

Decreasing Restraint Use in Psychiatric Settings using Watson's Theory

Stacey Lambour

University of Virginia

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“On my honor as a student, I have neither given nor received inappropriate aid on this  
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### Abstract

Decreasing restraint use is a high priority in mental health. Restraints and seclusions are used in psychiatric care to ensure safety and manage disruptive behavior. However, the use of restraints varies widely amongst institutions and the dangers of restraints and seclusions can include asphyxiation, trauma, and even death. Advanced Practice Nurses can use Jean Watson's caring theories as a foundation for developing nursing interventions in the inpatient psychiatric unit to decrease the use of restraints and seclusions. Several studies have shown that within units that use restraints on a limited basis, the staff displays similar characteristics in their approach to caring for the patient but little research has been done to define what values, skills or traits staff members should possess.

**Keywords:** *decreased restraint use, nursing intervention, caring theories*

## Decreasing Restraint Use in Psychiatric Settings using Watson's Theory

The use of restraints in the psychiatric setting presents a dilemma that has plagued mental health workers for centuries. On one hand, when individuals are behaving in a manner that can be perceived as unsafe to themselves or others, restraint methods have provided a means to contain their aggressive, violent and dangerous behaviors. On the other hand, questions have been raised regarding the safety and effectiveness of restraints. Furthermore the ethical question remains-- as healthcare professionals, are we sending the right message regarding appropriate and desired behaviors?

As nursing theory evolved, the concept of nursing as caring also began to evolve. Watson was one of the theorists that prescribed to the belief that nursing is caring and Watson's Theory of Human Caring offers a unique perspective regarding that matter. The theory aims to develop a caring and intention based philosophy that can be used throughout nursing practice today. It is my belief that by implementing Watson's theories into practice, medical professionals can effectively reduce the use of restraints. This paper will describe Jean Watson's Theory of Caring and discuss how her model can influence nursing practice and decrease restraint use in the psychiatric population.

### **Description of Theory**

#### **Introduction**

The Theory of Human Caring evolved from Jean Watson's desire to develop a deeper understanding of the meaning of humanity and life. She was also greatly influenced by her background in philosophy, psychology and nursing science. Watson's first book *Nursing: The Philosophy and Science of Caring* (1979) was developed to bring a "new meaning and dignity" to nursing care (Watson, 2008). The first book introduced carative factors, which are the

foundation of Watson's Theory of Human Caring. The carative factors offered a holistic perspective to caring for a patient, juxtaposed to the reductionist, biophysical model that was prevalent at the time. Watson believed that without incorporating the carative factors, a nurse was only performing tasks when treating a patient and not offering professional nursing care (Watson, 2008).

In Watson's second book, *Nursing: Human Science and Human Care, A Theory of Nursing* (1985), she discusses the philosophical and spiritual components of the Theory of Human Caring, as well as expands upon the definition and implications of the transpersonal moment. The second book redefines caring as a combination of scientific actions, consciousness and intentionality. The second book also defines the transcendental phenomenology of a transpersonal caring occasion and expands upon the idea of human-to-human connection. Watson's third book, *Postmodern Nursing and Beyond* (1999), focuses on the evolution of the consciousness of the clinician. The third book reinforces the ideas of the first two books and further evolves several concepts to include the spiritual realm, the energetic realm, the interconnectedness to all things and the higher power. The philosophy behind each book and the Theory of Human Caring is that all human beings are connected to each other and to a divine spirit or higher power. Furthermore, each interaction between human beings, but specifically between nurses and patients, should be entered into with the intention of connecting with the patient's spirit or higher source. Each moment or each act can and should not only facilitate healing in the patient and the nurse, but also transcend both space and time.

The components of Watson's theories include the 10 carative factors, the caritas process, the transpersonal caring relationship, caring moments and caring/healing modalities. Carative factors are the essential characteristics needed by the professional nurse to establish a therapeutic

relationship and promote healing. Carative factors are the core of Watson's philosophy and they are (i) formation of a humanistic-altruistic systems of values, (ii) instillation of faith-hope, (iii) cultivation of sensitivity to one's self and to others, (iv) development of a helping-trusting human caring relationship, (v) promotion and acceptance of the expression of positive and negative feelings, (vi) systematic use of a creative problem solving and caring process, (vii) promotion of transpersonal teaching-learning, (viii) provision for supportive, protective, and/or corrective mental, physical, societal and spiritual environment, (ix) assistance with gratification of human needs and (x) allowance for existential-phenomenological-spiritual forces. Carative factors are intended to provide a foundation for the discipline of nursing that is developed from understanding and compassion.

