

Perceptions of Restraint Use Questionnaire (PRUQ)

Background and Instructions for Use

The Perceptions of Restraint Use Questionnaire (PRUQ) was developed to determine the relative importance caregivers ascribe to reasons for using physical restraints with the elderly. The tool was developed as a Likert scale (originally 3-point, now 5-point) from a review of the literature that included reasons for and attitudes about restraint use. It was judged to have face and content validity by a panel of five gerontologic nurse experts. It had a coefficient alpha of .80 with 18 professional hospital nurses and of .74 with a sample of 20 nursing home staff [Strumpf & Evans, 1987, 1988]. Following its expansion to 11 items, it had a coefficient alpha of .86 with 51 nurses who worked with the elderly in geriatric and geropsychiatric settings [Evans & Strumpf, 1987]. We have since modified the instrument to include more items regarding fall risk and treatment interference; this 17 item 5-point Likert scale is the one we currently employ in our research. Among 184 European nursing personnel, this version had a coefficient alpha of .96. In a sample of 87 American nursing home staff, it had a mean of 3.65 and a coefficient alpha of .94 [Evans & Strumpf, 1993].

Scoring Instructions for the PRUQ

To score the PRUQ, calculate a mean total scale score by summing the scores for each of the 17 items and dividing by 5 [the number of positions on the likert scale]. As an example, staff in the three nursing homes in our clinical trial [JAGS 1997] averaged 3.8 (+/- 0.86, n=55), 4.02 (+/- 0.68, n=29) and 3.64 (+/- 0.83, n=55) at baseline.

For the "knowledge of alternatives" section, count the number of discrete interventions suggested by the respondent for a total (sum) score. These named interventions may be categorized into four types: physiologic, psychosocial, activity, and environmental. The Matrix of Behavioral Interventions (attached, and Strumpf, et. al., 1998, pp. 137-139) is used to code the types of interventions identified. Total number of interventions and subtotal for each type are tallied and a mean, median and mode derived for each.

Key: PH: physiological; PS: psychosocial; PA: physical activity; ENV: environmental; PR: physical restraint; CR: chemical restraint; SR: siderails; OIN: other, inappropriate intervention (e.g., seclusion, discharge to another facility); OAP: other, appropriate intervention (e.g., increase in staff).

This version of the PRUQ is for use in acute care settings; minor modification in the demographic items (e.g., #16, #19) may be made for use in nursing homes or other settings.

References:

- Evans, L.K., & Strumpf, N.E. (1987). Patterns of restraint: A cross-cultural view. *Gerontologist*, 27 (Supplement), 272A-273A.
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- Evans, L.K., & Strumpf, N.E. (1989). Tying down the elderly: A review of the literature on physical restraint. *Journal of the American Geriatrics Society*, 37, 65-74.
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The authors give permission for use of this instrument.

DATE ____/____/____

The Study Has Been Explained To Me To My Satisfaction. By Completing This Questionnaire, I Am Giving My Consent To Participate.

In caring for the older adult, physical restraints are sometimes used. Such restraints include vests, belts or sheet ties, crotch or diaper restraints, ankle or wrists ties, hand mitts, or locked geriatric chairs with fixed tray tables.

Following are reasons sometimes given for restraining older people. In general, how important do you believe the use of physical restraints are for each reason listed? (please circle the number that represents your choice)

		not at all important		Somewhat important		most important
1.	Protecting an older person from:					
	a. Falling out of bed?	1	2	3	4	5
	b. Falling out of chair?	1	2	3	4	5
	c. Unsafe ambulation?	1	2	3	4	5
2.	Preventing an older person from wandering?	1	2	3	4	5
3.	Preventing an older person from taking things from others?	1	2	3	4	5
4.	Preventing an older person from getting into dangerous places or supplies?	1	2	3	4	5
5.	Keeping a confused older person from bothering others?	1	2	3	4	5
6.	Preventing an older person from:	1	2	3	4	5
	a. Pulling out a catheter?	1	2	3	4	5
	b. Pulling out a feeding tube?	1	2	3	4	5
	c. Pulling out an IV?	1	2	3	4	5
	d. Breaking open sutures?	1	2	3	4	5
	e. Removing a dressing?	1	2	3	4	5
7.	Providing quiet time or rest for an overactive older person?	1	2	3	4	5
8.	Providing for safety when judgment is impaired?	1	2	3	4	5
9.	Substituting for staff observation?	1	2	3	4	5
10.	Protecting staff or other patients from physical abusiveness/combativeness?	1	2	3	4	5
11.	Managing agitation?	1	2	3	4	5

12. Please identify measures which could be used instead of physical restraints for the behaviors or situations listed above. Use the back of this sheet if necessary.

