

“A Study To Assess The Effectiveness Of Self-Instructional Module On Knowledge Regarding Use Of Restraint In Mentally Ill Patient Among Staff Nurses At Selected Hospitals.”

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How to cite this paper as: Ms.Swati Pravin Mistry, Prof. Ashwini Kishor Vaidya (2026) “A Study To Assess The Effectiveness Of Self-Instructional Module On Knowledge Regarding Use Of Restraint In Mentally Ill Patient Among Staff Nurses At Selected Hospitals.”... *Library Progress International*, 46(1), 165-175

ABSTRACT

Background - Mental health care is an essential aspect of the healthcare system, and nurses play a crucial role in providing care to patients with mental illnesses. One of the significant challenges faced by healthcare providers is managing patients who may exhibit aggressive or violent behaviour due to their mental condition. In such situations, physical or mechanical restraints are sometimes used to ensure the safety of the patient and those around them. Present study was conducted to determine the effectiveness of a self-instructional module on knowledge regarding use of restraints among staff nurses.

Methods - A quantitative research approach with a quasi-experimental one-group pre-test and Post-test design was adopted for the study. The study was conducted among 70 staff nurses in Selected hospitals. Participants were selected using a simple random sampling technique. Data were collected using a structured demographic questionnaire and self-structured 30 questionnaire. Following the pre-test assessment, a self-instructional module was administered to assess the post test score of staff nurse. Post-test assessment was conducted after the intervention to evaluate changes in knowledge levels.

Results - The findings revealed a significant improvement in knowledge scores following the implementation of the self-instructional module. The mean pre-test knowledge score was 11.21 (SD = 1.70), whereas the mean post-test score increased to 21.17(SD = 1.58). The paired t-test value was 54.90 with a p-value < 0.05, indicating a statistically significant difference between pre-test and post-test knowledge scores. Post-test analysis showed that, no one of them had poor knowledge, 38.57% had average knowledge and 61.43% of them had good knowledge. Average knowledge score at the time of posttest was 21.17 with standard deviation of 1.58. The minimum score of knowledge was 19 with maximum score of 26.

Conclusion - The study concluded that the self-instructional module is a simple intervention which should be carried out independently in the field of nursing. The overall experience of conducting this study was enriching hence it gives an opportunity to the investigator to acquire new information as well as learning experience. The experience of the investigator during the study and the finding helped the investigator to give suggestions and the recommendations for further studies

INTRODUCTION

Mental illness is a major public health problem. Today mental health and mental illness are key public health issue. According to the WHO study group at least 40 million people in the world suffer from severe forms of mental disorder such as schizophrenia and dementia. A further 200 million are incapacitate by less grave mental and neurological conditions. These figures are further augmented by alcohol and drug related problems and by mental disorders secondary for physical disease.³ Studies in developed countries such as USA, Australia and England have shown 15-25% prevalence of psychiatric illnesses in different populations.

Restraint use in mentally ill patients are regulated by Mental Healthcare Act 2017 in India. At times, persons with mental disorders become dangerous to self, others or towards the property, warranting an emergency intervention in the form of restraint. Physical restraint can be defined as any device, material, or equipment attached to or placed near a person's body and which cannot be controlled or easily removed by the person. Chemical restraint..

is the use of medications which are not part of the patient's treatment regimen and are used solely with the purpose of restricting the patient's behavior. Mechanical restraint involves the use of equipment

NEED OF THE STUDY

According to Indian psychiatric epidemiological studies report prevalence rates for psychiatric disorders varying from 9.5 to 370/1000 population in India. These varying prevalence rates of mental disorders are not only specific to Indian studies but are also seen in international studies. Despite variations in the design of studies, available data from the Indian studies suggests that about 20% of the adult population in the community is affected with one or the other psychiatric disorder. Burden of mental illness is increasing more rapidly in India than in other countries and over the next 10 years it will take account of one third of the global burden of mental illnesses, a figure is greater than all developed countries.

In psychiatric care settings, restraints (both physical and chemical) are sometimes necessary for managing patients who exhibit violent, aggressive, or dangerous behaviour that threatens their safety or the safety of others. However, restraint use is a sensitive issue as improper use can lead to significant harm, both physically and psychologically, to the patient. Poorly applied restraint practices can cause physical injuries, emotional trauma, and even worsen the patient's mental health status. There is an ethical concern regarding restraint use, as it may infringe upon a patient's rights, dignity, and autonomy.

