Title

Student nurses' experiences of restraint – a qualitative study

Authors

Niamh Rooney MA (mental health) and Dr Robyn Lotto PhD (corresponding author) r.r.lotto@ljmu.ac.uk

Faculty of Health

Liverpool John Moores University

Liverpool

Keywords: Qualitative; Mental health; Student nurse; Nurse education; Restraint

Declaration of interest:

The authors report there are no competing interests to declare.

Funding

No funding is associated with this publication

Ethics

Ethical approval for the research study was sought and granted by the Research Ethics Committee at Liverpool John Moores University. The ethical approval reference number for this research study is NAPPGT(MANUR)2003.

Abstract

Background Restraint is complex issue, associated with multiple legal and ethical challenges. Lack of adequate training has been highlighted following national scandals. Whilst education should start with nurses in training, evidence suggests the lived experience of the student nurse in relation to restraint, has been unaddressed. ***Aims*** This study aims to understand the lived experiences of student nurses encounters of restraint. ***Methods*** A qualitative methodology was employed. Seven semi-structured interviews were undertaken with year 2 (n=3) and year 3 (n=4) student nurses working within the mental health arena. Data were

analysed using a thematic analysis approach. We adhered to the COREQ reporting guidelines throughout. ***Findings*** Three overarching themes were identified: 'clinical theory gap' where students' experiences of falling between a gap in their theoretical learning and clinical placements; 'learning from each other' capturing students' perspectives of an increased need for shared learning surrounding restraint to be implemented within their education; 'wellbeing' highlighting a lack of sufficient supportive and timely interventions to appropriately aid wellbeing after witnessing restraint. ***Implications for practice*** These findings highlight the need for improved communication between higher education institutions and clinical practice in relation to restraint. Creation of opportunities for debriefs within higher education learning environments should be considered in order to improve student nurse wellbeing and experience of their nursing degree programme.

Introduction

Student nurses spend fifty percent of their formal education in clinical practice, and those who have mental health exposures may witness incidents of restraint (Daughtrey, 2023). However, the voice of the student nurse in relation to their experience of restraint appears to have been overlooked and under researched. This has left a gap in our understanding of the impact of observing restraint procedures on students' learning as well as their wellbeing and experience as a student. This study aims to investigate the lived experience of student nurses' experience of restraint within clinical practice.

Restraint can be defined in many ways, although ultimately, it deprives or restricts an individual's liberty or freedom of action or movement (Gunawardena and Smithard, 2019). This has been categorised into four areas: physical restraint, mechanical restraint, chemical restraint, and seclusion (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 2017), however, restraint techniques differ depending on the situation and organisation which subsequently leads to enactment of restraint by healthcare professionals in different ways (Cusack et al., 2016). This gives rise to the making of implementation of policy change, staff training, and sharing of skills more difficult (Raveesh, Gowda and Gowda, 2019).

National care scandals such as Winterbourne View, Whorlton Hall and Edenfield Centre, have exposed the overuse and abuse of restraint over the last decade (Riley et al., 2018) and thus, the issue of restraint is regularly discussed within the mental health care setting (Lombart et al., 2020). Data from England, as published by NHS Digital (2024) from the Mental Health Services Dataset for March 2024, indicates that 3,100 individuals whilst in the care of mental health inpatient settings, within NHS and non-NHS providers, were subjected to restrictive interventions. Even so, it is also important to acknowledge that restraint is wider than within the mental health sector, due to its occurrence with individuals who have a learning disability (Haines-Delmont et al., 2022) or those diagnosed with autism spectrum disorder (Salvatore, Simmons and Tremoulet, 2022).

The negative impact of using restraint on job satisfaction has been highlighted in the literature (Wilson et al., 2017). However, whilst there is a wealth of literature towards healthcare professionals on the impact of restraint and the impact of supportive interventions (Vedana et al., 2018; Mangaoil, Cleverley and Peter, 2020; Mooney and Kanyeredzi, 2021; Mangaoil et al., 2023), there is a dearth of evidence around the impact on student nurses, and how best to support their development and learning in relation to such activities.

Nurse education equips students with the relevant training to maximise their understanding, skills, and qualities to provide competent and safe care within the clinical environment (Swift and Twycross, 2020). However, it is important to recognise that difficulties with practice placements are linked to a cause of attrition for student nurses (Jones-Berry, 2018). It is therefore imperative to understand student nurses' experiences whilst they are in their practice placements to ensure adequate support for students personal, and professional difficulties (O'Sullivan et al., 2021).

Given that student nurses are our future workforce, it is vital their experiences are accounted for and understood. Student nurse's interpretations and experiences of restraint may differ from registered nurses, due to potential differences of exposure to restraint experiences and restraint education (Azzopardi and Grech, 2022). Therefore, through understanding how student nurses perceive and understand restraint, will allow for

improved patient care, reduced attrition rates and thus, enhanced restraint education to envisage an environment of care and safety. Student nurses are bound by the NMC (2018) Code and must demonstrate professionalism whilst upholding the dignity, human rights, physical and psychological needs of a patient who is restrained. Although student nurses are prohibited from putting hands-on in a restraint, they are still an active participant (Moore, 2013) and must act in the patients' best interests. Student nurses aid in the management and safety of patients and the wider ward environment, observing, and providing feedback and thus, being an active participant in post-incident debriefing (Stephenson, 2017). It is however important that student nurses uphold their supernumerary status which as defined by the NMC (2019: 1), refers to "students in practice or work placed learning [who] must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting." Therefore, at this point in a student nurses' learning from witnessing restraint, they should aim to be developing their professional decision-making skills and within the health care system, developing active roles within the scope of their practice (Azzopardi and Grech, 2022).