13. Education: ☐ MSN ☐ BSN ☐ Diploma ☐ ADN

14. Age: ____

15. Sex: ☐ F ☐ M

16. Type of Unit: ☐ Medical ☐ Surgical ☐ Critical Care ☐ Other

17. Total length of employment in this facility: _____ years _____ months

18. Any specialized education in geriatrics? ☐ yes ☐ no

19. Position: ☐ Staff Nurse ☐ Nurse Manager ☐ Advanced Practice Nurse ☐ Certified Nursing Assistant

Coding: Total ____ PH ____ PS ____ PA ____ ENV ____ PR ____ CR ____ SR ____ OIN ____ OAP ____

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Matrix of Behaviors and Interventions*

Types of Interventions	Fall Risk	Treatment Interference	Other Behaviors
Physiologic	• Identification of reasons for falling and comprehensive assessment • Medication review/elimination of troublesome drugs • Evaluation and prescription for PT/OT, etc. • Rest • Elimination schedule	• Comfort • Pain relief • Assistance with elimination • Evaluation of need for change in treatment (e.g., remove IV/NG tubes, catheters; wean from ventilator)	• Comfort • Pain relief • Correction of underlying problem, e.g., dehydration • Positioning • Attention/assistance with eliminations • Sensory aids • Massage/aroma therapy
Psychosocial	• Supervision • Authorization of “no restraint” from resident/family • Fall/risk program • Anticipation of needs	• Companionship and supervision • Authorization of “no restraint” from resident/family • Encouragement of appropriate advance directive • Reassurance • Maintenance of communication with family/resident • Ethics consult as indicated • Guided exploration of device • “Contracting” for short-term use (if invasive treatment device)	• Companionship • Therapeutic touch • Active listening • Calm approach • Provision of sense of safety and security/validation of concerns • “Timeout” PRN • Caregiver consistency • Supervision • Promotion of trust and sense of purpose/mastery • Attention to resident’s agenda • Reality orientation (if appropriate) • Remotivation • Attention to feelings and concerns • Facilitation of resident control over activities of daily living • Pastoral/spiritual counseling • Family visits and information sharing • Communications that are calm, sensitive to cues, and use simple statements/instructions
Activities	• Daily physical therapy/ambulation/weight bearing • Gait training • Fall-prevention program • Transfer assistance	• Distraction • Television, radio, music • Something to hold	• Distraction • Planned recreation (consistent with interest/abilities) • Exercise • PT/OT/ADL training

	• Restorative program • Meaningful activity		• Social activity • Outlets for anxious behavior, especially structured activity • Nighttime activities PRN • Redirection toward unit • Pet therapy • Structured routines • Spiritual activities and outlets
Environmental	• Chairs that slant or fit body, wedge cushions, abductor pillow or other customized seating • Low beds, bed rails down or single side rails, pads, accessible call light, mattress on floor, bedside commode, table placed in front of chair • Mobility aids and supportive shoes • Safety awareness training, fall-safe environment, alarm signal system, assistive devices, elevated toilet seat • Varied sitting locations • Optimal lighting	• Placement near nursing station • Accessible call light • Camouflaged or padded treatment site • Protective sleeves, garments, etc.	• Decreased use of intercom • Decreased/increased light as appropriate • Quiet room or soothing background music • Rocking chair • Personalized area/homelike environment/familiar objects • Camouflaged doors, exits, elevators • Velcro “doors”/gates/stop signs • Floor tape (grids) or planters to signal end of hallway • Special locks • Alarm systems • Contained areas that are safe and interesting • Special clothing • Varied seating and furnishings • Personal space • Structured environment • Room change as appropriate

*List provides examples, not intended to be exhaustive.

Source: Modified from Strumpf, et. al., (1998), pp. 137-139.