higher level of moral distress. A low-level negative of relationship was found between the MDS score and the ILS score (r=-0,260, p<0,001). As the level of moral distress increases, the tendency to leave work decreases.

**Image 2:**

**Table 1.** Regression analysis of Socio-demographic Characteristics, Professional characteristics, ILS and MDS scale scores with NATFTS

| | B | Beta | t | P | GA | | VIF |
|---|---|---|---|---|---|---|---|
| | | | | | Min | Max | |
| NAFTS ($R^2$=.204; F= 7.738; p<.001) | | | | | | | |
| Parameter | 31,901 | | 5,131 | <,001 | 19,656 | 44,147 | |
| Gender | -3,84 | -0,18 | -3,24 | **0,001** | -6,17 | -1,51 | 1,02 |
| Age | 0,50 | 0,31 | 1,99 | **0,047** | 0,00 | 1,04 | 7,73 |
| Professional Experience | -,049 | -0,40 | -2,47 | **0,014** | -0,08 | -0,01 | 8,10 |
| Health Vocational School | -1,91 | -0,09 | -1,34 | 0,18 | -4,72 | 0,88 | 1,43 |
| Associate in Science | -2,50 | -0,07 | -1,18 | 0,23 | -6,67 | 1,66 | 1,31 |
| Bachelor in Science | 3,37 | 0,18 | 3,16 | **0,002** | 1,27 | 5,47 | 1,04 |
| Oncology/Hematology/BMT | -3,68 | -0,19 | -3,06 | **0,002** | -6,05 | -1,31 | 1,18 |
| Outpatient Service | 6,93 | 0,16 | 2,74 | **0,007** | 1,95 | 11,91 | 1,11 |
| Inpatient Service | 2,88 | 0,12 | 1,87 | 0,06 | -0,15 | 5,92 | 1,29 |
| Emergency Service | 1,35 | 0,04 | 0,68 | 0,49 | -2,55 | 5,27 | 1,26 |
| ILS | -0,72 | -0,34 | -5,23 | **<0,001** | -0,99 | -0,45 | 1,25 |
| MDS | 0,01 | 0,07 | 1,10 | 0,27 | -0,009 | 0,03 | 1,26 |

**Conclusions:** It is believed that educating nurses and strengthening them psychologically will prevent them from experiencing moral distress, increase job satisfaction and reduce intention to leave (Cicolini et al., 2014). Considering the negative effects of ethical dilemmas about futile treatments on health professionals, it is recommended that legal regulations be made on the subject and institutions determine their own protocol.

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## EPP0059

## Physical Restraints in a Mental Hospital Emergency Unit: Facts vs Perceptions of Healthcare Workers

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**Introduction:** Coercion is a general term used to refer to a series of actions, ranging from involuntary treatments to forced interventions, which can be ethically, legally and clinically challenging for both professionals and service-users. Perception of healthcare professionals on restraint practices is in important factor determining the clinical outcomes.

**Objectives:** The aim of this study was to determine i) the differences between the estimates of healthcare professionals working in the Emergency Unit of Erenköy Psychiatric and Neurological Training and Research Hospital (Erenköy RSHEAH) regarding physical restraint practices and the real use and outcome values ii) the knowledge, attitudes and opinions of healthcare professionals on such procedures.

**Methods:** The study was designed as a descriptive cross-sectional online survey. All healthcare professionals working in the Emergency Unit of Erenköy RSHEAH (with a catchment area of 5 million people) who agreed to participate in the study and who were not part of the research team were included. Sociodemographic information, information about working experience, and estimates of physical restraint practices in the last month were questioned. Attitudes and opinions towards these practices were evaluated with 5-point Likert-type questions. Ethical approval was obtained from Erenköy RSHEAH Clinical Ethics Committee (Decision No: 40, 18.07.2022).

**Results:** A total of 55 healthcare workers (31 trainees, 10 specialist psychiatrists, 6 nurses, 8 security personnel) participated in the study. The mean age of the participants was 32±6.4 years (24-50, min-max) and 52.7% were female. The mean duration of employment in the health sector and current institution were 6.6±5.7 (1-22, min-max), and 4.1±4.1 (1-17, min-max) years, respectively. The estimated mean rate of physical restriction was 13.5±13% (2-60, min-max). However, the actual median rate was 4% (0 - 8.8% min-max) in the same month. The estimated mean duration of physical restraint was reported as 87.8±54.1 (20-300, min-max) minutes, whereas the median actual duration of physical restraint was 60 minutes. No significant relationship was found between the estimates of duration, rates and complication rates of of physical restraint and the duration of professional experience (p>0.05). A significant difference was found between professional groups in terms of restraint duration and complication rate (p<0.05), as well as their opinions regarding the appropriateness of restraint practices with the legal framework (Table 1).

**Image:**

| Professional Group | Question 1 | | | Question 2 | | Question 3 | | Question 4 | | Question 5 | | | Question 6 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | p | n | % | n | | n | % | n | % | p | n | % |
| Security | 7 | 87.5 | | 8 | 100 | 1 | 12.5 | 7 | 87.5 | 7 | 87.5 | | 0 | 0 |
| Nurse | 5 | 83.3 | | 6 | 100 | 0 | 0 | 5 | 83.3 | 3 | 50 | | 2 | 33.3 |
| Trainee in Psychiatry | 21 | 67.7 | 0.38 | 16 | 51.6 | 0 | 0 | 26 | 83.9 | 14 | 42.5 | 0.02 | 4 | 12.9 |
| Specialist in Psychiatry | 9 | 90 | | 6 | 60 | 0 | 0 | 10 | 100 | 9 | 90 | | 3 | 30 |

**Table 1. Health Workers' Views on Physical Restraint (p value is calculated where available)**

Question 1= I have enough knowledge about restraint methods and how they should be applied.
Question 2= I have enough knowledge about the standards and legal procedures in our country, on how physical restraint measures should be applied.
Question 3= Physical or chemical restraint (administration of sedative drugs to prevent the patient's movements) should never be used.
Question 4= Although physical restraint shall never be applied, chemical restraint (administration of sedative drugs to prevent the patient's movements)
can be applied in some cases.
Question 5= I find the restraint practices in our emergency unit in accordance with the legislation in our country.
Question 6= I feel guilty after physical restraint interventions.

**Conclusions:** It was observed that healthcare workers had a misperception regarding the rate and duration of physical restraints, which were perceived as higher than the actual values. Thus, the restraint interventions were perceived to be more negative than they actually are. Correction of such misperceptions should become part of the continous educational processes of all professional groups.

**Disclosure of Interest:** None Declared