Clinical placements are an essential component of developing and facilitating authentic learning (Levett-Jones et al., 2015; Birks et al. 2017). During their initial learning experience, students experience a range of emotions from excitement and joy, to fear and apprehension (Levett-Jones et al., 2015). Positive clinical placements allow student nurses the opportunity to manage difficult patients (Motsaanaka, Makhene and Ally, 2020), gain a deeper understanding of socio-cultural issues and ultimately, provide them with skills and knowledge to attain their required educational objectives (Mackey et al., 2018). However, conversely, negative clinical placement experiences include students feeling they are slowing down qualified staff (Meeley, 2021), and highlight lack of professional knowledge and skills (Kaldal, Kristiansen and Uhrenfeldt, 2018). This causes student nurses to feel isolated and lonely (MacDonald, Paterson and Wallar, 2016) and through a lack of adequate support, this will lead to higher attrition rates (Canzan et al., 2022). Ultimately, this has an impact on student nurses' wellbeing, given that the UK National Education and Training Survey has reported that 56.3% of nursing students have considered leaving their course due to stress, 51.5% due to a lack of support and 34.0% due to their mental health (NHS Health Education England, 2022). Consequently, an increased awareness from both a clinical and educational

perspective, to enable support to student nurses to be implemented effectively, is required (Foster et al., 2021). Nevertheless, literature suggests this is inconsistent, raising concerns for student wellbeing and attrition (Daughtrey, 2023).

Witnessing restraint can lead to negative psychological implications (O'Brien and Cole, 2004) and experiencing such upsetting events and incidents within a duty of work, has the potential to lead to secondary traumatic stress disorder (Komachi et al., 2012). Whilst previous research indicates a need for open culture and debriefs after adverse events (Davies and Coldridge, 2015), student nurses often receive a lack of positive support and effective interventions after critical incidents (Chachula and Varley, 2022). Restraint is therefore of particular interest as current evidence provides little insight into student nurse's perspectives of their experiences of restraint and instead, the research has concentrated on student nurses understanding and attitudes of restraint (Bowers et al., 2007 as cited in Daughtrey et al., 2023). However, given the research which indicates that student nurses' voices are often silenced in clinical practice (Bradbury-Jones, Sambrook and Irvine, 2011), student nurses must be given the opportunity to share their lived experience, which can contribute to the development of enhanced nurse education.

A recent qualitative study has been conducted within the United Kingdom, exploring student nurses' experiences of witnessing physical restraint within their practice placements (Daughtrey, 2023). The study provides insight into three student nurses experiences of witnessing physical restraint with findings suggesting that further education on restraint prior to practice placement would allow students to feel more prepared and less distressed. It also found students were generally well supported by clinical teams despite reporting witnessing physical restraint to be upsetting (Daughtrey, 2023). Nonetheless, the implications of a sample of three within this research study, raises questions in relation to the application of the findings and whether the "diversity, depth and nuances" of student nurses experiences of restraint, have been captured (Hennink and Kaiser, 2022, p.2). This study aims to expand on these findings, exploring challenges for student nurses.

Ethical approval for the research study was sought and granted by the Research Ethics Committee at XXX The ethical approval reference number for this research study is XXX

Methods

A qualitative design was used. A purposive sample of students studying on an undergraduate nursing degree programme at level five or six (year two or three), working within the mental health arena, were recruited from a large university within the North West of England. Recruitment posters were distributed via university intranet sites. Students who were interested in participating were invited to approach the research team. No incentives or compensation were offered for participation.

A total of seven participants were recruited and interviewed (XX), with each interview lasting between thirty minutes and an hour. The decision for seven participants was in part pragmatic, with some difficulties experienced in recruitment. However, the question posed was relatively narrow, and the sample homogenous in their experiences. Therefore, the sample of seven provided sufficient data to generate the themes identified. The sample consisted of two males, and five females. Three students were in their second year of study, and four students were in their final year of study. Two interviews were undertaken face-to-face with the remaining five interviewed via Microsoft Teams. No difference in data quality between online or face to face interviews has been observed (Cabaroglu, Basaran, & Roberts, 2010; Deakin & Wakefield, 2014) therefore, both were offered to facilitate recruitment.

The interview schedule was developed and piloted by the research team. Questions around student exposure and experience of restraint were posed, with a general set of probing statements used to elicit more in-depth responses. Example questions from the semi-structured interview included ‘Do you feel able to discuss and question why restraint has been used when you encounter it within clinical practice?’ and ‘Is restraint embedded to an adequate degree within the theory aspect of the nursing curriculum to help you feel ready to encounter and face such events in clinical practice?’ Example of probing statements used included ‘Have you had these discussions with staff in clinical practice and / or academic tutors? What has your experience been if you have had these discussions?’ The consolidated

criteria for reporting qualitative research were adhered to throughout the research to ensure rigour and credibility (Tong, Sainsbury and Craig, 2007).

Data Analysis

Data was analysed using a thematic analysis-based approach (Braun and Clarke, 2022). The audio recordings were transcribed verbatim. Microsoft teams interviews were transcribed through the artificial intelligence live transcription option but were checked by the researcher to ensure accuracy (Hill et al., 2022). The transcripts were then read several times and notes of casual observations of initial trends in the data were made (Byrne, 2022).

Initial codes were generated with coded data which was reviewed and clustered to form themes (XX and XX). To ensure credibility, participants transcripts were revisited when collapsing themes and discussed amongst the research team. NVIVO was employed for data management.

Findings

Three overarching themes were identified: clinical theory gap, highlighting the disparity between theoretical content to clinical experiences of restraint; learning from each other, demonstrating opportunities for shared practice; and wellbeing, indicating access to support and psychological impacts. Each of these themes relate to the lack of education and support student nurses receive in relation to restraint, from a theoretical and practice perspective.

Clinical Theory Gap

The first theme identified is labelled “clinical theory gap” which is also known as the “theory practice gap”. This captures the students’ experiences of falling between a gap in their clinical experiences and theoretical learning.

Students suggested that this was accentuated by the change in the way the curriculum was delivered during COVID-19, as there were significant restrictions on what they were able to do, in terms of being an active participant during restraint.

"*….really difficult because we were very restricted in what we could do*" (P4)

Peer support was also lacking, with a loss of cohort cohesion and relationships, due to the move to online lectures, rather than face-to-face contact with their peers in university.

"*about two weeks ago, the students met up and there were still students asking each other what their names are, because we haven't been in that much contact over the last three years with COVID*", (P1)

"*we were a COVID cohort, so we didn't actually go face to face with any of our peers*". (P4)

This meant students felt more isolated through the duration of their nurse education, with little opportunity to share experiences.

"*you can't speak to anyone who is in the same boat as you*" (P1)

When discussing challenging events, such as restraint, the students found the isolation particularly difficult to manage.

"*it's such a massive impact that it has on us students to see something like that and have no one to speak to*" (P1)

This feeling of isolation was intensified by the gap in theory taught, and experiences in placement, leaving them feeling unprepared and needing to *"pre-empt" (P3)* what they were likely to encounter in placement to protect themselves.