In India, the Mental Health care Act (MHCA) of 2017 regulates the use of restraints in mental health settings. The Act mandates that restraints be employed only as a last resort, after all less restrictive alternatives have been exhausted, and strictly prohibits seclusion. The primary goal is to ensure patient and staff safety while upholding the human rights of individuals with mental illnesses. Guidelines developed in conjunction with international strategies emphasize that restraints should never be used as punishment but solely to manage specific behaviours temporarily.

It is important for psychiatric nurses to acknowledge that physical restraints should be implemented as the last resort. The psychiatric nurses either have or do not have the knowledge on the application of how physical restraints should as the last resort is not at all addressed within the body of this work. As written "Since nurses' attitude and practice play an important role in psychiatric health care setting, it was deemed important to develop a restraint policy and educate nurses how to implement it because hospitals in Sudan do not have policies and there are illegal uses of restraint recorded.

A study is conducted to assess the effectiveness of Self- Instructional Module on knowledge regarding management of Aggressive patient among staff nurses. Pre-experimental one group pre- test, post -test design was used for the study. The non-probability purposive sampling technique was used to select the sample. The sample size was 60. Descriptive and inferential statistics were used for analysis. Post - test knowledge score was significantly higher than the mean pre - test knowledge scores thus the study reveals that Self Instructional Module on management of Aggressive patients was effective.

STATEMENT

"A study to assess the effectiveness of self- instructional module on knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals"

HYPOTHESIS

H1 - There is a significant difference between pre-test and post-test knowledge scores regarding use of restraint in mentally ill patients among staff nurses.

H2 - There is a significant association between the pre-test knowledge scores regarding use of restraint in mentally ill patients with their selected demographic variables

OBJECTIVES

1.To assess the existing level of knowledge regarding use of restraint in mentally ill patients among staff nurses at selected hospitals.

2. To assess the effectiveness of self-instructional module on knowledge regarding use of restraint in mentally ill patients among staff nurses at selected hospitals.

3. To find out the association between pre-test knowledge score regarding use of restraint in mentally ill patients among staff nurses with their selected demographic variables at selected hospitals

Review of literature is one of the most important steps in the research process. It is an account of what is

already known about a particular phenomenon. The main purpose of literature review is to convey the work already done and the knowledge and ideas that have been already established on a particular topic of research. A literature review is an account of the previous efforts and achievements of scholars and researchers on a phenomenon. It establishes the importance of the topic and provides background information needed to understand the study.

In the present study, the literature review has been organized in categories under following headings:

Section I: Review of literature related to uses of Restraints in mentally ill patients.

C S Jayaprakash et al (2024) A descriptive cross-sectional study conducted to assess restraint practice and to identify the types of restraint used for the mentally ill patients.

100 psychiatric patients selected using purposive sampling techniques. An observational checklist was used. The majority of patients (44%) received chemical restraints, some (28%) received physical restraints, but a minority (28%) used mixed restraints. In terms of practice, most patients (91%) received reasonably safe restraint care. An association was found between practice of restraints and restraints type with a p -value (0.001) less than 0.05 at a significance level of 0.05. The development of mandatory practice protocols is critical for better nursing care.

Maritta Valimaki et al (2022) A cohort study was used to analysed physical restraint documents among 14 wards in two psychiatric hospitals in Hong Kong. Typically, physically restrained patients were in early middle-age, of both genders, diagnosed with schizophrenia-spectrum and other psychotic disorders, and admitted voluntarily. A longer period of being physically restrained was associated with being male, aged ≥ 40 years. All wards used physical restraint on a daily basis. The number of hospital beds varied from 40 to 65, while the number of qualified nurses varied from 20 to 25 in each ward. In both hospitals, two of the most typical diagnoses were schizophrenia and mood disorder. The current study shows that physical restraints are frequently and routinely used in Hong Kong psychiatric inpatient care.

Section II: Review of literature related knowledge regarding use of restraints in mentally ill patients.

Yue Chong, et al. (2023), A cross-sectional descriptive study was conducted from December 2022 to February 2023, to examine their knowledge, attitude, and practice regarding physical restraint. A convenience sampling method was used to recruit 345 staff from three psychiatric hospitals in Shanghai. Multivariate linear stepwise regression analysis was used for multi-factor analysis. Overall, nurses had a good level of knowledge with positive attitudes and adequate practices. However, they had some misunderstandings and undesirable practices. Multiple linear regression analysis revealed that educational background, position and training experience were the main factors influencing physical restraint knowledge, attitudes and practice among psychiatric nurses ($p < 0.05$).

