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Restraint use in older adults in home care: A systematic review

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ABSTRACT

Objectives: To get insight into restraint use in older adults receiving home care and, more specifically, into the definition, prevalence and types of restraint, as well as the reasons for restraint use and the people involved in the decision-making process.
Design: Systematic review.
Data sources: Four databases (i.e. Pubmed, CINAHL, Embase, Cochrane Library) were systematically searched from inception to end of April 2017.
Review methods: The study encompassed qualitative and quantitative research on restraint use in older adults receiving home care that reported definitions of restraint, prevalence of use, types of restraint, reasons for use or the people involved. We considered publications written in English, French, Dutch and German. One reviewer performed the search and made the initial selection based on titles and abstracts. The final selection was made by two reviewers working independently; they also assessed study quality. We used an integrated design to synthesise the findings.
Results: Eight studies were reviewed (one qualitative, seven quantitative) ranging in quality from moderate to high. The review indicated there was no single, clear definition of restraint. The prevalence of restraint use ranged from 5% to 24.7%, with various types of restraint being used. Families played an important role in the decision-making process and application of restraints; general practitioners were less involved. Specific reasons, other than safety for using restraints in home care were noted (e.g. delay to nursing home admission; to provide respite for an informal caregiver).
Conclusions: Contrary to the current socio demographical evolutions resulting in an increasing demand of restraint use in home care, research on this subject is still scarce and recent. The limited evidence however points to the challenging complexity and specificity of home care regarding restraint use. Given these serious challenges for clinical practice, more research about restraint use in home care is urgently needed.

What is already known about the topic?

- Restraint use is a common problem in acute and chronic residential settings.
- Evidence from the residential setting indicates that restraint use has many negative consequences for the patient (physical; psychological; social), the family and healthcare providers.
- A consequence of current demographic trends is that healthcare providers will face increasing demands for restraint use in home care.

What this paper adds

- Research about restraint use in home care is scarce, but provides clear evidence about its use in this setting.
- There is no clear definition of restraint use in home care.
- Restraint use in home care is characterised by its specific setting: a broad variety of types of restraint are used and there are specific reasons other than safety for using restraints in home care (e.g. delay to nursing home admission; to provide respite for an informal caregiver). The family plays a central role in the decision-making process, unlike the general practitioner, who is less involved.

1. Introduction

Restraint use is a well-known and common problem in acute and chronic residential settings and has a significant impact on patients, their families and healthcare providers (Scheepmans et al., 2017). Until

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Search Query
((((((((((("oldest old") OR "older persons") OR "older person") OR "older people") OR "Frail Elderly"[Mesh]) OR "frail elderly") OR ("Aged, 80 and over"[Mesh])) OR (("aged,
80 and over"))) OR "Aged"[Mesh]) OR "aged")) AND ((((((((((((((((((("home care services") OR "home care service") OR "Home Care Services, Hospital-Based"[Mesh]) OR "Home Care Services, Hospital-Based") OR "Home Care Agencies") OR "Home Care Agency") OR "Home Care Agencies"[Mesh]) OR "Home Nursing"[Mesh]) OR "Home Nursing") OR "Home care") OR "Home Care Services"[Mesh]) OR "domiciliary care") OR "Primary Health Care"[Mesh]) OR "primary health care") OR "Primary Care Nursing"[Mesh]) OR "Primary Care Nursing") OR "community care") OR "Community Health Services") OR "Community Health Services"[Mesh]) OR "nurses, community health") OR "Nurses, Community Health"[Mesh]) OR "home health services")) AND (((("Restraint, Physical"[Mesh]) OR "physical restraint") OR "physical restraints") OR "restraint")

Fig. 1. Search strategy used for MEDLINE (OVID) and adapted for Cinahl, Embase and Cochrane Library.

recently there was no internationally accepted research definition of restraint (Bleijlevens et al., 2016). The negative consequences of restraint for the patient are physical (e.g., decubitus ulcers, incontinence), psychological (e.g. anger, depression) and social (e.g. social isolation). Restraint use affects the family (e.g. anger, worry) and healthcare providers (e.g. emotions such as guilt) (Evans et al., 2003; Hamers and Huizing, 2005; Hofman and Hahn, 2014; Newbern and Lindsey, 1994; Saarnio and Isola, 2009, 2010; Gastmans and Milisen, 2006). Whilst there is a considerable body of research on restraint use in residential settings, research on restraint use in home care is scarce.