Whilst many discussed how this gap left them feeling unprepared for clinical placements, they also highlighted their fears in relation to qualifying, where the gap between being a

student and a newly qualified nurse felt chasmic. This was particularly relevant to specific high-risk experiences like restraint.

"*when you're a nurse, you'll go from not being able to get involved, to being involved, which is a very scary thought*." (P1)

Several students reported they had joined an agency as a solution to a lack of involvement with restraint, citing that joining an agency allowed them to gain knowledge and skills they felt they were unable to as part of their education.

"*I joined the bank as a health, a nursing assistant alongside uni to get that experience*" (P1) as "*when you're on the bank, those barriers are removed*." (P1)

Through agency working, they reported feeling they are working in a *"realistic environment" (P1)* where they can gain *"first-hand experience" (P1)* of restraint to eliminate the *"inexperience and fear" (P1)* surrounding restraint as a student nurse.

Specifically in relation to restraint students felt that restraint was not embedded to an adequate degree within the nursing curriculum reporting that they felt without theory context, *"you're not gonna understand why they're doing it." (P3)*

Students varied in their perceptions on the way in which restraint was incorporated in the curriculum with some feeling more input is required, and others suggesting general teaching on restrictive measures was sufficient:

"I've gone out on placement and I've not really learnt about restraints until I'm on actual placement so I'll see a situation happening and I wouldn't understand why it was happening whereas I feel like if they spoke about it a little more at uni I think it would have like, it wouldn't have made it any better but it would of made like a bit more sense." (P6)

"*they do teach us you know, because, like I said before, they send you to secure placement they do general teaching about restrictive measures you know, how they can be reduced*." (P7)

There were concerns raised for some of the student's peers within their cohort who had only experienced community placements for the duration of their nurse education.

"*they've had all community placements and so they're not getting that experience of seeing restraint*" (P1)

Students felt that to help enable them to feel suitably trained within their nursing field, there is a need to change their PAD (practice assessment document) [to allow for] *"sign[ing] things off so we know more in relation to mental health like we can get more of those things signed off." (P1)*

Several mechanisms were suggested by students through which their learning needs could be better met. Simulation in particular was widely discussed.

"Our final year we did simulation recently where they put pretend patients you know so if they could do more of that that would help … if they could even start doing that from first year…" (P7)

Students advised having a knowledge and understanding of restraint earlier in their education would be beneficial. In particular, the need for adequate preparation before they attend placement was highlighted.

"it would have been helpful if they spoke about it a bit earlier on because that was the thing with going on placement, you would kind of see different things happening and wouldn't fully understand and you'd feel like you were chucked in the deep end a little bit." (P6)

"I do think it should be in first year before you go out on placement…" (P3)

Implementation of symposia sessions within the curriculum to introduce evidence-based teaching sessions specific to issues like restraint, was another proposed means to better meet learning needs.

"talking to us with like research and statistics and facts and getting those people to come in and speak about it." (P1)

Learning from each other

The second theme identified relates to learning from each other, both from other students, as well as patients or service users and carers. This theme captures the students' perspectives of sharing practice to aid their learning surrounding restraint. This included working across fields.

Students suggested implementing lived experience sessions to hear about sensitive topics such as restraint, would be a good learning opportunity as they felt learning the lived experience from patient's was difficult to achieve in placement.

"would be very, very useful to talk to patients who've been restrained about how they felt because they are the one there" (P1)

Listening to the lived experience of professionals who have had to utilise restraint was also suggested as a proposed learning opportunity.

"how they felt it was done, how they felt it could be improved, what led to the restraint" (P1)

and "speaking to staff is very useful as well cause they can talk about their they've got a wealth of experience about having to do it, how they felt about it … how they cope with it." (P2)

Involving local trusts in preparation of students attending placement was also seen as a possible solution.

"We could bring in (local trust) cause I mean obviously the closest trust and it's like most of us get placed there … even just to talk to us about what could happen…" (P3)

Students reported their experiences of only hearing *"horror stories" (P4)* surrounding restraint.

"in Uni wasn't really talked about. You'd only hear like your peers talk about it. And I feel like everybody's very like exaggerated here from when they talk about the worst experience in practice or where they work." (P3)

Students suggested this resulted in fear.

"You know, it's the perceptions of what you hear it's not hard to hear stories but it's what you hear story wise from people as a first year student, it's not easy to go out on a placement and yet you still get the people who've worked there for years telling you, you don't want to do this." (P3)

"And yet going in with this fear of going because with the fact that you think that everybody's going to attack you and you're in danger, then you need to watch your own back." (P4)

Whilst in placement, students discussed there was a dependence to support each other as student nurses when they are placed in the same placement area and have witnessed restraint.

"…when I was reflecting on it with another student that was with me, I was like, that's the best way it could have gone." (P3)

"We students just help ourselves because when this happen… there were two of us so we just took ourselves to the treatment room and just say oh my word that was dangerous…" (P7)

Although they identified that opportunities to learn from their peers' experiences was thought to be a beneficial learning tool, although confidentiality would need to be carefully considered.

"Students like, as I say with students, do talk to each other and we learn about each other's experiences and feedback and then learn from that. But if we can incorporate that into an actual physical lesson like session where it that's the whole focus." (P1)

Students felt that a wider approach of working between all nursing fields to understand restraint was required to aid learning further learning from each other. Students discussed how child nurses have no education to provide them with an awareness surrounding restraint.

"It would be brutal first-time round and I don't think any NHS providers have appropriately equipped child nurses with that with the reality of what an actual full-on restraints like…" (P2)

It was felt that within their education there should be a requirement to educate all nurses through inter-speciality teaching and education so all nurses understand restraint and relevant frameworks, as students identified a lack of this awareness in practice.

"there are other approaches which people just aren't trained on. I know mental health nurses get some forms of those approaching or there's approaches in education called like

thrive and PACE, but they're not used in those settings and if you go and ask people in (local trust), they wouldn't understand those approaches." (P2)

The perception of nurses working outside of a mental health field towards restraint is perceived by students to be "*a fact of like not my problem, not my speciality" (P2*) and when restraint occurs within their clinical environment, staff avoid the situation as *"it's not my place, I'll stay out of it" (P2*) because it is viewed as *"not my job … it's not my problem." (P2)*

This lack of inter-speciality teaching and education, leaves students without an understanding of the effect restraint can have on the nurse-patient relationship.