Gottschalk S, et al. (2023), A quasi experimental research study was conducted to reduce the rate of the physical restraints through Staff education and management input. Questionnaire used to examine any change in staff knowledge, attitudes, and behaviors on physical restraints. Sample size was 168 in those 114 nurses and 54 health care aides. Most staff believe that using restraints could reduce the incidence of falls (89.9%) and nursing care time (77.8%). Results of this intervention succeeded in bringing about positive changes in the use of restraints, although the restraint rates remained unchanged. Conclusion was reported as when embarking on a project of this type, the interests of multiple stakeholders need to be balanced, Restraint reduction projects should be initiated by health care facilities.

Section III: Review of literature related effects of self- instructional module on restraints

Manal S.J. Alzahrani et al (2023), A quasi-experiment study was conducted to examine the effectiveness of an educational intervention on the clinical competency of mental health nurses. pretest and post-test with one group study design were conducted among 80 nurses in a large mental health hospital in Tabuk city, Saudi Arabia. The total score for the pre-test was (74.83 \pm 14.25/Average), and then the score increased dramatically for the post- test (96.18 \pm 26.53/Good). As a result of the current study, the program showed great effectiveness ($p < 0.001$) with an advantage for post-test. This study found that the educational intervention had a statistically significant positive effect on mental health nurses' clinical competency.

Needham et al., (2020), A prospective study was done in Switzerland to find out the effect of two interventions in the management of client related aggression in psychiatric acute care setting. The interventions were administered and the frequency and severity of violence incidents and the frequency of coercive measures taken were recorded. The results showed that there was no reduction in the incidence rates of aggression, but there was a reduction in the coercive measures used after the training. The study concluded that a systematic risk assessment and a formal aggression management training program may assist in decreasing the rate of coercive measures taken in psychiatric acute care setting.

RESEARCH METHODOLOGY

Research methodology is the science dealing with the principles of procedure in research study. It is the section of research proposal in which the methods like the research design the population to be studied, and the research instruments, or tools are to be described. Research methodology refers to the researcher's overall plan for obtaining answers to research question and for testing the research hypothesis.

Research Approach

In this study, a quantitative research approach was used.

Research Design

The research design selected for this study is a quasi-experimental research design, one group pre-test and post-test design.

In this study, a pre-test will be conducted to assess the baseline level of knowledge. After the pre-test, self-instructional module is to be delivered as intervention. Following the intervention, a post-test will be conducted to measure the level of knowledge increased. The comparison of pre-test and post-test results will help determine whether self-instructional module is effective for increasing the knowledge regarding restraints among staff nurses.

VARIABLES

Variables are also concepts, at different levels of abstraction that are cautiously defined to promote their measurements or manipulations within the study.

Independent variable:

Independent variables are the variables that are purposefully manipulated or changed by the researcher, also called manipulated variables.

In this study, independent variable is self-instructional module on knowledge regarding use of restraint in mentally ill patients.

Dependent variable:

Dependent variables are the variables that change as the independent variable is manipulated by the researcher, sometimes called the criterion variables.

In this study, dependent variable is Knowledge regarding use of restraint in mentally ill patients among staff nurses.

POPULATION

The population for the present study was staff nurses at selected hospitals.

Target Population

The population selected for this study, staff nurses at selected hospitals

Accessible Population

The accessible population selected in this study was staff nurses who are present at the time of data collection.

SAMPLING

Sampling Technique

Simple random sampling technique used in this study. It means the participants is selected based on characteristics of a population and the objective of the study. In this study, staff nurses were selected by simple random sampling technique by the investigator.

Sample

In the present study, the samples selected are the Staff nurses who fulfil inclusion and exclusion criteria

Sample Size

In the present study, 70 staff nurses were selected from selected hospitals.

Sample Selection Criteria

The samples were selected based on the following criteria:

Inclusion Criteria

Both male & female shall be included

Able to read and write English and Marathi

Willing to participate in the study

Willing to participate in the study

Exclusion Criteria

Suffering from any illness.

Not present during the time of study.

