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A THEMATIC ANALYSIS OF FACTORS INFLUENCING DECISIONS TO USE PHYSICAL RESTRAINT IN ACUTE MENTAL HEALTH SETTINGS

by

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A thesis submitted in partial fulfilment of the requirements for the degree of

Master of Philosophy in Nursing

Massey University

2007
ABSTRACT

This study investigates the factors that influence nurses' decisions to use physical restraint or to attempt alternative interventions within acute mental health inpatient settings. The objective was to better understand the background to these decisions in the hope that this will lead to the development of more consistent and justifiable approaches to challenging behaviour displayed by some mental health patients.

Eight nurses working or recently working in acute mental health services in two different District Health Boards were interviewed using a semi-structured interview technique. The sample was purposive, with participants being asked about their experiences with physical restraint, using specific events from their clinical practice. These interviews were then reviewed by the researcher and note taken of areas for further exploration or clarification. A second interview focussed on the areas identified as of particular interest to this research. 32 events of restraint use or near-use were related to the researcher, giving a significant amount of data for analysis. A thematic analysis approach was used to identify and examine themes within the data.

The central thesis emerging from the data and its analysis is that much of what influences nurses' decisions relates to intrinsic factors such as their attitudes towards the patients in their care, whether the patients are appropriately domiciled in mental health services, and assessments of the causes of the challenging behaviour. The importance of working as a team and trusting colleagues emerged as a strong yet previously under-researched theme. Implications for nursing practice are discussed. Particular emphasis is placed on the further development of Calming and Restraint programmes for nurses working in acute mental health settings. The need to address the background attitudinal factors from both a training and service delivery perspective is strongly evident.
ACKNOWLEDGEMENTS

This thesis has been a result of an extended incubation period. As a result of my own personal depressive illness, the usual timeframes and acceptable deadlines came and went as I struggled with motivational issues and medication changes. Throughout this time my academic supervisor, Professor Julie Boddy, accommodated my disappearances and limited abilities and always welcomed me back into the process of making sense of this valuable information. Her patience and skills at managing my performance are deeply appreciated. Martin Woods, my second supervisor provided sage words at times of near panic, and then provided a wonderfully fresh perspective of this document that enabled a much more articulate and easily read product. His ability to challenge my assumed common knowledge was critical to my completion.

The participants in this research are thanked without limit for their incredible honesty and willingness to share not just their thoughts but their feelings regarding the use of restraint. The fact that restraint remains controversial and the subject of considerable scrutiny makes their contribution all the more outstanding. To my nursing colleagues who listened to my thoughts about the direction of this thesis and its content I am grateful. In particular, Katie Bolton, who shares an office with me and therefore cannot escape, has provided much needed support and encouragement. Keith Roffe provided invaluable information and insight into the background of Calming and Restraint and its introduction into New Zealand. My good mate, Charles Brown, always believed this thesis was important and would be completed. Charles provided immense psychological support throughout: I couldn’t have done it without him.

Finally, to my dear family who have seen me struggle with this project over the last five years, tolerated my preoccupation and accommodated my need for distance. I’m back.

20 March 2007
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