"…but what they don't understand is the massive negative association to that, the trust and the relationship boundary breaking down…" (P2)

Without working between fields, it was questioned how professionals can understand and recognise normal interactions with the patient, or challenge restraint practice.

"Staff should be able to understand if they're normal [interactions] or what's being done to make sure she is having normal interactions. I don't think none of them really do [know this], so then how am I gonna know whether the restraint was right or wrong?" (P2)

An impact of this was felt to be due to the lack of any field speciality, apart from mental health student nurses, having placements in mental health settings and by incorporating this field placement into all nurse education, would benefit all students.

"I know mental health nurses will go on to adult placements or child placements for the first year, but what you don't see is anyone else going into mental health settings." (P2) and it was suggested by allowing all students to gain this experience and *"…consideration about crossing those kind of areas, would be probably a good one." (P2)*

Wellbeing

The wellbeing theme encapsulates how students are supported with witnessing restraint and how this affects their health and wellbeing.

Students have witnessed restraint within clinical practice but not as part of the clinical team and students reported inconsistencies in relation to being involved in the debrief.

"a restraint would happen, but they wouldn't seem to talk about it afterwards" (P6)

and "for me I wasn't offered a debrief" (P3)

These inconsistencies were compared to by students as a *"trial by fire" (P3).*

Barriers to debriefing reported by students included time and short staffing.

"I don't think this will be possible because you know one incident will happen, another will happen, another will happen when you're on an acute ward so who's going to debrief? There's no time." (P7)

"we just help ourselves because they are short staffed, they themselves are struggling." (P7)

It was further suggested by students that due to the student's status and because they do not put hands-on in restraint, staff feel that that students do not require a debrief.

"…you may be supernumerary, but you are still there as a person." (P4)

Staff attitudes surrounding restraint were also perceived to be a contributing factor to a lack of debriefs, due to a culture of *"… I mean, like, get used to it" (P3)* within the profession.

The approachability of staff on shift within placement also contributed to whether students could ask for support.

"I think it depends on the nurses there as well, cos I think some nurses like they do seem quite de-sensitised to it so sometimes I think well what's the point in asking cos I feel they would just kind of like give the same kind of answer like oh, you know it's normal but I feel like if you can ask people who you can kind of like talk to they'll kind of like give you the reasonings behind it and everything and it don't just be like talking to a wall." (P6)

As a result, students were left with compounded emotions which affected their wellbeing.

"when you sort of like get home and you just, like, ruminate on it a bit. And then I do think that kept like creeping up." (P3)

Students reported how they witnessed the effect of a lack of debriefing and support with their peer's wellbeing.

"you see a mini student breakdown who will cry you know, because of the experience they had…" (P7)

This lack of debriefing and support led students to instigate their own coping mechanisms through undertaking independent research following the end of their shift in placement where they had witnessed restraint.

"personally have to research into it and find out why it's done and why and when it should be done and when it shouldn't be done, policies and procedures around it." (P5)

One way in which students did have access to support for their wellbeing was through their personal tutor at university.

"I can speak to uni though, like, my personal tutor. He's brilliant and I spoke to him at my PDP meet." (P3)

and "our tutors are very good." (P7)

and "really approachable." (P6)

Students suggested there was however a need for more timely interventions to ensure issues could be addressed whilst they were still on placement.

"when it's the time to see my personal tutor I was like, well, there's nothing I can like proactively do on the placement cause I'm gone now" (P3)

By university staff, such as personal tutors, sending *"a prompting e-mail" (P3)* asking *"How's it going? Do you need me to refer you onto the wellbeing team?" (P3)* students felt this would aid in ensuring they access support as *"sometimes people don't want to reach out, so you've got that prompt." (P3)*

Therefore, ensuring wellbeing interventions are implemented at a preventative level, rather than reactive, was reported to be a needed requirement.

"interventions early to make sure that nothing does compound for students." (P2)

Through implementing safety netting and implementing support at the lowest denominator at university was thought to achieve this. Students being flagged to the university when they have witnessed restraint was a proposed way of doing this.

"There should be automatic like flag marker that goes to the PEF (practice education facilitator) and that goes to uni, and the uni have to make contact." (P2)

Allocating a nominated individual specifically to talk to students about witnessing restraint and their wellbeing was also suggested.

"I think it's easier to have someone you can talk to on placement at the time." (P6)

In relation to resilience, students felt that it was important to acknowledge their own resilience when talking about restraint and the impact on their wellbeing.

"because if you're not, then it feeds into how you work, which feeds into how the patients perceive you, which feeds into them, which could end up in a restraint." (P1)

The experiences of student's nurse resilience throughout their education where discussed.

"In my first year, my resilience was like poor, because just everything I saw, I was like oh my gosh, not because I don't know, not to do with the patients at all, it was more just like staff attitudes…" (P3)

Resilience workshops offered by the university aided some students with their resilience, although they felt support with transferring this skill into their clinical practice would be beneficial.

"offering more workshops on resilience, cos it did really help to learn about it in uni but I think it would also be interesting to also kind of learn about it on like placement so you can know how to like apply it even when you're just like you're on shift as well." (P6)

Students also suggested that whilst developing their own resilience, they amplified their skill of being able to support the wellbeing of their peers around them.

"you can also learn how to kind of like kind of spot resilience in other people and also like how to say look after other student nurses or like just anyone on the ward that day you can kind of like know what questions to ask them and how to kind of like offer support if they ever need it, kind of saying it in a way that is helpful instead of like patronising." (P6)

Discussion

This study explored student nurses' experiences of restraint. Findings suggest that student nurses perceive a lack of education and training around restraint in both theory and

practice, highlighting a clinical theory gap. Theory-practice gaps have been identified previously in the clinical learning environment, but addressing this gap is essential to student nurses learning and development (Panda et al., 2021). The theory-practice gap as a concept is not new, and within nursing education has been identified as a frequent construct due to a consistent lack of integration of theoretical context within practice (Lee, 1996). It has been argued that the clinical theory gap is not always a negative and can be viewed as an opportunity for students and staff to question and avoid complacency within their practice (Ousey and Gallagher, 2007). Still, the present study suggests that students felt isolated and fearful by the lack of restraint training embedded within the nursing curriculum.

