualitative scoping review. IJQHW.	No 31/10/2021	No	Yes	No
			70% ready	*Low. L.P.L., & Kwong, A.N.L.	Confronting the predicament of restraint use by care providers for older institutionalized persons	-	No	Yes	No
			70% ready	*Low. L.P.L., & Kwong, A.N.L.	Multi-disciplinary experiences of restraint use and restraint-free care for older persons living in long-term care: A critical incident technique study	-	No	Yes	No

9. Recognized International Conference(s) In Which Paper(s) Related To This Research Project Was / Were Delivered

(Please attach a copy of each conference abstract)

Month / Year / Place	Title	Conference Name	Submitted to RGC (indicate the year ending of the relevant progress report)	Attached to this Report (Yes or No)	Acknowledged the Support of RGC (Yes or No)	Accessible from the Institutional Repository (Yes or No)
June/2022/ France	Care providers' use of physical restraint of institutionalized persons: A qualitative scoping review	Nursing Home Research International Conference	No (31/10/2021)	Yes Attachment 1	Yes	Yes
Oct/2022/ India	Predicament of care providers on restraint use and lesser restraint use for older institutionalized persons	7th World Congress on Gerontology and Geriatrics	No (31/10/2021)	Yes Attachment 2	Yes	Yes
Oct/2022/ Australia	Examining current practices of staff towards physical restraint and restraint-free care in institutionalized older persons	Australasian Conference on Care of Older People	No (31/10/2021)	Yes Attachment 3	Yes	Yes
Mar/2023/ Japan	Successful cases of transiting from restraints to restraint-free care of older residents in long-term care facilities: Perspectives of multi-disciplinary staff	9th Asian Conference on Aging & Gerontology	No (31/10/2021)	Yes Attachment 4	Yes	Yes
May/2023/ Sri Lanka	Restraint use among residents with or without dementia in institutionalized home care settings	4th International Conference on Gerontology and Geriatrics Medicine	No (31/10/2021)	Yes Attachment 5	Yes	Yes

10. Whether Research Experience And New Knowledge Has Been Transferred / Has Contributed To Teaching And Learning

(Please elaborate)

This project has generated fruitful and plentiful research experiences and insights into how staff in long-term care settings perceive and understand 'restraint' and 'restraint-free' care for older people. The data are valuable resources for students in nursing, physiotherapy, occupational and social work as they are highly likely to be working with older people when they join the workforce. Data can be integrated into the gerontological/ community health care curriculum. Academic staff can have access to the relevant course/ seminar/ workshop materials. Among collaborators, they can be invited to attend courses and seminars to keep abreast of updates on physical restraints.

11. Student(s) Trained*(Please attach a copy of the title page of the thesis)*

Name	Degree Registered for	Date of Registration	Date of Thesis Submission / Graduation
N/A	N/A	N/A	N/A

12. Other Impact*(e.g. award of patents or prizes, collaboration with other research institutions, technology transfer, teaching enhancement, etc.)*

N/A

13. Statistics on Research Outputs

	Peer-reviewed Journal Publications	Conference Papers	Scholarly Books, Monographs and Chapters	Patents Awarded	Other Research Outputs (please specify)	
No. of outputs arising directly from this research project	0	5	0	0	Type	No.

14. Public Access Of Completion Report*(Please specify the information, if any, that cannot be provided for public access and give the reasons.)*

Information that Cannot Be Provided for Public Access	Reasons
N/A	N/A