Watson's caritas processes are the expansion of the original carative factors and are reflective of Watson's own personal evolution. The caritas processes provide the tenets for a professional approach to caring, a means by which to practice caring in a spiritual and loving fashion. The transpersonal caring relationship is a relationship that goes beyond one's self and creates a change in the energetic environment of the nurse and the patient. A transpersonal caring relationship allows for a relationship between the souls of the individuals, and because of this authentic relationship, optimal caring and healing can take place (Watson, 1985). In the transpersonal relationship, the caregiver is aware of his/her intention and performs care that is emanating from the heart. When intentionality is focused and delivered from the heart, unseen energetic fields can change and promote an environment for healing. When a nurse is more conscious of his or her self and surroundings, he or she acts from a place of love with each caring moment.

Caring moments are any moments in which a nurse has an interaction with a patient or family and is using the carative factors or the caritas process. In order for a caring moment to occur, the participation of the nurse and the patient is required. Practice based on the carative factors presents an opportunity for both the nurse and patient to engage in a transpersonal caring moment that benefits the mind, body and soul of each person. The caring/healing modalities are practices that enhance the ability of the care provider to engage in transpersonal relationship and caring moments. Caring/healing exercises can be as simple as centering, being attentive to touch or the communication of specific knowledge. The goal of using Watson's principles in practice is to enhance the life and experience of the nurse and of the patient.

### **Purpose**

The Theory of Human Caring was developed based on Watson's desire to reestablish holistic practice in nursing care. Watson wanted to move away from the cold and disconnected scientific model and infuse feeling and caring back into nursing practice (Watson, 2008). The purpose of Watson's theory was to provide a philosophical-ethical foundation from which the nurse could provide care. The proposed benefit of this theory for both the nurse and patient is that when each person reveals his or her authentic self, and engages in interactions with another individual, the energetic field around both of them will change and enhance the healing environment.

The theory's purpose is quite broad, promoting healing and oneness with the universe through caring. The positive impact of these practices is phenomenal, and the beauty of the theory is that the caritas processes can be used to enhance any practice. When applied to nursing practice, the theory reestablishes Florence Nightingale's vision that nursing is a spiritual calling. The deeper message within the theory is that being/relating to others from a place of love can

transcend the planes and energetic fields of the universe, and promote healing to one's self and to humankind. Watson's theory can provide psychiatric nursing with a foundation from which to practice due to the emphasis placed on the nurse-client interactions and personal relationship.

### **Clinical Nursing Problem**

Restraints and seclusions are used in psychiatric care to ensure safety and manage disruptive behavior. However, the use of restraints varies widely amongst institutions and the dangers of restraints and seclusions can include asphyxiation, trauma, and even death. It is estimated that approximately 50 to 150 mentally ill individuals die each year due to restraints and seclusions. Not only can the use of restraints create potential injury and harm to the patient, restraints can also increase the risk for potential trauma or injury to the caregiver. Additionally, if a patient has a history involving a traumatic or violent experience, he or she may feel threatened by the use of restraints and thereby increase the aggressive behavior. An aggressive response can put the client and the staff at greater risk for injury, as the restraint may cause the patient to be re-traumatized.

Nurses play a key role in effecting the restraint culture within an institution, often initiating the restraint or contacting the clinician for an order. Although most nurses would prefer not to use restraints and seclusions, several studies have shown that when adequate alternatives or time are not available, restraints and seclusions become the default intervention instead of the last resort (Kontio et al, 2010; Marangos-Frost & Wells, 2000; Quinn 1993).

Nurses are responsible for maintaining the safety of the environment for patients and staff. However, nurses are also responsible for promoting the well being of the patients, which encompasses the patients' mind, body and spirit. When a nurse is faced with a situation that may warrant a restraint or seclusion, he or she must make a timely and difficult decision while

considering the implications from both a safety and ethical perspective. Nurses often solve this problem by justifying the use of restraints for reasons of safety instead of focusing on providing an ethical and personalized intervention for the patient (Janelli et al 1995; Quinn, 1993). Moran et al. (2009) found that unfortunately the “default” mode of using restraints to solve a problem tends to leave psychiatric nurses with a moral dilemma, as they often feel trapped by personal, or organizational constraints while wishing that more de-escalation techniques were tried instead.

Initiating restraints on patients creates a moral dilemma for many nurses, and the process often leads those nurses to experience emotional distress (Moran et al, 2009; Bigwood & Crowe, 2008). Nurses are susceptible to such distress, as most nurses have a strong desire to care for others. When a nurse is forced to make the decision to place an individual in restraints and yield to the will of the environment, he or she may become distressed as the decision and process is counterintuitive to the nurse’s nature. The American Nurses Association and National Alliance of the Mentally Ill believes that restraints should only be used when all other viable options have been tried and failed, and the patient is an immediate threat to self or other.