To overcome these issues, simulated practice learning has been demonstrated to be effective allowing development of skills safely, and in a protected environment (Inayat et al., 2021). Whilst there is evidence to support the inclusion of education on physical restraint within the curriculum (Wang et al., 2018), time constraints mean decision around content have to be made (Daughtrey, 2023). The students within this study, reported seeking agency work to provide additional learning opportunities where they identified deficits in knowledge or experience around restraint. However, this requires significant maturity and insight (Eskandari et al., 2018) to identify the need for additional experience and skills, relating to restraint. Without full participation from all required stakeholders, the clinical theory gap will continue to present as an ongoing challenge (Shoghi et al., 2019).

Participants indicated a greater need for opportunities to learn from their peers and service users. Service user involvement within nursing education is an underutilised resource (Happell et al., 2019) despite its importance when providing education about restraint (Obi-Udeaja, Crosby and Ryan, 2017). The involvement from service users is usually “ad-hoc, minimal and often constrained to the telling of a story” (Happell and Bennetts, 2016, p.481) and the findings suggest a lack of opportunity for student nurses to hear lived experience accounts of restraint. Service user involvement is however mandated within nursing education (NMC, 2023) and as per the NMC (2023) standards for education and training and so, all learning environments must work in partnership with service users. The importance

of this in the education of future health professionals is also identified through lack of service user involvement which has previously been detrimental to care, including service user's poor and abusive experiences of restraint (Higgins et al., 2011; Francis, 2010; Francis, 2013). Consideration must however also be given to service users who are involved, to ensure trauma is not re-ignited for the individual, and effective interventions for support are implemented (Torrance et al., 2012).

The findings highlight the impact on students within clinical practice and ultimately how their wellbeing was affected through a lack of debriefing and staff support. Students suggested their wellbeing was also impacted by poor staff attitudes, a lack of timely interventions and poor resilience. Wellbeing is a multifaceted construct (Dodd et al., 2021) and is proposed "to be a balance between an individual's resources and challenges faced" (Dodge et al., 2012, p.30 as cited in Jarden et al., 2021). Through preparing student nurses to manage stress and anxiety, this enables them to achieve positive learning outcomes within their practice placement (Cant et al., 2021). Whilst the positive impact of supernumerary status on learning has been widely discussed and perceived to be a bridge to the theory practice gap (Abbaspour et al., 2022), it was conversely perceived to impede learning where students were excluded from subsequent debriefing, (Jack, 2017). This left the students feeling isolated; placing them at increased risk of psychological distress (Hood and Copeland, 2021). This does not appear to be an isolated incident, with evidence of an unsupportive culture within clinical placements, and a lack of implemented debriefs to support student nurses found more widely (Chachula and Varley, 2022).

Clinical placements are a vital part of a student nurses education and their development into the role of a registered nurse (Fagan, Lea and Parker, 2020). Therefore, ensuring the wellbeing of student nurses is at the forefront is crucial (Hood and Copeland, 2021). Given the ongoing challenges with staff nurse shortages (Royal College of Nursing, 2022), registered nurses are under ever-increasing pressure with higher workloads (Pérez-Francisco et al., 2020) potentially leading to a poorer practice placement, generating increased stress and anxiety (Galletta et al., 2017). Nursing is a stressful occupation (Hetzel-

Riggin et al., 2019) with a clear need to improve support and resources to tailor to the needs of the student nurse (Havaei, 2021). Without the correct supportive measures through the duration of their education, there is concerns how this will then transpire into how student nurses respond to such events as registered professionals (Hood and Copeland, 2021).

Conclusion

Students found observed restraint procedures stressful, with a lack of support following the event from university and clinical staff on the placement. As a supernumerary member of the team, they suggested they were often excluded from subsequent debriefs. Compounding these difficulties, was a lack of theoretical underpinning within the curriculum. Some students suggested working as bank staff, provided access to such experiences, and actively sought this out themselves. With evidence of increasing levels of stress amongst the nursing workforce, it is essential that we explore mechanisms for ensuring that students are well supported. Their role in improving and fostering a positive culture within healthcare requires careful consideration within the development of curriculum.

References

Abbaspour, H., Moonaghi, H.K., Kareshki, H. and Esmaeili, H. (2022) Positive consequences of the hidden curriculum in undergraduate nursing education: An integrative review. *Iranian Journal of Nursing and Midwifery Research*, v.27 (3), pp.169-180
Available at: https://journals.lww.com/jnmr/fulltext/2022/27030/Positive_Consequences_of_the_Hidden_Curriculum_in.1.aspx

Azzopardi, I.M. and Grech, P. (2022) Nursing students' perceptions of the use of physical restraints in acute care hospital settings. *International Journal of Nursing Student Scholarship* [online], v.9 (2022), pp.1-15
Available at: https://journalhosting.ucalgary.ca/index.php/ijnss/article/view/74605

Birks, M., Cant, R.P., Budden, L.M., Russell-Westhead, M., Özçetin, Y.S.Ü. and Tee, S. (2017) Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse education in practice* [online], v.25, pp.14-21
Available at: https://www.sciencedirect.com/science/article/pii/S1471595317302408

Bradbury-Jones, C., Sambrook, S. and Irvine, F. (2011) Nursing students and the issue of voice: A qualitative study. *Nurse Education Today* [online], v.31 (6), pp.628-632
Available at: https://www.sciencedirect.com/science/article/pii/S0260691710002157

Braun, V. and Clarke, V. (2022) *Thematic analysis : a practical guide*. London: SAGE.

