

# McLean Nurses Publish Study on the Safety and Effectiveness of Restraint Chairs

March 27, 2019

Are restraint chairs safer than traditional restraint methods?

Reports from the field suggest that restraint chairs are safer and more effective, but there is a lack of scientific literature on the use of these chairs in psychiatric settings to back up the claims. To correct that problem, a team of McLean nurses and leaders took part in a study to examine the use of restraint chairs.

Their report, "Is it Safe? The Restraint Chair Compared to Traditional Methods of Restraint: A Three Hospital Study," was published in the April 2018 edition of the *Archives of Psychiatric Nursing*. Among the study's authors were McLean staff members Nicole Visaggio, RN, Kristen Kichefski, MSN, MBA, RN-BC, Jeanne McElhinney, MS, RN, BC, Thomaskutty B. Idiculla, PhD, Luciana R.A. Pennant, and Scott C. Young, RN.

According to Visaggio, the study was conducted to find "evidence to show the efficacy and safety of the restraint chair as a therapeutic intervention when compared to traditional four-point restraints." She and her colleagues hypothesized that using the restraint chair as opposed to four-point restraints would result in shorter episode durations, an increase in individuals taking medications by mouth, and reductions in staff and patient injuries.

To test these theories, the McLean team collected and reviewed data from cases that involved the use of restraint chairs at three large psychiatric hospitals in the northeastern US over a one-year period (May 1, 2014, to May 1, 2015). One of the study's authors, Katy Phillips, PhD, APRN, NP-BC, of Fairfield University, reported that after restraint chairs were introduced at the hospitals, "many nurses noted how the chair helped both the patients and staff during stressful events that require intervention." Moreover, she said anecdotal evidence suggested that "patients were spending less time in restraint, more willing to take medication by mouth than by injection, and that there were less injuries for both patients and staff."

An analysis of the data found that patients in the restraint chair were more likely to receive medications by mouth than those in four-point restraints. Data also indicated

that staff was less likely to experience injuries when patients were restrained by the chair compared to four-point restraint. These findings are not surprising to the authors.

“The patient is in an upright position in the chair as opposed to supine in a four-point restraint, making it easier to speak with the patient and de-escalate the situation more quickly as the patient can be on the same eye level to the staff speaking with them,” Phillips said. “It’s likely that from the patient’s perspective, they feel less vulnerable in the restraint chair.”

In publishing their findings, the authors hope to encourage other psychiatric institutions to adopt the restraint chair as a safe alternative to four-point restraints and to consider using the restraint chair in emergency situations. They are also launching a new line of research in hopes of better understanding how hospital staff members feel about restraint chairs.

“Phase two of our study will be qualitative, investigating nursing staff perceptions of the chair, compared to four-points,” Visaggio said. “We hypothesize that themes will develop that the chair is more dignified, humane, and safer from a clinical standpoint.”