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**Staff Education on De-Escalation techniques to ensure minimal use of physical restraints and increase knowledge of evidence-based de-escalation techniques.**

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# Walden University

College of Nursing

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2024

Executive Summary: Staff Education Project

Staff Education on De-Escalation techniques to ensure minimal use of physical restraints  
and increase knowledge of evidence-based de-escalation techniques.

by

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## Summary

This doctor of nursing staff education project focused on training health care staff members who lack knowledge of de-escalation techniques at a living facility. The practice-focused question centered on whether staff education on using de-escalation techniques can increase staff knowledge, with the overall goal to reduce the use of physical restraints in a living facility. Twenty health care workers, including nurses, support staff, and managers, voluntarily participated in the project. I created a PowerPoint presentation with input from experts and then created a 10-question, multiple choice, pre- and posttest. I presented an in-person 60-minute education training to the voluntary participants. The analytical strategies involved pre- and postintervention analysis, whereby the knowledge of staff was compared before and after the education program. The data were analyzed with a paired  $t$  test. The pretest demonstrated that 100% of participants lacked knowledge of evidence-based de-escalation techniques because all 20 participants scored below 60%. After the education, all the staff members involved in the education program scored 70% or higher on the posttest, demonstrating the success of the project. The implications for nursing practice include improving patient outcomes and enhancing competence of staff towards managing patients during behavioral crisis or episodes, focusing on a culture of safety. This project has broader implications for positive social change by promoting respect for patient autonomy and dignity.

## Background

In the supported living facility, the knowledge of current, evidence-based de-escalation techniques was lacking among health staff. To address this gap in practice, I conducted this project to answer the following practice question: Will staff education on

the use of evidence-based de-escalation techniques to ensure minimal use of physical restraints increase knowledge? I created the staff education on evidence-based de-escalation techniques to address the lack of project site staff's lack of knowledge on the topic.

Researchers indicated that de-escalation techniques could appropriately regulate the need for physical restraints and ensure patient or staff outcomes (Bellsola et al., 2022; Dagenhardt et al., 2021). Training in verbal de-escalation has allowed an important reduction in mechanical restraints in patients with schizophrenia who have required nonvoluntary transfers from home to the psychiatric emergency department (Bellsola et al. (2022). Furthermore, Liao et al.'s (2021) findings showed that the frequency of and the duration of physical restraint as well as the numbers of injury caused by physical restraint were remarkably reduced after implementing de-escalation training. These examples demonstrate that the evidence supporting the change is robust, with various studies validating the efficacy of de-escalation training in regulating aggressive behaviors, preventing the escalation of behavioral episodes, and minimizing physical restraint use. The strength of this evidence also supports the urgency of addressing the identified practice gap through developing a structured staff training approach (see Meyerson, 2023). The positivity of staff morale that is created regarding the introduction of ideas presented within the education significantly indicates the strength of evidence and its reliability towards supporting the new practices (Dagenhardt et al., 2021).

### **Staff Education Project Development**

After receiving approval from the project facility, I completed the ethics pledge and began participant recruitment. Twenty health care workers, including nurses, support

staff, and managers, voluntarily participated in the current project. I created a PowerPoint presentation focused on evidence-based de-escalation techniques with input from experts and then created a 10-question, multiple choice, pre- and posttest. I delivered the presentation in an in-person 60-minute education training to the voluntary participants. A staff education was the preferred project because it has been shown to positively influence perspectives on de-escalation techniques (see Meyerson, 2023). Data were collected in the form of participants' pre- and posttest scores and were used to determine effectiveness of the training. I analyzed the collected data to evaluate the project using a paired  $t$  test. The main outcome achieved in the education project was that 100% of the participants gained knowledge of de-escalation techniques.

### Results

The posttest data indicated a significant increase in knowledge among the staff. This result was consistent for all 20 staff members that participated in the training on de-escalation techniques. As shown in Table 1, there was a lack of knowledge for all participants as evidenced by their pretest scores.

**Table 1**

*De-Escalation Training Pre- and Posttest Results*

| De-escalation training pretest results |             |      | De-escalation training posttest results |             |      |
|--|-------------|------|---|-------------|------|
|  | Percentages |      |   | Percentages |      |
| Scored below 60%                       | 16          | 80%  | Scored above 70%                        | 2           | 10%  |
| Scored below 40%                       | 4           | 20%  | Scored above 90%                        | 18          | 90%  |
| Total participants                     | 20          | 100% | Total participants                      | 20          | 100% |

The pretest scores showed that all the participants lacked knowledge of evidence-based de-escalation techniques and scored below 60%. These pretest scores also justify the emphasis I placed on addressing the gap in knowledge of de-escalation techniques among the staff in the project.

After attending the education session, 100% of the staff members were more knowledgeable than before the training. Their posttest scores showed that the training was effective in increasing the knowledge of staff. A total of 18 participants scored above 90% and two participants scored above 70%, reflecting increase in knowledge among all the participants. Comparison of the pre- and posttest scores shows that it is evident that training is a reliable approach to sharing knowledge on de-escalation techniques. Increased staff confidence and perceived safety are other positive outcomes achieved in the project.

All participants emphasized the potential positive impact of the education on de-escalation techniques within the project site organization to improve patient outcomes. This finding aligns with those of Bellsola et al. (2022) who reported that de-escalation techniques significantly regulate the need for mechanical restraints with patients and improve care delivery and outcomes.

I identified limitations of the project, including the variability in the staff towards de-escalation techniques because of their different levels of experience and prior knowledge shared. Additionally, continuous reinforcement of techniques is needed because some staff members reported challenges in applying techniques due to high-pressure situations, skill level, and work experience. In this case, some limitations

suggest the importance of ongoing education to achieve positive outcomes (see Dagenhardt et al., 2021).

The project significantly highlights the importance of staff training on de-escalation techniques and offers information related to the impact of de-escalation within the project site organization. The project contributed to creating a culture of safety and dignity at the project site. This project also has broad implications beyond the local facility, suggesting the widespread implementation of de-escalation training may result in a range of improvements in patient services and safety as well as the use of restraints. The project should, therefore, be supported beyond the local facility because of its relevance to safety and minimizing liability. De-escalation is a critical topic that creates opportunities for the organization's success; therefore, support should be given to initiating staffing education guidelines (see Meyerson, 2023).

The director of nursing of the project site organization has mandated this training and education be included in the onboarding training for all new employees. This education has created opportunities for organizational success in regulating barriers and challenges with a nonphysical approach in practice. The focus of this project is to continue to create changes and reduce incidents related to restraint use; therefore, the positivity created by this project supports safety and patient dignity.

### **Conclusions**

Implementing a staff education on evidence-based de-escalation techniques had a significant impact on increasing the knowledge of project site staff on de-escalation techniques that will hopefully reduce and/or minimize the use of physical restraints. The project has also significantly impacted on the confidence of staff and improved their



competence in patient safety, leading to better care outcomes. My recommendations for the project site include expanding training to additional facilities and incorporating regular refresher courses on maintaining staff proficiency with de-escalation techniques. This project has implications for nursing practice as a field because it supports promoting a shift towards compassionate, patient-centered care. This project aligned with the goal of creating social change and addressing diversity, equity, and inclusion by advocating for a safe and respectful patient care practice and/or environment, which is also in alignment with a focus on producing quality outcomes and improving staff competence and patient safety. Meyerson (2023) explained that de-escalation, which is working with the patient to maintain safety and mitigate physical risk, is one of the most crucial skills a health care professional can have. De-escalation enables less-restrictive interventions and allows patients to maintain their dignity.

## References

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