Byrne, D. (2022) A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & quantity* [online], v.56 (3), pp.1391-1412
Available at: https://link.springer.com/article/10.1007/s11135-021-01182-y

Cabaroglu, N., Basaran, S. and Roberts, J. (2010) A comparison between the occurrence of pauses, repetitions and recasts under conditions of face-to-face and computer-mediated

communication: A preliminary study. *Turkish Online Journal of Educational Technology-TOJET* [online], v.9 (2), pp.14-23
Available at: https://eric.ed.gov/?id=EJ897998

Cant, R., Ryan, C., Hughes, L., Luders, E. and Cooper, S. (2021) What helps, what hinders? Undergraduate nursing students' perceptions of clinical placements based on a thematic synthesis of literature. *SAGE Open Nursing* [online], v.7, pp.1-20
Available at: https://journals.sagepub.com/doi/full/10.1177/23779608211035845

Canzan, F., Saiani, L., Mezzalira, E., Allegrini, E., Caliaro, A. and Ambrosi, E. (2022) Why do nursing students leave bachelor program? Findings from a qualitative descriptive study. *BMC nursing* [online], v.21 (1), pp.1-10
Available at: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-022-00851-z

Chachula, K.M. and Varley, E. (2022) Perceptions and experiences of psychological trauma in nursing and psychiatric nursing students: A small scale qualitative case study. *PLoS one* [online], v.17 (11), pp.1-15
Available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0277195

Cusack, P., McAndrew, S., Cusack, F. and Warne, T. (2016) Restraining good practice: reviewing evidence of the effects of restraint from the perspective of service users and mental health professionals in the United Kingdom (UK). *International Journal of Law and Psychiatry* [online], v.46, pp.20-26
Available at: https://www.sciencedirect.com/science/article/pii/S016025271630036X

Daughtrey, L. (2023) Nursing students' experiences of witnessing physical restraint during placements. *Mental Health Practice* [First published online 29th March 2023]. DOI: 10.7748/mhp.2023.e1639

Davies, S. and Coldridge, L. (2015) 'No Man′ s Land': an exploration of the traumatic experiences of student midwives in practice. *Midwifery* [online], v.31 (9), pp.858-864
Available at: https://www.sciencedirect.com/science/article/pii/S0266613815001497

Deakin, H. and Wakefield, K. (2014) Skype interviewing: Reflections of two PhD researchers. *Qualitative research* [online], v.14 (5), pp.603-616
Available at: https://journals.sagepub.com/doi/abs/10.1177/1468794113488126

Dodd, A.L., Priestley, M., Tyrrell, K., Cygan, S., Newell, C. and Byrom, N.C. (2021) University student well-being in the United Kingdom: a scoping review of its conceptualisation and measurement. *Journal of Mental Health* [online], v.30 (3), pp.375-387
Available at: https://www.tandfonline.com/doi/abs/10.1080/09638237.2021.1875419

Eskandari, F., Abdullah, K.L., Zainal, N.Z. and Wong, L.P. (2018) The effect of educational intervention on nurses' knowledge, attitude, intention, practice and incidence rate of physical restraint use. *Nurse education in practice* [online], v.32, pp.52-57
Available at:
https://www.sciencedirect.com/science/article/pii/S147159531730272X?casa_token=LV3cF_3NxGYAAAAA:h_Zy96K8DtFPUYnkdI16OysTpD4EnZ4IF94Re0uZ7Sr_Cpsc-B24K-Q4nhyR4dxrBz-u7SNGkwg

European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2017) *Means of restraint in psychiatric establishment for adults* [online]
Available at: https://rm.coe.int/16807001c3

Fagan, A., Lea, J. and Parker, V. (2020) Conflict, confusion and inconsistencies: Pre-registration nursing students' perceptions and experiences of speaking up for patient safety. *Nursing inquiry* [online], v.28 (1), pp.1-11
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/nin.12381

Foster, K., Giandinoto, J.A., Furness, T., Blanco, A., Withers, E. and Alexander, L. (2021) 'Anyone can have a mental illness': A qualitative inquiry of pre-registration nursing students' experiences of traditional mental health clinical placements. *International Journal of Mental Health Nursing* [online], v.30 (1), pp.83-92
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/inm.12808

Francis, R. (2010) Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 [online]
Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279109/0375_i.pdf

Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary [online]
Available at: https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

Galletta, M., Portoghese, I., Gonzales, C.I.A., Melis, P., Marcias, G., Campagna, M., Minerba, L. and Sardu, C. (2017) Lack of respect, role uncertainty and satisfaction with clinical practice among nursing students: the moderating role of supportive staff. *Acta Bio Medica: Atenei Parmensis* [online], v.88 (3), p.43
Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6357584/

Gunawardena, R. and Smithard, D.G. (2019) The attitudes towards the use of restraint and restrictive intervention amongst healthcare staff on acute medical and frailty wards—a brief literature review. *Geriatrics* [online], v.4 (3), p.50
Available at: https://www.mdpi.com/2308-3417/4/3/50

Haines-Delmont, A., Goodall, K., Duxbury, J. and Tsang, A. (2022) An evaluation of the implementation of a "No force first" informed Organisational guide to reduce physical restraint in mental health and learning disability inpatient settings in the UK. *Frontiers in psychiatry* [online], v.13, p.749615
Available at: https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2022.749615/full

Happell, B. and Bennetts, W. (2016) Triumph and adversity: Exploring the complexities of consumer storytelling in mental health nursing education. *International Journal of Mental Health Nursing* [online], v.25 (6), pp.546-553
Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/inm.12244

Happell, B., Waks, S., Bocking, J., Horgan, A., Manning, F., Greaney, S., Goodwin, J., Scholz, B., van der Vaart, K.J., Allon, J. and Hals, E. (2019) I felt some prejudice in the back of my head": Nursing students' perspectives on learning about mental health from "Experts by Experience. *Journal of psychiatric and mental health nursing* [online], v.26(7-8), pp.233-243
Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/jpm.12540

Havaei, F. (2021) Does the type of exposure to workplace violence matter to nurses' mental health?. *Healthcare* [online], v.9 (1), p.41
Available at: https://www.mdpi.com/2227-9032/9/1/41

Hennink, M. and Kaiser, B.N. (2022) Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social science & medicine* [online], v.292, pp.1-10
Available at: https://www.sciencedirect.com/science/article/pii/S0277953621008558

Hetzel-Riggin, M.D., Swords, B.A., Tuang, H.L., Deck, J.M. and Spurgeon, N.S. (2019) Work engagement and resiliency impact the relationship between nursing stress and burnout. *Psychological reports* [online], v.123 (5), pp.1835-1853
Available at: https://journals.sagepub.com/doi/abs/10.1177/0033294119876076

Higgins, A., Maguire, G., Watts, M., Creaner, M., McCann, E., Rani, S. and Alexander, J. (2011) SUI in mental health practitioner education in Ireland. *Journal of Psychiatric and Mental Health Nursing* [online], v.18, pp.519-525
Available at: https://pubmed.ncbi.nlm.nih.gov/21749558/

Hill, Z., Tawiah-Agyemang, C., Kirkwood, B. and Kendall, C. (2022) Are verbatim transcripts necessary in applied qualitative research: experiences from two community-based intervention trials in Ghana. *Emerging Themes in Epidemiology* [online], v.19 (1), p.5

