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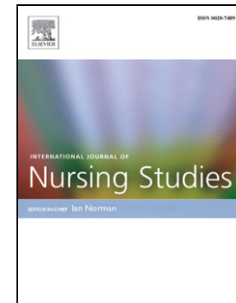
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GUEST EDITORIAL

Beyond restraint: raising awareness of restrictive practices in acute care settings

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Restrictive practices, attitudes, behaviours and consequent interventions such as restraint, remains an emotive subject internationally and across all fields of nursing. It is especially highlighted within mental health nursing, learning disabilities and elderly care settings (Bowers 2007, Gulpers *et al* 2012, Griffiths 2013, Scheepmans *et al* 2017). The problem with restrictive practices in healthcare in general, and in acute care settings in particular, is not new but it has persisted over the years despite attempts to contain it. In this Guest Editorial, we advance three key reasons for the lack of progress in this important area of international nursing practice: conceptual ambiguity, inadequate research attention, and fluctuating awareness.

Conceptual ambiguity

In our view, one of the most significant challenges in this field is a misunderstanding over what restrictive practices represent. This is confounded by a widespread confusion between restrictive practices and restraint: the two are often used synonymously but are fundamentally different, the latter being a symptom of the former. While this challenge relates to all fields of nursing, nurses in general acute care settings are especially affected.

Restrictive practices are essentially about making someone do something they do not want to do or stopping someone from doing something they want to do (Department of Health 2014). In this sense, the notion of restrictive practice extends beyond restraint, encompassing more subtle aspects of restrictive attitudes, behaviours and organisational culture. The term covers a wide range of restrictive activities, only some of which may be

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