Attended same educational training within one year

TOOL PREPARATION

The preparation of the tool was done using the following methods:

Development of Tool

Literature Review: -Previous research studies from books, journals, and internet sources were reviewed.

Expert Opinion: -The data collection tool was prepared by the researcher after an extensive review of literature and consultation with experts in nursing, physician, social worker, psychologist, statistician, educationist and Marathi and English language experts. These were critically reviewed by experts and research guide.

The tool was designed to collect information related to demographic variables and the level of self-esteem among adolescents.

Description of Tools

Tool consists of two sections. First section consists of demographic data of staff nurses.

Second sections consist of self-structured 30 knowledge questionnaire.

Section A: Demographic Variables

This section includes questions related to the background characteristics of adolescent such as:

Age

Gender

Area of residence

Types of family

Education

Religion

Marital status

Monthly family income.

Section B: Self-structured 30 knowledge questionnaire on use of restraint in mentally ill patient.

Scoring Method

>Each correct answer carries one mark.

>Each wrong answer score zero marks.

>Total maximum marks 30.

>Total minimum marks 00.

Inference will be drawn as below-

>Adequate knowledge 21-30 marks.

>Moderate knowledge 11-20 marks.

>Inadequate knowledge 01-10 marks

FEASIBILITY OF THE STUDY

Feasibility helps the investigator to determine, if the sample understands the items and if the directions given are clear. The purpose is to reveal problems selected to answering and to point out weakness in the administration, organization and distribution of the instrument.

PILOT STUDY

Pilot study is a smaller version of a study carried out before a research design is finalized to assist in defining the research question or to test the feasibility, reliability and validity of the proposed study design. Permission was taken from concerned authority.

RELIABILITY

Reliability is degree of consistency and accuracy with which an instrument measures the attribute for which it is designed to measure. In this study, the reliability of tool was administered .The structured knowledge questionnaire, is tried on 70 staff nurses at selected hospitals. Reliability was found out by split half method using Karl Pearson’s correlation coefficient formula. The reliability of the knowledge tool was found to be 0.82, by split half method of reliability.

DATA COLLECTION METHOD

Data collection will be carried out after obtaining ethical clearance from the concerned authority and permission from the selected urban health centre or hospital. The researcher will explain the purpose of the study to the staff nurses, and informed consent will be obtained from those who are willing to participate.

Data collection procedure was carried out in 4 steps: -

STEP 1: Pertest assessment was done. Questionnaires related restraints administered to subjects. The time taken to fill questionnaires was 5 - 10 minutes

STEP 2: During the pre-test the subjects were seated away from each other and discussion was not allowed in between them to prevent from contamination.

STEP 3: After 7 days of self-instructional module, post- test was given to the respective participant. Time taken for post-test was about 5 - 10 minutes.

STEP 4: Post assessment of knowledge was done with 30 self - structured questionnaire.

Plan for Data Analysis

Data analysis will include descriptive and inferential statistics. The plan of analysis was developed with the opinion of experts and will be carried out based on the objectives and hypotheses of the study.

The investigator plans to analyse the data in the following manner:

-Demographic data will be analysed using frequency, percentage, paired t-test, and Chi square test and will be presented in the form of tables and graphs.

-Data collected before and after the intervention will be analysed using frequency, percentage, and paired t-test, and will be presented in the form of tables and graphs.

RESULTS

SECTION I

Deals with analysis of demographic data of the staff nurses at selected hospitals in terms of frequency and percentage.

Table no 1: Frequency & percentage distribution of the staff nurses from selected hospitals.

n=70

Sr. No.	Variable	Groups	Frequency	Percentage
1	Age (in years)	21-30	30	42.86
		31-40	21	30.00
		41-45	19	27.14
2	Gender	Male	25	35.71
		Female	45	64.29
		Hindu	53	75.71

3	Religion	Muslim	13	18.57
		Christian	4	5.71
4	Type of family	Joint	38	54.29
		Nuclear	19	27.14
		Extended	13	18.57
5	Area of residence	Urban	29	41.43
		Rural	41	58.57
6	Educational Qualification	GNM	36	51.43
		BSc Nursing	30	42.86
		MSc Nursing	4	5.71
7	Years of experience in nursing	0-5	37	52.86
		6-10.	23	32.86
		11-15.	10	14.29

