

RESEARCH CONNECTION

Exploring mental health nurses' experiences of administering chemical restraint in acute care hospitals

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Why this research is important

The purpose of this study was to obtain rich description of mental health nurses' experiences of administering as needed psychotropic medication for the purpose of controlling behavioural emergency. The goal was to gain an understanding of the meaning nurses make of these common practices. Through this Canadian study, an understanding of direct care nurses' first-hand experiences of the use of chemical restraint interventions was sought. Integral ways that nurses make meaning from administering chemical restraint were found, as well as some of the complex clinical and ethical decision-making aspects involved in psychiatric nursing care.

What you need to know

Behavioral emergencies (also referred to as behavioral crisis or psychiatric emergency) occur when a patient's behavior is out of control, posing a risk to the patient and those around them. Three types of restraints are used in acute mental health inpatient settings: (1) physical (holding, mechanical restraint), (2) environmental (locked wards/rooms), and (3) chemical (rapidly acting calming/sedating medications). Direct care nurses have been the most frequent health care providers, who initiate and administer restraints on mental health inpatient units, yet little is known about the nurses' experience.

While there is a growing body of research available on general restraint intervention in acute adult psychiatric settings, relatively little is known about nurses' experiences of administering chemical restraint. The research question explored in this study was: "What are mental health nurses' experiences of using chemical restraint interventions in times of behavioural emergency on adult inpatient acute mental health units?"

Implications for practice, education, and policy are discussed, along with suggestions for future research.

How the research was conducted

Eight adult acute inpatient mental health nurses were interviewed using hermeneutic phenomenological method. Hermeneutic phenomenology is a qualitative research methodology used to explore the lived experience of a particular phenomenon. The aim is to understand the meaning of a particular phenomenon to those experiencing it. In using this interpretive approach, six themes emerged from the data analysis: using all the tools in the toolbox, taking control to maintain safety, using therapeutic intervention, working within constraints, making medication choices, and transitioning from novice to expert.

What the researcher found

Findings in this study provided new insight into the experiences of acute mental health nurses' practices of administering chemical restraints and highlighted gaps in consistent terminology and nursing knowledge. For example, there were many ambiguous terms used to describe nurses' reasons for using chemical restraint, and varying terminology of the practice itself. Nursing use of chemical restraint was a complex process. Participants shared their experiences of using psychotropic medication regularly in their day-to-day mental health nursing practice. The six themes that were mentioned above emerged in the data analysis process and uncovered the significance of the practice, while highlighting nurses' knowledge gaps. Research findings indicated a need for further inquiry into the specifics of the decision-making process of nurses in making the choice to use chemical restraint medication, the time to use this medication, and the type of medication to use.

How this research can be used

The themes and subthemes uncovered may be used as a starting point for conducting additional research on safe

chemical restraint practices of acute inpatient mental health nurses to better inform nursing practice, and to improve safe and ethical patient care. The researcher plans to use the exploratory research findings to inform nurses, health care leaders, and policy makers about the complex ethical decision making required for the use of chemical restraint interventions.

About the researcher

Michelle Danda is a Registered Nurse. She graduated from the University of Calgary Nursing program in 2008. She holds a Master in Nursing from Athabasca University, and a Master in Psychiatric Nursing from Brandon University. She has practised mental health nursing in the Lower Mainland, British Columbia, and in Calgary, Alberta. Currently, she works in the Vancouver area in adolescent and adult mental health and substance use, and in assertive mental health outreach.

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