Advanced Practice Nurses have the ability to influence the restraint culture in the environment they work in. Offering education, staff training, and consultation are just some ways that an Advanced Practice Nurse can change restraint behaviors in an organization. The use of caring nursing behaviors such as being present, evaluating ones own attitude regarding restraint use, reducing stimuli, and actively listening, can help to reduce escalating behaviors that may lead to a crisis, and thereby prevent the use of restraints. The use of caring behaviors in nursing practice can also allow the nurse to protect the dignity of the patient and treat the patient as a unique individual with specific needs and personalized interventions.



Psychiatric care is so inundated with models that are focused on risk reduction, that nurses are generally discouraged from taking calculated risk even if there is therapeutic benefit (Delaney & Lynch, 2008). In order to truly address and decrease the use of restraints, mental health would need a tremendous paradigm shift. I believe that employing the values from Watson's *Theory of Human Caring* can help nurses and psychiatric caregivers realize that change. Transformational leaders with a true understanding of the problem and potential solution would then be needed to lead organizations down the path that provides the best care to patients.

Such leaders can include Advanced Practice Nurses, as they are in a prime role to facilitate that change. Specifically, Advance Practice Nurses can teach and empower nursing staff to approach psychiatric nursing from a new perspective. They can help nurses move away from practices that have left the mental health population feeling humiliated and powerless, and instead, move towards a practice that is client centered and focused on recovery. In order to effectively create a change, Advanced Practice Nurses can use Watson's caring theories as a foundation for developing nursing interventions in the inpatient psychiatric unit. If Advanced Practice Nurses can increase the use of alternative and personalized intervention in the inpatient unit, I believe the result would be a decrease in the use of restraints and seclusions.

### **Advanced Practice Nursing Intervention**

Decreasing restraint use is a high priority in mental health. To date, research has shown that decreasing restraint use requires a multi-pronged approach. Several factors that influence restraint culture are: state and federal legislation, leadership, staff training and support, improved treatment plans for patients, increased patient to staff ratios, psychiatric response teams, involving patients in the restraint reduction, creating a more therapeutic environment, and

effective use of pharmacologic interventions. The focus of this research has generally revolved around a biomedical model that attempts to evaluate data points and statistics in an effort to reveal a relationship between restraint use and patterns. A tremendous amount of research has been conducted to identify the “magic number” of staff to have on the treatment unit, but little research has been done to define what values, skills or traits staff members should possess.

Several studies have shown that a within units that use restraints on a limited basis, the staff displays similar characteristics in their approach to caring for the patient (Carlsson et al, 2000; Delaney & Johnson, 2006; Delaney & Johnson, 2006). Such information should encourage and require the nursing profession to redefine best practices within inpatient psychiatric units. A new intervention called the S.A.F.E.R. nursing model was developed to help address that issue. The S.A.F.E.R. nursing model identifies nursing characteristics and skills that decrease restraint use and the S.A.F.E.R. nursing acronym stands for i) Staying Present, ii) Acknowledging Self, iii) Focused on the Client, iv) Evaluation of the Environment, and v) Recovery Focused.

Staying present has been identified as a key factor influencing the use of restraints (Carlsson et al, 2000; Goethals et al, 2011; Johnson & Delaney, 2006). A nurse’s perception and/or interpretation of a situation can be crucial when deciding whether or not to use restraints. If a nurse is distracted and unable to be present, he or she may miss important nuances that may have escalated the patient’s behaviors. When deciding if restraints should be ordered, having an understanding of the patient’s behaviors leading up to the event is essential. When the nurse understands the precipitating events that led to the erratic behavior, he or she is better equipped to appropriately intervene. Being emotionally, physically and mentally present allows the practitioner to intuitively understand and respond to the patient’s needs. At times, as mentally ill

patients may act out of fear, being present may allow the nurse to assess the verbal and nonverbal cues and determine when he or she needs to intervene or allow the client space.