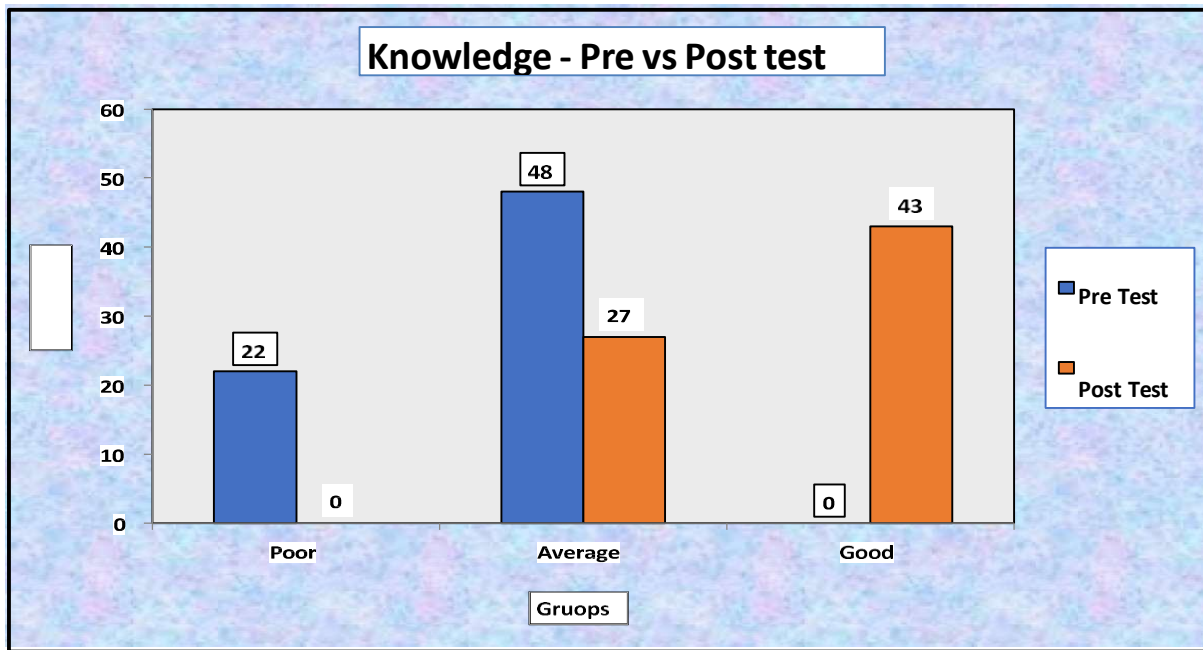
SECTION II

Deals with analysis of data related to assessment of the knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals in terms of frequency and percentage.

Table no 2: General assessments of self-esteem - PRE & POST test n=70

Variable	Groups	Score	Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
Knowledge	Poor	0-10	22	31.43	0	0.00
	Average	11-20.	48	68.57	27	38.57
		21-30	0	0.00	43	61.43
Knowledge	Minimum		9		19	
	Maximum		16		26	
	Average (SD)		11.21 (1.70)		21.17 (1.58)	

Figure no-1: General assessments of knowledge - PRE & POST



GENERAL ASSESSMENTS OF SELF ESTEEM - PRE & POST TEST

For the assessment purpose total score of knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals was divided in to three groups like poor (0-10 score), average (11-20 score) and good (21-30 score).

Pre Test:

At the time of pretest, assessment of the knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals shows that, 31.43% of them had poor knowledge, 68.57% had average knowledge and no one of them had good knowledge. At the time of pretest, assessment of the knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals shows that, 31.43% of them had poor knowledge, 68.57% had average knowledge and no one of them had good knowledge score of 16.

Post Test:

At the time of posttest, assessment of the knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals shows that, no one of them had poor knowledge, 38.57% had average knowledge and 61.43% of them had good knowledge.

SECTION III

Deals with analysis of data related to the effectiveness of self-instructional module on knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals.

Table no 3: Comparison of the pre and post-test knowledge (paired t test) n=70

Group	Frequency	Mean	S.D.	t value	P value
Pre Test	70	11.21	1.70	54.90	0.000
Post Test	70	21.17	1.58		

The comparison of pre-test and post-test means of knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals was done by paired t test. The pre-test average score was 11.21 with standard deviation of 1.70. The post-test average score was 21.17 with standard deviation of 1.58. The test

statistics value of paired t test was 54.90 with p value 0.00. The p value less than 0.05, hence reject the null hypothesis. That means there is significant difference in pre and post-test knowledge.

