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UNDERSTANDING HOW CRITICAL CARE NURSES MAKE THE DECISION TO RESTRAIN A DELIRIOUS PATIENT: A "THINK ALOUD" STUDY

Background: Patients with psychomotor agitation due to hyperactive delirium are at risk of disrupting life-sustaining therapies. Chemical or physical restraint are often cited by staff as the main method of preserving patient safety, however its efficacy is unproven (Ai et al., 2018) and seems rooted in culture and routine rather than a clear evidence base (Teece et al., 2020).

Aim: To explore the process through which critical care nurses make the decision to restrain their patient.

Method: A "Think Aloud" approach was taken. 30 critical care practitioners were invited to view audio-visual vignettes featuring simulated patient scenarios with a variety of risk inferences and levels of agitation. The participant was invited to "Think Aloud" their responses to the scenario. Reflexive thematic analysis was undertaken following transcription of the interviews. HRA and University ethics approval received.

Results: Five themes were identified: 1. Intrinsic beliefs and aptitudes and their influence on the decision to restrain; 2. The influence of handover and sharing of labels on the decision to restrain; 3. Failure to maintain a consistent approach to restraint; 4. Reduced staffing ratios can lead to restraint; 5. The tyranny of the now.

Implications for practice: Decision-making varied with participants' level of clinical experience, with established critical care nurses being most likely to apply physical or chemical restraint. Caring for patients with psychomotor agitation is an emotional and physical challenge. Newly-qualified and Advanced Practitioners were less likely to use restraint, perhaps due to reduced continued bedside exposure to agitation. Critical care nurses hold preconceptions about delirious patients which may influence their decision to apply restraint.

Decision making around restraint is complex. The ability to cope with delirium varies between nurses and it is difficult to objectively quantify the point at which restraint becomes clinically appropriate.

References

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