Acknowledging self is the concept of being aware of one's own feelings and emotions. The more aware a caregiver is of his or her feelings, the less likely he or she will allow personal feelings or emotions interfere with an intervention. For example, a nurse's personal beliefs and/or comfort level treating a mentally ill client can effect his or her decision to use restraints (Goethal et al, 2012). Specifically, a nurse is more likely to order restraints if he or she believes that the patient's behavior is a problem rather than a behavior that needs to be coped with. Additionally, nurses are generally more likely to use restraints if they have been previously injured during their career. This method of problem solving leads the nurse to put his or her safety and comfort above the patient's needs (Kontio et al, 2010; Moylan & Cullinan, 2011). Understanding and accepting one's self frees the nurse from being swayed by emotions and allows the nurse to better identify the unique needs of the patient and provide appropriate care based on those needs. When internal factors such as personal beliefs influence a nurse to resort to restraints, the nurse can be left with feelings of regret and sadness as the patient is not receiving the best care possible.

Focusing on the client means working in partnership with the client to ensure that his or her dignity is protected. If a nurse's care is truly focused on the client, the client's needs should dictate the nurse's behaviors and interventions. Several literature reviews suggest that the perception of the patient's family regarding restraints can influence a nurse's decision for or against restraints. The literature reviews infer that when making a decision to use restraints, the nurse's decision to use restraints can be influenced by the family member, thus taking the focus away from the client. Specifically, if the family perceives restraints negatively, nurses are likely

to attempt more de-escalation techniques and try more alternative interventions. Conversely, if a family is supportive of restraints or believes that restraints are the only method available to control disruptive behaviors, nurses are more likely to immediately move to restraint use rather than implementing other interventions (Goethals et al, 2011).

Focusing on the client requires the use of critical reflection regarding the best interest of the patient and the protection of his or her dignity. In doing so, the caregiver ensures that the appropriate interventions are in place to provide for the patients safety and well-being. For example, if a patient does not want to participate in an activity and the nurse observes that the patient is becoming agitated, he or she can quietly intervene and discuss alternatives that do not embarrass or agitate the client further. At time the most appropriate intervention may be to simply monitor the client. Respecting the client is essential to maintaining a safe environment where patients feel cared for and supported (Delaney & Johnson, 2006).

Evaluation of the environment is a skill that psychiatric nurses need to be keenly attuned too. The dynamics of inpatient psychiatric units can change instantly and visualizing all areas that the patients congregate in is essential for providing a safe environment for both patients and staff. By having nurses make regular rounds, closing down hard to see areas, or strategically placing nurses in hard to see areas, caregivers can stay abreast of seemingly small interactions that may agitate some patients and lead to dangerous situations. If the nurse cannot visualize a specific area, it may become a place where vulnerable patients are taken advantage of, or where patients may choose to participate in inappropriate behaviors. Evaluating a units “emotional” environment is just as important as evaluating the physical environment. For example, paying attention to the level, tone and type of noise on a unit can offer the nurse valuable information regarding the status of the milieu. Additionally, the nurse should be able to assess the “energy”

of the milieu. Assessing chaotic energy in the dayroom and having a client that is easily overwhelmed by stimuli may prompt the nurse to find an alternative space for that client.

Another aspect of evaluating the environment is being cognizant of what else is going on in the milieu and what effect coercive interventions will have on the milieu.

Recovery focused means working with the patient in an effort to help him or her achieve Recovery. The Recovery model aims to support seriously mentally ill patients by improving their health and wellness. In doing so, the nurse may help the patient strive to reach their fullest potential and live a self-directed life. The Recovery Model is supported by The National Alliance for the Mentally Ill, The Substance Abuse and Mental Health Services Administration and other mental health advocates. Psychiatric nurses focused on Recovery understand that skill building is a primary goal in achieving recovery. The nurse's role is to intervene and support the patient in gaining control or understanding of his or her deregulated behavior thereby allowing the patient to develop skills that can be used after hospitalization.

By implementing the S.A.F.E.R. nursing model into units where restraints are used regularly, one expects a decrease in the use of restraints because the S.A.F.E.R. nursing model encompasses characteristics that are seen in psychiatric units that have limited use of restraints (Carlsson et al, 2000; Delaney & Johnson, 2006). This model approaches decreasing restraint use on inpatient psychiatric units from the perspective of staff qualities and characteristics instead of unit based data points. The success of this model could influence nurse recruitment and nurse education in the future. Although the implementation of this model seems positive in theory, continued research needs to be conducted to evaluate the true efficacy of the S.A.F.E.R. model.

### **Watson's Theory as support for intervention**

Watson theory of caring was developed to bring nursing back to its roots, which involved caring for the mental, physical and spiritual needs of individuals. Caring theories are intended to move nurses beyond task performance. The nurse is expected to perform tasks while integrating intuitive knowledge with medical knowledge, and then weave the information together in an effort to serve the highest needs of the patient. The interventions in Watson's theory require full participation in the relationship by the nurse and the client. The theory also requires the nurse to be knowledgeable and understanding of the patient's needs while responding appropriately with empathy and compassion (Watson, 1985). Watson's theory and the S.A.F.E.R. nursing model require a tacit knowledge. Tacit knowledge is often gained through life experience and practice. This knowledge is extremely important to nursing praxis and the reduction of restraints within the mental health field.