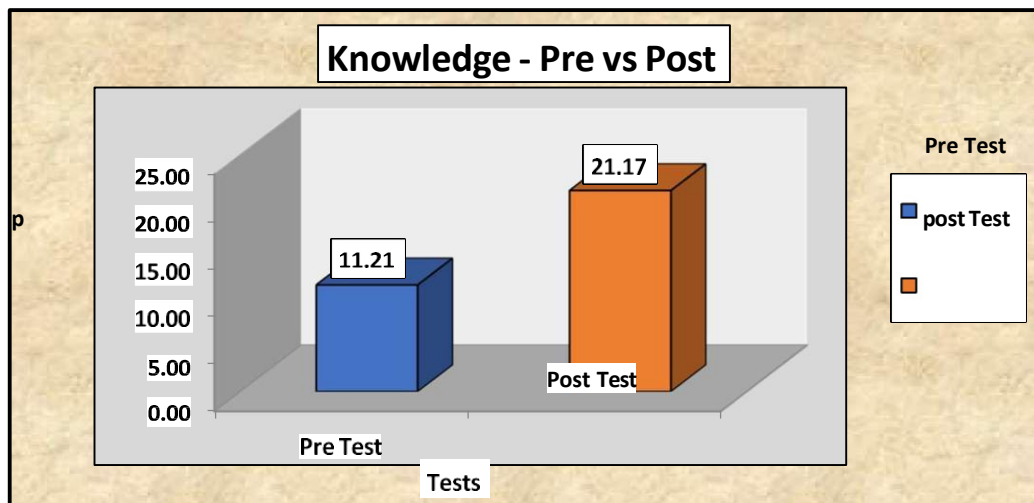


Figure no2: Comparison of the average pre and post-test knowledge

SECTION IV

Deals with analysis of data related to association between pre-test knowledge score regarding use of restraint in mentally ill patient among staff nurses with their selected demographic variables.

ASSOCIATION OF SELF-ESTEEM SCORE IN RELATION TO DEMOGRAPHIC VARIABLES

Table No 4: Association of self-esteem with demographic variables n=70

Variable	Groups	Knowledge – PRE		Chi Square	d.f.	P value	Significance
		below Md	above Md				
Age (in years)	21-30	18	12	7.69	2	0.021	Significant
	31-40	19	2				
	41-45	10	9				
Gender	Male	16	9	0.17	1	0.677	Not Significant
	Female	31	14				
Religion	Hindu	32	21	7.99	2	0.018	Significant
	Muslim	13	0				
	Christian	2	2				
Type of family	Joint	25	13	2.27	2	0.321	Not Significant
	Nuclear	15	4				
	Extended	7	6				
Area of	Urban	19	10	0.05	1	0.823	Not

residence	Rural	28	13				Significant
Educational Qualification	GNM	23	13	0.40	2	0.820	Not Significant
	BSc Nursing	21	9				
	MSc Nursing	3	1				
Years of experience in nursing	0-5	25	12	1.16	2	0.560	Not Significant
	6-10.	14	9				
	11-15.	8	2				

ASSOCIATION OF SELF-ESTEEM SCORE IN RELATION TO DEMOGRAPHIC VARIABLES

The chi square test was used to see the association between pre-test knowledge score regarding use of restraint in mentally ill patient among staff nurses with their selected demographic variables. The test was conducted at 5% level of significance.

Significant Association:

For the demographic variables age and religion, p value of the association test with pretest knowledge was less than 0.05. That means, knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals was associated with these demographic variables.

Concludes that, there was significant association of these demographic variables with the pretest knowledge.

No Significant Association:

For the demographic variables gender, type of family, area of residence etc., p value of the association test with pretest knowledge was more than 0.05. That means, knowledge regarding use of restraint in mentally ill patient among staff nurses at selected hospitals was not associated with these demographic variables.

Concludes that, there was no significant association of these demographic variables with the pretest knowledge.

CONCLUSION

The study has concluded that self-instructional module is a simple intervention which should be carried out independently in the field of nursing. The overall experience of conducting this study was enriching hence it gives an opportunity to the investigator to acquire new information as well as learning experience. The experience of the investigator during the study and the finding helped the investigator to give suggestions and the recommendations for further studies..

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