Research on restraint in residential settings indicates that resident characteristics are important determinants of restraint use. Impaired cognition, impaired mobility, increased dependency, challenging behaviour, a history of falls and a high perceived fall risk are all strongly positively associated with restraint use (Hofman and Hahn, 2014). In addition, non-patient-related factors such as staff characteristics (e.g. nursing skill mix, staffing level), job characteristics (e.g. job autonomy) and legislation are also associated with restraint use (Heeren et al., 2014; Huizing et al., 2007). As the number of dependent older people with cognitive problems living at home increases (Hoeck et al., 2012) home healthcare workers will increasing find themselves confronted with decisions about restraint use (Hellwig, 2000; Scheepmans et al., 2014).

Most insights into restraint use have been derived from research in acute and chronic residential settings (Möhler et al., 2011; Hamers and Huizing, 2005) and cannot simply be translated to the specific context of home care. The family has a different role and more influence over care in the home than in institutional settings (Scheepmans et al., 2017). The family is often present, plays a crucial role (e.g. supporting a patient to stay at home), may disagree with professional caregivers about what is best for the patient and may take the lead in many decisions (Scheepmans et al., 2014). Healthcare professionals providing home care enter in the patient's personal environment and territory, see their patients only during short visits and often work alone. Home care is organised differently from care in residential settings (e.g. the organization of and working with interdisciplinary team) and it is difficult to ensure the 24-h cover and increased supervision required when restraint is used. All these reasons may influence the extent to which restraint is used in home care, the decision-making process, the reasons for using restraints and the methods chosen.

In order to prepare for future changes in home care it is important to gain insight into restraint use in this setting. The aim of this review is to answer the following research questions:

- How is restraint defined in research about restraint use in older adults receiving home care?
- How prevalent is use of restraint on older adults receiving home care and what methods are used?
- What are the reasons given for restraining older adults receiving home care and who is involved in the decision-making process?

2. Method

The method used for this systematic review has been registered in Prospero (CRD42016036745) and the review was conducted according to the PRISMA guidelines for reporting systematic reviews and meta-analyses (Shamseer et al., 2015).

2.1. Search strategy

Four databases (Pubmed, CINAHL, Embase, Cochrane Library) were systematically searched from inception (1976) to end of April 2017. The search string was created by combining Medical Subject Headings (Mesh terms) (e.g. 'Restraint, Physical', 'Home Care Services', 'Aged') and "free" search terms (e.g. restraints, home care, elderly) using Boolean operators (AND, OR). The search string was reviewed by an expert librarian and adapted for each database (see Fig. 1). The reference lists of the included articles were screened to identify additional potentially relevant references. Whenever more information was needed or an article was not available, (co)authors were contacted.

2.2. Inclusion and exclusion criteria

Studies were considered for this review if they met the following criteria: (1) empirical research on restraint use (any design), (2) subjects included older adults receiving home care, (3) reported a definition of restraint and data on prevalence, types of restraint used, reasons for use or people involved and (4) written in English, French, Dutch or German. Studies about restraint use in daycare centres and service flats, studies restricted to use of chemical restraint, systematic reviews, meta-analyses, non-peer reviewed research, letters and editorials were excluded.

2.3. Study selection

The search strategy was developed jointly by all authors (KS, BDdC, LP, KM). The first author (KS) performed the search, removed duplicate publications and made the first selection of articles based on the titles

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