Both the S.A.F.E.R. nursing model and Watson's theory support nurses being introspective and reflective in order to gain a greater understanding of one's self. Unacknowledged biases and opinions can influence individual's behaviors. As a nurse, it is a moral and professional obligation to have insight regarding personal beliefs so that they do not impact patient care. Additionally, having insight is important to the development of a helping – trusting relationship, which is emphasized in both models. Working in partnership with the patient to cope with frustration can be best achieved when the patient is able to trust the nurse. Additionally, working with the intention of helping the patient rather than controlling the patient helps to facilitate the development of a trusting relationship.

In mental health it is imperative to allow the patient to express both positive and negative feelings. Within the S.A.F.E.R. model of nursing, promotion and acceptance of positive and

negative emotions is supported. Open and non-judgmental communication concerning emotions helps to facilitate a trusting relationship. By staying present the nurse can determine when to intervene with excessive negative emotions; however, the nurse must remember to work with the patient so that he or she can learn to better understand and regulate emotions without assistance. When a nurse is client centered and focused on recovery, the intervention can at times encourage the nurse to be creative and caring in problem solving. As each patient is unique and has individualized needs, the treatment plan should account for the patient's strengths and individuality.

The core of the intervention is to create a supportive and protective environment for the client. Ultimately, the patient should feel respected as an individual and believe that the nursing staff is there to provide a safe and supportive environment for the patient as they work through their personal challenges.

#### **How does Watson's theory support S.A.F.E.R. Nursing?**

Watson's theory is extremely well suited for use in psychiatric nursing. Research has shown that nurses can improve their caring behaviors simply by being exposed to a program that focuses on the caring principles (Glembocki & Dunn, 2010). That is, it may not be necessary for a nurse to fully comprehend all aspects of Watson's theory in order to benefit from her ideas. Furthermore, by integrating the S.A.F.E.R. nursing model into caring education, nurses will have a foundation from which to work and they will be provided specific skills that can enhance their praxis. A very important aspect of Watson's theory is that it focuses on *how* to provide care and does not specify *which* care should be given. The S.A.F.E.R. nursing model provides a practical application of Watson's theory within the context of the inpatient psychiatric population.

Watson's theories about caring are important to nursing, but also to any mental health professional. Her theories honor the patient as a partner in caring, and require that the nurse is authentically present in the caring moment (Parker & Smith, 2010). These tenets are also an important component of the S.A.F.E.R nursing model. Scientific and medical advances play an important role in mental health care, but they cannot represent the totality of the human condition. Watson's theory moves nurses from performing tasks to caring for a human being. As individuals in a health profession that care for human beings, it is our obligation to provide ethical care for the patient's body, mind and spirit. If it is necessary to develop a better understanding or insight into one's self so as to provide the best patient care possible, then it is our responsibility and ethical duty as a health care provider to do so.

### **Conclusion**

The use of restraints has been a highly contentious issue in the field of mental health. While providers seek to provide safety and care to patients, many caregivers believe that coercive measures are the only means available to control aggressive patients and provide a safe environment. Although many factors influence the use of restraints on inpatient psychiatric units, little is known about which individual characteristics found in the caregivers affect the incidence of restraint use. Advanced Practice Psychiatric Nurses possess a distinctive set of skills that allows this issue to be evaluated more closely.

The link between a decrease in restraint use and nursing characteristics may be hidden within Watson's *Theory of Human Caring*? When caring for a psychiatric client within the caritas process, a caregiver should be able to see past the disorder and the aggressive behavior, and approach the patient at a deeper and more human level. Watson believed that there was a spiritual and moral aspect integral to nursing, and as a nurse Watson spent over two decades



searching for a deeper understanding of what it means to be human and to develop a caring culture within the nursing community.

The S.A.F.E.R nursing model attempts to provide a real world application to Watson's caritas process. When practicing from this model the nurse is able to remain present, stay focused on the clients needs, provide a safe environment and work with the patient to gain skills that will help him or her after hospitalization. It is reasonable to expect that this method of interaction with the patient will decrease aggressive behavior and ultimately decrease the use of restraints. Although further research should be performed in an effort to evaluate the effectiveness of this method, the hope is that Advanced Practice Psychiatric Nurses will be able to share this model with other nurses.

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