Available at: https://link.springer.com/article/10.1186/s12982-022-00115-w

Hood, T.L. and Copeland, D. (2021) Student nurses' experiences of critical events in the clinical setting: a grounded theory. *Journal of Professional Nursing* [online], v.37 (5), pp.885-893
Available at: https://www.sciencedirect.com/science/article/pii/S8755722321001083

Inayat, S., Younas, A., Sundus, A. and Khan, F.H. (2021) Nursing students' preparedness and practice in critical care settings: A scoping review. *Journal of Professional Nursing* [online], v.37 (1), pp.122-134
Available at: https://www.sciencedirect.com/science/article/pii/S8755722320301307

Jack, K. (2017) The meaning of compassion fatigue to student nurses: an interpretive phenomenological study. *Journal of Compassionate Health Care* [online], v.4, pp.1-8
Available at: https://link.springer.com/article/10.1186/s40639-017-0031-5

Jarden, R.J., Jarden, A., Weiland, T.J., Taylor, G., Bujalka, H., Brockenshire, N. and Gerdtz, M.F. (2021) New graduate nurse wellbeing, work wellbeing and mental health: A quantitative systematic review. *International journal of nursing studies* [online], v.121, pp.1-35
Available at: https://www.sciencedirect.com/science/article/pii/S0020748921001449

Jones-Berry, S. (2018) Survey confirms failure to tackle attrition rates. *Nursing Standard* [online], v.33 (6), pp.19-22
Available at:
https://www.proquest.com/openview/1c78c8ae2e899519da966cfdf0c6c93c/1?pq-origsite=gscholar&cbl=2042228

Kaldal, M.H., Kristiansen, J. and Uhrenfeldt, L. (2018) Nursing students experienced personal inadequacy, vulnerability and transformation during their patient care encounter: A qualitative meta-synthesis. *Nurse education today* [online], v.64, pp.99-107
Available at: https://www.sciencedirect.com/science/article/pii/S0260691718300741

Komachi, M.H., Kamibeppu, K., Nishi, D. and Matsuoka, Y. (2012) Secondary traumatic stress and associated factors among Japanese nurses working in hospitals. *International journal of nursing practice* [online], v.18 (2), pp.155-163
Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/j.1440-172X.2012.02014.x

Lee, D.T. (1996) The clinical role of the nurse teacher: a review of the dispute. *Journal of advanced nursing*, *23*(6), pp.1127-1134.
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2648.1996.01278.x

Levett-Jones, T., Pitt, V., Courtney-Pratt, H., Harbrow, G. and Rossiter, R. (2015) What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience?. *Nurse education in practice* [online], v.15 (4), pp.304-309
Available at: https://www.sciencedirect.com/science/article/pii/S147159531500058X

Lombart, B., De Stefano, C., Dupont, D., Nadji, L. and Galinski, M. (2020) Caregivers blinded by the care: A qualitative study of physical restraint in pediatric care. *Nursing Ethics* [online], v.27 (1), pp.230-246
Available at: https://journals.sagepub.com/doi/full/10.1177/0969733019833128

MacDonald, K., Paterson, K. and Wallar, J. (2016) Nursing students' experience of practice placements. *Nursing Standard* [online], v.31 (10), pp.44-50
Available at: https://journals.rcni.com/nursing-standard/nursing-students-experience-of-practice-placements-ns.2016.e10230

Mackey, S., Kwok, C., Anderson, J., Hatcher, D., Laver, S., Dickson, C. and Stewart, L. (2018) Australian student nurse's knowledge of and attitudes toward primary health care: A cross-sectional study. *Nurse education today* [online], v.60, pp.127-132
Available at: https://www.sciencedirect.com/science/article/pii/S0260691717302435

Mangaoil, R.A., Cleverley, K. and Peter, E. (2020) Immediate staff debriefing following seclusion or restraint use in inpatient mental health settings: a scoping review. *Clinical nursing research* [online], v.29(7), pp.479-495

Available at: https://journals.sagepub.com/doi/abs/10.1177/1054773818791085

Mangaoil, R.A., Cleverley, K., Peter, E. and Simpson, A.I. (2023) The experiences of nurses following seclusion or restraint use and immediate staff Debriefing in inpatient mental health settings. *Journal of Advanced Nursing* [online], v.79 (9), pp.3397-3411
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.15667

Meeley, N.G. (2021) Undergraduate student nurses' experiences of their community placements. *Nurse Education Today* [online], v.106, pp.1-7
Available at: https://www.sciencedirect.com/science/article/pii/S0260691721003117

Mooney, M. and Kanyeredzi, A., 2021. 'You get this conflict between you as a person and you in your role… that changes you': A thematic analysis of how inpatient psychiatric healthcare staff in the UK experience restraint, seclusion, and other restrictive practices. *International Journal of Mental Health Nursing* [online], v.30 (6), pp.1703-1712
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/inm.12926

Moore, N. (2013) 'Restraint is by far the worst thing about working in mental health' [online]
Available at: https://www.nursingtimes.net/students/restraint-is-by-far-the-worst-thing-about-working-in-mental-health-03-07-2013/

Motsaanaka, M.N., Makhene, A. and Ally, H. (2020) Student nurses' experiences regarding their clinical learning opportunities in a public academic hospital in Gauteng province, South Africa. *Health SA Gesondheid* [online], v.25 (2020), pp.1-7
Available at: https://www.ajol.info/index.php/hsa/article/view/214646

NHS Health Education England (2022) *National Education and Training Survey: Results Overview: Nursing: November 2022* [online PowerPoint]
Available at:
https://healtheducationengland.sharepoint.com/:p:/g/Comms/Digital/EYbH0lLnvPZOun-Ssd2CJncBSs2bPMNi8G3P3VZbGVPMrg?e=mbEd2G

NHS Digital (2024) *Mental health services monthly statistics – Restrictive Interventions* [online]. Available at: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub/dashboards/mental-health-services-monthly-statistics-restrictive-interventions

Nursing and Midwifery Council (2018) The Code, professionals standards of practice and behaviour for nurses and midwives. London: NMC

Nursing and Midwifery Council (2019) *Supernumerary and protected learning time* [online]. Available at: https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/student-empowerment/what-to-expect/supernumerary-protected-learning-time/

Nursing and Midwifery Council (2023) Part 1: Standards framework for nursing and midwifery education [online]
Available at: https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/new-vi/standards-framework-for-nursing-and-midwifery-education.pdf

O'Brien, L. and Cole, R. (2004) Mental health nursing practice in acute psychiatric close-observation areas. *International Journal of Mental Health Nursing* [online], v.13 (2), pp.89-99
Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/j.1440-0979.2004.00324.x

Obi-Udeaja, J., Crosby, K. and Ryan, G. (2017) Involving service users in teaching healthcare professionals about physical restraint. *Mental Health Practice* [online], v.21(4), p.36
Available at:
https://www.proquest.com/openview/b0b25447f7fd944f46cd53c8f3d62f11/1?pq-origsite=gscholar&cbl=2042234

Ousey, K. and Gallagher, P. (2007) The theory–practice relationship in nursing: A debate. *Nurse Education in Practice*, *7*(4), pp.199-205.
Available at: https://www.sciencedirect.com/science/article/pii/S1471595307000145

O'Sullivan, E., Gogan, E., Doyle, L. and Donohue, G. (2021) Decider life skills training as a method of promoting resilience with mental health student nurses on clinical placement. *Nurse Education in Practice* [online], v.56, pp.1-8
Available at: https://www.sciencedirect.com/science/article/pii/S1471595321002584

Panda, S., Dash, M., John, J., Rath, K., Debata, A., Swain, D., Mohanty, K. and Eustace-Cook, J. (2021) Challenges faced by student nurses and midwives in clinical learning environment–A systematic review and meta-synthesis. Nurse Education Today [online], v.101, pp.1-14
Available at: https://www.sciencedirect.com/science/article/pii/S0260691721001325

Pérez-Francisco, D.H., Duarte-Clíments, G., del Rosario-Melián, J.M., Gómez-Salgado, J., Romero-Martín, M. and Sánchez-Gómez, M.B. (2020) Influence of workload on primary care nurses' health and burnout, patients' safety, and quality of care: Integrative review. *Healthcare* [online], v.8(1), p.12
Available at: https://www.mdpi.com/2227-9032/8/1/12

Raveesh, B.N., Gowda, G.S. and Gowda, M. (2019) Alternatives to use of restraint: A path toward humanistic care. *Indian Journal of Psychiatry* [online], v.61 (4), pp. 693-697
Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6482675/

Riley, D., Benson, I., Kilcoyne, J., Angus, D. (2018) No Force First: eliminating restraint in a mental health trust. *Nursing Times* [online], v.114 (3), pp.38-39
Available at: https://www.nursingtimes.net/roles/mental-health-nurses/no-force-first-eliminating-restraint-in-a-mental-health-trust-12-02-2018/#:~:text=In%202013%2C%20Mersey%20Care%20Foundation,staff%20and%20work%2Drelated%20absences.

Royal College of Nursing (2022) 8 in 10 shifts unsafe: RCN survey reveals shocking extent of staffing crisis [online]
Available at: https://www.rcn.org.uk/news-and-events/news/uk-rcn-survey-reveals-shocking-impact-of-nurse-staffing-crisis-on-patient-safety-

060622#:~:text=The%20results%20are%20shocking.,planned%20number%20of%20registered%20nurses.

Salvatore, G.L., Simmons, C.A. and Tremoulet, P.D., 2022. Physician perspectives on severe behavior and restraint use in a hospital setting for patients with autism spectrum disorder. *Journal of Autism and Developmental Disorders* [online], v. 52, pp.1-14
Available at: https://link.springer.com/article/10.1007/s10803-021-05327-8

Shoghi, M., Sajadi, M., Oskuie, F., Dehnad, A. and Borimnejad, L. (2019) Strategies for bridging the theory-practice gap from the perspective of nursing experts. *Heliyon* [online], v.5 (9), pp.1-6
Available at: https://www.cell.com/heliyon/pdf/S2405-8440(19)36163-8.pdf

Stephenson, J. (2017) *Exclusive: Nurse leads successful drive to reduce restraint* [online].
Available at: https://www.nursingtimes.net/news/research-and-innovation/exclusive-nurse-leads-successful-drive-to-reduce-restraint-27-07-2017/

Swift, A. and Twycross, A. (2020) Using ways of knowing in nursing to develop educational strategies that support knowledge mobilization. *Paediatric and Neonatal Pain* [online], v.2 (4), pp.139-147
Available at: https://onlinelibrary.wiley.com/doi/full/10.1002/pne2.12037

Tong, A., Sainsbury, P. and Craig, J. (2007) Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International journal for quality in health care* [online], v.19 (6), pp.349-357
Available at: https://academic.oup.com/intqhc/article/19/6/349/1791966?login=false

Torrance, C., Mansell, I. and Wilson, C. (2012) Learning Objects? Nurse Educators' Views on Using Patients for Student Learning: Ethics and Consent. *Education for health* [online], v.25 (2), pp.92-97

Available at:
https://journals.lww.com/EDHE/Fulltext/2012/25020/Learning_Objects__Nurse_Educators__Views_on_Using.4.aspx

Vedana, K.G.G., da Silva, D.M., Ventura, C.A.A., Giacon, B.C.C., Zanetti, A.C.G., Miasso, A.I. and Borges, T.L. (2018) Physical and mechanical restraint in psychiatric units: Perceptions and experiences of nursing staff. *Archives of Psychiatric Nursing* [online], v.32 (3), pp.367-372
Available at: https://www.sciencedirect.com/science/article/pii/S0883941717302492

Wang, L., Zhu, X.P., Zeng, X.T. and Xiong, P. (2018) Nurses' knowledge, attitudes and practices related to physical restraint: A cross-sectional study. *International nursing review* [online], v.66 (1), pp.122-129
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/inr.12470

Wilson, C., Rouse, L., Rae, S. and Kar Ray, M. (2017) Is restraint a 'necessary evil' in mental health care? Mental health inpatients' and staff members' experience of physical restraint. *International Journal of Mental Health N*
ursing [online], v.26 (5), pp.500-512
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/inm.12382

Ye, J., Wang, C., Xiao, A., Xia, Z., Yu, L., Lin, J., Liao, Y., Xu, Y. and Zhang, Y. (2019) Physical restraint in mental health nursing: A concept analysis. *International Journal of Nursing Sciences* [online], v.6 (3), pp.343-348
Available at: https://www.sciencedirect.com/science/article/pii/S235201321830663X